

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** PBS-subsidised biological medicines for patients at least 18 years of age with severe psoriatic arthritis.

Important information

Initial applications to start PBS-subsidised 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 **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 severe psoriatic arthritis **initial** authority applications.

Where the term 'biological medicine' appears, it refers to adalimumab, bimekizumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab. Patients are eligible for PBS-subsidised treatment with only one biological medicine at any time.

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 the **first continuing** treatment has been approved, **subsequent continuing** treatments with PBS-subsidised biosimilar brands of biological medicines are **Authority Required (STREAMLINED)** and do not require authority approval from Services Australia for the listed quantity and repeats.

Section 100 arrangements for infliximab i.v.

This item is available to a patient who is attending:

- an approved private hospital, **or**
- a public hospital

and is a:

- day admitted patient
- non-admitted patient, **or**
- patient on discharge.

This item is not available as a PBS benefit for in-patients of a public hospital.

The hospital name and provider number must be included in this authority form.

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)

4 Patient's weight

 kg

Prescriber's details

5 Prescriber number

6 Family name

First given name

7 Business phone number (including area code)

Alternative phone number (including area code)

Hospital details

8 Hospital name

This hospital is a:

public hospital

private hospital

9 Hospital provider number

Conditions and criteria

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

10 The patient, at least 18 years of age, is being treated by a:

rheumatologist

clinical immunologist with expertise in the management of psoriatic arthritis

11 This application is for:

adalimumab

bimekizumab

certolizumab pegol

etanercept

golimumab

guselkumab

infliximab i.v. (at a dose of 5 mg/kg)

ixekizumab

risankizumab

secukinumab

tofacitinib

upadacitinib

ustekinumab

▶ **Go to 13**

or

infliximab s.c. with i.v. loading (at a dose of 5 mg/kg)

▶ **Go to 12**

12 Does the patient have a concurrent PBS authority application for the IV form of infliximab that is approved or to be approved?

Yes

No



MCA0PB105 2606

13 The patient:

has **not** received PBS-subsidised treatment with a biological medicine for this condition

and

has failed to achieve an adequate response following a minimum of 3 months treatment with:

methotrexate, at a dose of at least 20 mg/week

From (DD MM YYYY)

To (DD MM YYYY)

and

sulfasalazine, at a dose of at least 2 g/day

From (DD MM YYYY)

To (DD MM YYYY)

or

leflunomide, at a dose up to 20 mg/day

From (DDMMYYYY)

To (DD MM YYYY)

14 If applicable, provide details of contraindications or intolerance to prior disease-modifying anti-rheumatic drugs (DMARD) treatment.

Provide details of **contraindications** according to the relevant TGA-approved Product Information

methotrexate	
sulfasalazine	
leflunomide	

Provide details of **intolerances** of severity to necessitate permanent treatment withdrawal, including the degree of toxicity

DMARD	Details of the degree of toxicity
methotrexate	
sulfasalazine	
leflunomide	

15 The patient has failed to achieve an adequate response to prior DMARD treatment demonstrated by:

an elevated erythrocyte sedimentation rate (ESR) > 25 mm/hr

Baseline ESR level mm/hr

Date of test (DD MM YYYY)

and/or

an elevated C-reactive protein (CRP) > 15 mg/L

Baseline CRP level mg/L

Date of test (DD MM YYYY)

or

the requirement to demonstrate an elevated ESR or CRP could not be met due to

treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent)

or

treatment with a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent)

or

other - provide an acceptable reason the patient could not demonstrate an elevated ESR or CRP level

and

an active joint count of at least 20 active (swollen and tender) joints

Baseline total active joint count

Date of assessment (DD MM YYYY)

or

at least 4 active major joints from elbow, wrist, knee, ankle, shoulder and/or hip


Baseline active major joint count

Date of assessment (DD MM YYYY)

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

Where a patient has at least 4 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.

Checklist

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

Details of the proposed prescription(s).

Privacy notice

17 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 servicessaustralia.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 servicessaustralia.gov.au/hpos

18 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)

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



Returning this form

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

- **online** (no signature required), upload through HPOS at servicessaustralia.gov.au/hpos
- by post (signature required) to
Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001