



Rheumatoid arthritis

Continuing PBS authority application

Supporting information

Important information

This form must be completed by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis.

You must lodge this form for an adult patient who is:

- continuing PBS subsidised treatment
- changing to an alternate PBS subsidised treatment for which the patient is eligible
- demonstrating a response to the current PBS subsidised treatment.

Where the term 'biological Disease Modifying Anti Rheumatic Drug' (bDMARD) appears, it refers to abatacept, adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, rituximab and tocilizumab only. Patients are eligible for PBS subsidised treatment with only one bDMARD at any time.

Where it is a requirement of the restriction that methotrexate be taken in combination with the bDMARD, the minimum dose is 7.5 mg per week.

Applications for patients who wish to change to an alternate bDMARD should be accompanied by the previously approved authority prescription or the remaining repeats for the biological agent the patient is ceasing.

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

A demonstration of response before stopping treatment temporarily may be submitted using this form and faxed to **1300 154 019**.

Patients who have a greater than 24 month break in PBS subsidised treatment must reapply as an initial patient.

A patient whose most recent course was PBS subsidised rituximab, and whose response to this treatment is sustained for more than 12 months may apply for a further course of rituximab as a continuing patient.

The lodgement of this application must be made within one month of the date of the joint assessment and Erythrocyte Sedimentation Rate (ESR)/C-Reactive Protein (CRP) blood tests.

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

Section 100 arrangements—for abatacept, infliximab, rituximab and tocilizumab

These items are only available to a patient who is attending:

- an approved private hospital
 - a public participating hospital
- or
- a public hospital

and is either:

- a day admitted patient
 - a non-admitted patient
- or
- a patient on discharge.

These items are not available as a PBS benefit for in-patients of the hospital. The hospital provider number must be included on the application form.

Authority prescription form

A completed authority prescription form must be attached to this form. The medical indication section of the authority prescription form does not need to be completed when submitted with this form.

Phone approvals

Under no circumstance will phone approvals be granted for complete authority applications, or for treatment that would otherwise extend the treatment period.

Applications for continuing treatment

The assessment of the patient's response to a change course of treatment must be made after a minimum of 12 weeks of initial treatment. Assessments before 12 weeks of treatment have been completed will not be considered.

Assessment following a continuous treatment course should be made after 20 weeks of treatment. The patient may qualify to receive up to 24 weeks of continuing treatment with the agent provided they have demonstrated an adequate response to treatment.

Rituximab only

The assessment for each continuing application should be made following a minimum of 12 weeks after the first infusion of the patient's most recent treatment with rituximab.

The assessments, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than one month from the date of completion of the course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment.

Assistance

If you need assistance completing this form or need more information call **1800 700 270** (call charges may apply) and select option 2, between 8.00 am and 5.00 pm EST, Monday to Friday or go to **www.medicareaustralia.gov.au** > **For health professionals > PBS > Specialised drugs (PBS) J–Z > Rheumatoid arthritis**

Lodgement

Send the completed authority application form and completed authority prescription form to:

Medicare Australia
Prior written approval of specialised drugs
Reply Paid 9826
Hobart TAS 7001

Print in **BLOCK LETTERS**

Tick where applicable



Rheumatoid arthritis Continuing PBS authority application

Patient's details

1 Medicare/DVA card number
 - - Ref no.

2 Mr Mrs Miss Ms Other
 Family name

 First given name

3 Date of birth
 / /

4 Patient's current weight
 kg

Prescriber's details

5 Prescriber number

6 Family name

 First given name

7 Work phone number

 Alternative phone number

 Fax number

Biological agent details

8 This application is for:

continuing treatment with the current PBS subsidised bDMARD

changing treatment to an alternate PBS subsidised bDMARD for which the patient is eligible

demonstrating a response to the current PBS subsidised bDMARD prior to stopping treatment.

9 Which bDMARD is this application for?

<input type="checkbox"/> abatacept	<input type="checkbox"/> golimumab
<input type="checkbox"/> adalimumab	<input type="checkbox"/> infliximab
<input type="checkbox"/> certolizumab pegol	<input type="checkbox"/> rituximab
<input type="checkbox"/> etanercept	<input type="checkbox"/> tocilizumab

Provide details of the most recent treatment course

Date range
 from / / to / /

For abatacept, infliximab, rituximab and tocilizumab only:

Hospital name

Hospital provider number

For rituximab only:

Which prior TNF α antagonist treatment has the patient failed?

TNF α name

Current assessment of patient

10 The patient is currently taking methotrexate at a dose of
 mg per week
 (**minimum** methotrexate requirement is 7.5 mg/week for PBS subsidised abatacept, golimumab, infliximab and rituximab)

11 The patient has:

demonstrated a response to current treatment

or

failed to demonstrate a response to current treatment

and

I wish to use a previous baseline set

or

this assessment is to be considered as the new baseline

Note: where only one marker (ESR or CRP) has been provided at baseline, the same marker must be used for assessment for all continuing applications.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, please state reason why.

12 Provide the following:

ESR result

Date of test

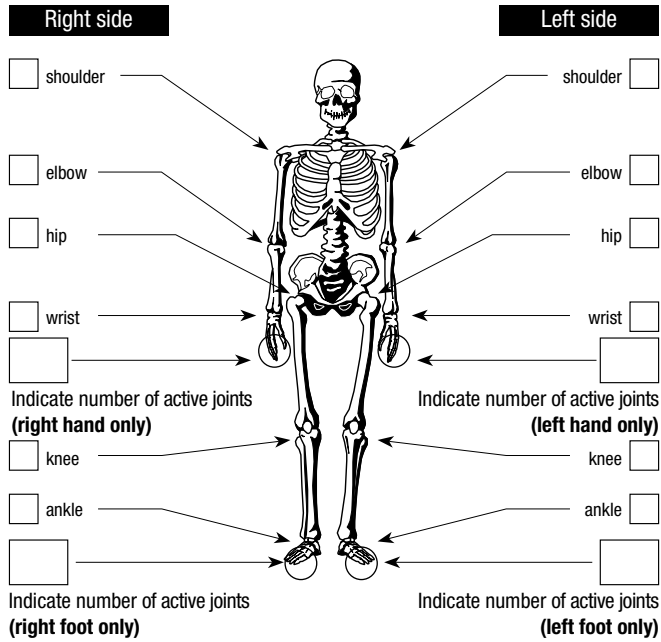
and/or

CRP result

Date of test

Note: where only one marker (ESR or CRP) has been provided at baseline, the same marker must be used for assessment for all continuing applications.

13 Indicate affected joints on the diagram and complete the boxes below:



Current active joint count

Date of joint assessment

Note: Where a patient has at least four active major joints and less than 20 total active joints at baseline, assessment of the major joints only will be used for all continuing applications.

Attachments

 Attach a completed authority prescription form.

Prescriber's declaration

14 I declare that:

- the information on this form is correct.

Prescriber's signature

Date

Privacy note

The information provided on this form will be used to assess eligibility of a nominated person to receive PBS subsidised treatment. The collection of this information is authorised by the *National Health Act 1953*. This information may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs or as authorised or required by law.