Australian Government
Services Australia

medicare

PBS

Giant cell arteritis – tocilizumab – initial authority application

Online PBS Authorities

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.

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**

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Online PBS Authorities

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

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

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 The patient, aged 50 years or older, is being treated by a:

- ☐ rheumatologist
- ☐ clinical immunologist
- ☐ neurologist experienced in the management of giant cell arteritis

8 Does the patient have clinical symptoms of active giant cell arteritis in the absence of any other identifiable cause?

- ☐ No
- ☐ Yes

9 Which clinical symptoms of giant cell arteritis did the patient experience at diagnosis?

- ☐ unequivocal cranial symptoms of giant cell arteritis as defined in the restriction

or

- ☐ symptoms of polymyalgia rheumatica defined as shoulder and/or hip girdle pain associated with inflammatory morning stiffness.

10 The patient has:

- ☐ an ESR ≥ 30 mm/hr within the past 6 weeks

  ESR Level

  Date of pathology report (DD MM YYYY)

  Unique identifying number/code or provider number

or

- ☐ a CRP ≥ 10 mg/L within the past 6 weeks

  CRP Level

  Date of pathology report (DD MM YYYY)

  Unique identifying number/code or provider number

or

- ☐ active giant cell arteritis confirmed by positive temporal artery biopsy or imaging.

  Date of pathology report (DD MM YYYY)

  Unique identifying number/code or provider number

MCA0PB272 2506

11 At diagnosis, the patient had a history of:

☐ an ESR ≥ 50 mm/hr

ESR Level

Date of pathology report (DD MM YYYY)

Unique identifying number/code or provider number

or

☐ a CRP ≥ 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.

☐ Details of the proposed prescription(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/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**

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 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