

Non-infectious uveitis – adalimumab – 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 adalimumab for patients with non-infectious uveitis.

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.

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 non-infectious uveitis **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 with PBS-subsidised **originator** brand of adalimumab 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.

Applications for **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

A patient must **not** receive **more than 25 weeks** of **initial** treatment.

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 Dr Mr Mrs Miss Ms Other

Family name

First given name

3 Date of birth (DD MM YYYY)

Prescriber's details

4 Prescriber number

5 Dr Mr Mrs Miss Ms Other

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 is being treated by, or in consultation with:
- an ophthalmologist
- or
- a rheumatologist
- or
- an immunologist with the expertise in uveitis
- 8** The patient has the diagnosis of non-infectious uveitis that is vision threatening confirmed by:
- an ophthalmologist
- or
- a rheumatologist
- or
- an immunologist
- 9** The patient's vision threatening disease is demonstrated by at least one of the following:
- a decrease in visual acuity of at least 10 letters using an Early Treatment Diabetic Retinopathy Study (ETDRS) chart or equivalent
- a two-step increase in anterior chamber cells or vitreous haze
- new retinal vasculitis
- new retinal or choroidal lesions
- other signs of disease progression including visual field changes or electroretinogram changes



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10 The patient has:

failed to achieve an adequate response to corticosteroid therapy in combination with at least one immunosuppressive agent

▶ **Go to 11**

or

flared when corticosteroid therapy was tapered to a dose of less than or equal to 7.5mg per day of prednisone or equivalent while on immunomodulatory therapy

▶ **Go to 11**

or

failed to achieve an adequate response to at least one immunosuppressive agent (if corticosteroids are not clinically appropriate for the patient)

▶ **Go to 11**

or

a documented intolerance of a severity necessitating permanent treatment withdrawal or a contraindication to corticosteroid and immunomodulatory therapy

▶ **Go to 12**

11 The patient has failed to achieve an adequate response to prior therapy demonstrated by failing to meet at least one of the following criteria:

sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze

sustained quiescence of inflammation defined as SUN criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells

sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5mg daily


reduction in frequency of ocular attacks to less than or equal to one per year (patients with Behcet's disease only).

12 Will the patient receive more than 25 weeks of treatment under this restriction?

No ▶ **Go to 13**

Yes ▶ **Ineligible**

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 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

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)



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
- or
- by post (signature required) to
Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001