Australian Government
Department of Human Services

medicare

PBS

Non-radiographic axial spondyloarthritis continuing PBS authority application

When to use this form

Use this authority application form (this form) to apply for **continuing** Pharmaceutical Benefits Scheme (PBS) subsidised golimumab for an adult patient with non-radiographic axial spondyloarthritis.

This form can also be used for patients **recommencing** PBS subsidised golimumab for non-radiographic axial spondyloarthritis after the break in treatment less than 5 years.

Important information

Authority applications must be in writing and must include sufficient supporting information to determine the patient's eligibility according to the PBS criteria.

Applications for balance of supply may be made by contacting the Australian Government Department of Human Services (Human Services) on **1800 700 270** Monday to Friday, 8 am to 5 pm, Australian Eastern Standard Time.

Note: Call charges may apply.

Under no circumstances will phone approvals be granted for **continuing or recommencement** authority applications to extend the treatment period.

The information in this form is correct at the time of publishing and may be subject to change.

Continuing treatment

This form is ONLY for **continuing or recommencing** treatment.

This assessment will be used to determine eligibility for continuing treatment and must be submitted to Human Services **no later than 1 month** from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Human Services within this time frame, the patient will be deemed to have failed to respond to treatment.

For more information

Go to **humanservices.gov.au/healthprofessionals**

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Patient's details

1 Medicare card number

[ ][ ][ ][ ] – [ ][ ][ ][ ][ ] – [ ] Ref no. [ ]

or

Department of Veterans' Affairs card number

[ ]

2 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other [ ]

Family name

[ ]

First given name

[ ]

3 Date of birth

[/ /]

Prescriber's details

4 Prescriber number

[ ]

5 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other [ ]

Family name

[ ]

First given name

[ ]

6 Business phone number

( )

Alternative phone number

[ ]

Fax number

( )

Conditions and criteria

To qualify for PBS authority approval, the following conditions must be met.

7 Is the patient being treated by a rheumatologist or a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis?

No ☐

Yes ☐

8 The patient is:

☐ **continuing** PBS subsidised golimumab treatment for this condition

and

☐ has not failed or ceased to respond to treatment with this drug for this condition twice

▶ *Go to 9*

or

☐ **recommencing** PBS subsidised golimumab treatment after a break of less than 5 years

and

☐ has documented history of non-radiographic axial spondyloarthritis

and

☐ has not failed PBS subsidised treatment with this drug for this condition more than once within the last 5 years

and

☐ has failed to demonstrate or sustain a response to the most recent PBS subsidised golimumab treatment and I wish to submit a new baseline set

▶ *Go to 11*

or

☐ has failed to demonstrate or sustain a response to most recent PBS subsidised golimumab treatment and I wish to use a previous baseline set

▶ *Go to 12*

or

☐ has demonstrated or sustained a response with the most recent PBS subsidised golimumab treatment.

9 The patient had at **baseline**:

☐ a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) assessment score of at least 4 on a 0–10 scale

Baseline BASDAI result

and

☐ an elevated C-reactive protein (CRP) > 10 mg/L

Baseline CRP level | Date of test

10 The patient has demonstrated or sustained an adequate response to treatment confirmed by:

☐ a reduction from baseline BASDAI score by 2 or more units

BASDAI score | Date of assessment

and

☐ a reduction in CRP reduced by at least 20% from baseline

CRP level | Date of test

or

☐ a CRP measurement no greater than 10 mg/L

CRP level | Date of test

Go to 12

11 The patient has:

☐ Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) assessment score of at least 4 on a 0–10 scale

and

☐ an elevated C-reactive protein (CRP) > 10 mg/L

CRP level | Date of test

Checklist

12 The relevant attachments need to be provided with this form.

☐ The completed authority prescription form(s).

☐ The completed BASDAI assessment form for recommencement applications.

Privacy notice

13 Personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the purposes of assessing and processing this authority application.

Personal information may be used by the department, or given to other parties where the individual has agreed to this, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

More information about the way in which the department manages personal information, including our privacy policy, can be found at **humanservices.gov.au/privacy**

Prescriber's declaration

14 **I declare that**:

- I am aware that this patient must meet the criteria listed in the current Schedule of Pharmaceutical Benefits to be eligible for this medicine.
- I have informed the patient that their personal information (including health information) will be disclosed to the Australian Government Department of Human Services for the purposes of assessing and processing this authority application.
- I have provided the completed authority prescription form(s) and the relevant attachments as specified in the Pharmaceutical Benefits Scheme restriction.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Prescriber's signature

On completion, print and sign by hand.

Date

Reset form | Print form

Returning your form

You can return this form and any supporting documents:

- **Online**, upload this form, the authority prescription form(s) and any relevant attachments through Health Professional Online Services (HPOS) at **humanservices.gov.au/hpos**
- **By mail**, send this form, the authority prescription form(s) and any relevant attachments to:

Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Australian Government
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Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)

Place a mark on each line below to indicate your answer to each question as it relates to your **past week**.

1 How would you describe the overall level of fatigue/tiredness you have experienced?

None — Very severe
0 1 2 3 4 5 6 7 8 9 10

2 How would you describe the overall level of Ankylosing spondylitis neck, back or hip pain you have had?

None — Very severe
0 1 2 3 4 5 6 7 8 9 10

3 How would you describe the overall level of pain/swelling in joints other than your neck, back or hips that you have had?

None — Very severe
0 1 2 3 4 5 6 7 8 9 10

4 How would you describe the overall level of discomfort you have had from any areas tender to touch or pressure?

None — Very severe
0 1 2 3 4 5 6 7 8 9 10

5 How would you describe the overall level of morning stiffness you have had from the time you wake up?

None — Very severe
0 1 2 3 4 5 6 7 8 9 10

6 How long does your morning stiffness last from the time you wake up?

None — Very severe
0 ½ 1hr 1½ 2hr

Scoring the BASDAI

Measure each question from 'None' to the patient's mark in centimetres.

Add Q5 and Q6 and divide by 2 = A
Add Q1, Q2, Q3 and Q4 = B
Add A and B and divide by 5 = Score

Patient's declaration

7 I

Print full name in **BLOCK LETTERS**

declare that:

- I have completed the above 6 questions.
- I did not have access to any prior BASDAI assessments completed by myself.

Patient's signature

✍

Date

/ /

Prescriber's declaration

8 I

Print full name in **BLOCK LETTERS**

declare that:

- as the prescriber of a biological agent for this patient, I witnessed the patient complete the above questions.
- they had no access to any prior BASDAI.

Prescriber's signature

✍

Date

/ /

BASDAI prepared by the Pharmaceutical Benefits Branch, Australian Government Department of Health, 15 July 2004. Reproduced and extracted from: Garrett, Sarah et al. (1994) A New Approach to Defining Disease Status in Ankylosing Spondylitis: The Bath Ankylosing Spondylitis Activity Index. Journal of Rheumatology, 21 (12), 2286–2291, with the permission of the copyright holder.