

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 biological medicines 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, bimekizumab and 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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Conditions and criteria



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a	tient's details
	Medicare card number Ref no. Or Department of Veterans' Affairs card number
	Family name
	First given name
	Date of birth (DD MM YYYY)
1	escriber's details
r	Prescriber number
r	Prescriber number

7 8	Is the patient being treated by a dermatologist? Yes No This is fault.				
O	11118	s is for the: initial treatment for a new patient	Go to 9		
		change/recommencement of treatment	V 40 10 5		
		after a break < 5 years (including no break)	Go to 10		
		recommencement of treatment			
		after a break > 5 years	Go to 11		
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 mo	nths		
		Name of the antibiotic 1			
		Name of the antibiotic 1 Name of the antibiotic 2			
	or	Name of the antibiotic 2			
	or				
	or	Name of the antibiotic 2 1 course of antibiotics for 3 months and had ar reaction or allergy to another antibiotic necessi			
	or	Name of the antibiotic 2 1 course of antibiotics for 3 months and had ar reaction or allergy to another antibiotic necessi permanent treatment withdrawal			



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10	The patient:	Privacy notice
	has not already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle	14 Personal information is protected by law (including the <i>Privacy Act 1988</i>) and is collected by Services Australia for the purposes of assessing and processing this authority application.
	has not already failed, or ceased to respond to, PBS-subsidised treatment with this drug (the biological medicine this application is for) for this condition during the current treatment cycle	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).
	and has demonstrated a response to treatment by	More information about the way in which Services Australia manages personal information, including our privacy policy, can be found at servicesaustralia.gov.au/privacypolicy
	achieving Hidradenitis Suppurative Clinical Response (HiSCR) of a 50% reduction in abscess and inflammatory nodule (AN) count compared to baseline	Prescriber's declaration
	with no increase in abscesses or draining fistulae and the assessment of response was conducted within the required time frame specified in the restriction	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
	or	
	has failed to demonstrate or sustain a response to the	15 I declare that:I am aware that this patient must meet the criteria listed in
	most recent PBS-subsidised biological medicine or	the current Schedule of Pharmaceutical Benefits to be eligible for this medicine
	has experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal of the most recent PBS-subsidised biological 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
	Response assessment must be conducted following a minimum of 12 or 16 weeks of therapy depending on the drug requested and no later than 4 weeks from cessation of the most recent course of biological medicine.	 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.
	Go to 12	I understand that:
11	Has the patient had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological	 giving false or misleading information is a serious offence. I have read, understood and agree to the above.
	medicine for this condition?	Date (DD MM YYYY) (you must date this declaration)
	Yes UNO UNION	Date (DD MM 1111) (You must date this decidiation)
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)	Prescriber's signature (only required if returning by post)
	Hurley stage grading	Lo
	AN count	Returning this form
		Return this form, details of the proposed prescription(s) and any relevant attachments:
Ch	ecklist	online (no signature required), upload through HPOS at servicesaustralia.gov.au/hpos
13	The relevant attachments need to be provided with this form.	orby post (signature required) to
		Services Australia
	Details of the proposed prescription(s).	Complex Drugs Programs Reply Paid 9826 HOBART TAS 7001
		HODALI NO FOOT