Australian Government
Services Australia

medicare

PBS

Moderate to severe hidradenitis suppurativa – initial, change or recommencement authority application

Online PBS Authorities

You do not need to complete this form if you use the **Online PBS Authorities** system.

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**, **changing or recommencing** PBS-subsidised adalimumab or secukinumab for patients with moderate to severe hidradenitis suppurativa.

Important information

Authority applications can be made 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.

Applications for **balance of supply** 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.

Under no circumstances will phone approvals be granted for moderate to severe hidradenitis suppurativa **initial**, **change or recommencement** authority applications.

Where the term 'biological medicine' appears, it refers to adalimumab or secukinumab.

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**, **changing** or **recommencing** treatment.

Applications for **continuing** treatment can be made 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.

Applications for **subsequent continuing** treatment with PBS-subsidised biosimilar brands of adalimumab are **Authority Required (STREAMLINED)** and do not require authority approval from Services Australia for the listed quantity and repeats.

Treatment specifics

The assessment of the patient's response to the course of treatment must be conducted within the time frame specified in the restriction. Where a demonstration of response is not conducted within the required time frame, the patient will be deemed to have failed treatment with that particular PBS-subsidised biological medicine.

A patient who has experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal is not considered to have failed treatment with that particular PBS-subsidised biological medicine.

For more information

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

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Patient's details

1 Medicare card number

Ref no.

or

Department of Veterans' Affairs card number

2 Family name

First given name

3 Date of birth (DD MM YYYY)

Prescriber's details

4 Prescriber number

5 Family name

First given name

6 Business phone number (including area code)

Alternative phone number (including area code)

Conditions and criteria

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

7 Is the patient being treated by a dermatologist?

Yes ☐

No ☐

For **initial** treatment for a new patient	▶ ***Go to 8***
For **change/recommencement** of treatment after a break **< 5 years** (including **no break**)	▶ ***Go to 10***
For **recommencement** of treatment after a break **> 5 years**	▶ ***Go to 11***

8 Has the patient previously received PBS-subsidised treatment with a biological medicine for this condition?

Yes ☐

No ☐

9 Prior to initiating PBS-subsidised treatment with this drug for this condition, the patient has failed to achieve an adequate response to:

☐ 2 courses of different antibiotics each for 3 months

Name of the antibiotic 1

Name of the antibiotic 2

or

☐ 1 course of antibiotics for 3 months and had an adverse reaction or allergy to another antibiotic necessitating permanent treatment withdrawal

Name of the antibiotic of 3 months course

or

☐ neither of the above as the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to 2 different antibiotics.

▶ ***Go to 12***

MCA0PB218 2506

10 The patient:

☐ has received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle

and

☐ has **not** already failed, or ceased to respond to, PBS-subsidised treatment on **3** occasions for this condition during this current treatment cycle

and

☐ has **not** already failed, or ceased to respond to, PBS-subsidised treatment **more than once** with this drug (the biological medicine this application is for) for this condition during the current treatment cycle

and

☐ has **demonstrated a response** to treatment by achieving Hidradenitis Suppurative Clinical Response (HiSCR) of a 50% reduction in abscess and inflammatory nodule (AN) count compared to baseline with no increase in abscesses or draining fistulae

and

☐ the assessment of response was conducted within the required time frame specified in the restriction

or

☐ has **failed** to demonstrate or sustain a response to the most recent PBS-subsidised biological medicine

or

☐ has experienced a **serious adverse reaction** of a severity necessitating permanent treatment withdrawal of the most recent PBS-subsidised biological medicine.

Go to 12

11 The patient:

☐ has previously received PBS-subsidised treatment with a biological medicine for this condition

and

☐ has had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition.

12 Provide patient's Hurley stage grading and abscess and inflammatory nodule (AN) count (**no more than 4 weeks old** at the time of application)

Hurley stage grading

AN count

Checklist

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

☐ Details of the proposed prescription(s).

Privacy notice

14 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/privacypolicy**

Prescriber's declaration

You do not need to **sign** the declaration if you complete this form using Adobe Acrobat Reader and return this form through Health Professional Online Services (HPOS) at **servicesaustralia.gov.au/hpos**

15 **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 provided details of the proposed prescription(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.

☐ I have read, understood and agree to the above.

Date (DD MM YYYY) (you **must** date this declaration)

Prescriber's signature (**only** required if returning by post)

If returning by post, print and sign by hand.

Returning this form

Return this form, details of the proposed prescription(s) and any relevant attachments:

- **online** (no signature required), upload through HPOS at **servicesaustralia.gov.au/hpos**

  or

- by post (signature required) to

  Services Australia
  Complex Drugs Programs
  Reply Paid 9826
  HOBART TAS 7001

Reset form