

Giant cell arteritis – tocilizumab – initial authority application

Online services



Requesting PBS Authorities online provides an immediate assessment in real time.

For more information and how to access the **Online PBS Authorities** system, go to servicesaustralia.gov.au/hppbsauthorities

When to use this form

Use this form to apply for **initial** PBS-subsidised tocilizumab for patients aged 50 years or older with active giant cell arteritis.

Important information

Initial applications to start PBS-subsidised treatment can be made in real time using the **Online PBS Authorities** system or in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.

Under no circumstances will phone approvals be granted for active giant cell arteritis **initial** authority applications.

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 **initial** treatment.

After an authority application for **initial** treatment has been approved, applications for **continuing** treatment can be made in real time using the **Online PBS Authorities** system or by phone.

Call 1800 700 270 Monday to Friday, 8 am to 5 pm, local time.

Call charges may apply.

Treatment specifics

A patient may only qualify for PBS-subsidised treatment with tocilizumab for active giant cell arteritis once in a lifetime.

Treatment must not exceed a total of 52 weeks including initial and continuing applications.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

11 At diagnosis, the patient had a history of:

an ESR \geq 50 mm/hr

ESR Level

Date of pathology report (DD MM YYYY)

Unique identifying number/code or provider number

or

a CRP \geq 24.5 mg/L

CRP Level

Date of pathology report (DD MM YYYY)

Unique identifying number/code or provider number

12 At diagnosis, the patient had:

a temporal artery biopsy revealing features of giant cell arteritis

or

evidence of large-vessel vasculitis by magnetic resonance (MR) or computed tomography (CT) angiography or PET/CT

or

evidence of positive temporal artery halo sign by ultrasound (US)

13 Is the treatment in combination with a tapering course of corticosteroids?

No

Yes

Checklist

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

The completed authority prescription form(s).

Privacy notice

15 Personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of assessing and processing this authority application.

Personal information may be used by Services Australia, 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 Services Australia manages personal information, including our privacy policy, can be found at servicesaustralia.gov.au/privacy

Prescriber's declaration

16 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 Services Australia for the purposes of assessing and processing this authority application.
- I have attached 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



Date (DD MM YYYY)

Returning this form

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 servicesaustralia.gov.au/hpos
- **or**
- by post, send this form, the authority prescription form(s) and any relevant attachments to:

Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001