Australian Government
Services Australia

medicare

PBS

# Rheumatoid arthritis – change of treatment after resolution of critical shortage of tocilizumab application

## When to use this form

Use this authority application form to apply for **change of treatment** from another Pharmaceutical Benefits Scheme (PBS) subsidised biological medicine to tocilizumab **after resolution of critical shortage of tocilizumab** for patients aged 18 years or older with severe rheumatoid arthritis (RA).

## Important information

**Change after resolution of critical shortage of tocilizumab** applications must be in writing and must include sufficient supporting information to determine the patient's eligibility according to the PBS criteria.

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 **change after resolution of critical shortage of tocilizumab** treatment. Applications for continuing treatment must be made in writing to Services Australia and must include a continuing treatment authority application form that provides sufficient supporting information to determine the patient's eligibility according to the PBS criteria.

## Section 100 arrangements for tocilizumab i.v. only

These items are available to a patient who is attending:

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

**and** is:

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

These items are not available as a PBS benefit for in-patients of the hospital.

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

A patient who has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered to have failed treatment with that PBS subsidised biological agent.

## Treatment specifics

A patient who has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered to have failed treatment with that PBS subsidised biological agent.

A patient must not receive more than 16 weeks of treatment under this restriction.

## 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** Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other [ ]

Family name

[ ]

First given name

[ ]

**3** Date of birth

[ / / ]

**4** Patient's current weight

[ ] kg

## Prescriber's details

**5** Prescriber number

[ ]

**6** Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other [ ]

Family name

[ ]

First given name

[ ]

**7** Business phone number

[ ( ) ]

Alternative phone number

[ ]

## Hospital details (for tocilizumab i.v. only)

**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 is being treated by:

☐ a rheumatologist

☐ a clinical immunologist with expertise in the management of rheumatoid arthritis.

**11** Was the patient receiving PBS subsidised treatment with tocilizumab for RA prior to 1 November 2021?

No ☐

Yes ☐

**12** Has the patient been receiving PBS subsidised treatment with a biological medicine for RA in place of tocilizumab due to critical supply shortage of tocilizumab?

No ☐

Yes ☐

**13** Is the patient switching back to tocilizumab as the shortage has been resolved?

No ☐

Yes ☐

**14** The patient:

☐ has received ≥ 12 weeks of therapy under the critical shortage of tocilizumab restriction as their most recent treatment and the demonstration of response assessment was conducted within the timeframe specified in the restriction

Dates of the most recent treatment course

From / / to / /

▶ ***Go to 15***

**or**

☐ has received < 12 weeks of therapy under the critical shortage of tocilizumab restriction as their most recent treatment and evidence of response is not required due insufficient treatment length

Dates of the most recent treatment course

From / / to / /

▶ ***Go to 17***

**or**

☐ is changing back to tocilizumab after the shortage has been resolved and has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of the previous PBS subsidised biological agent under the tocilizumab critical shortage listing.

Give details of treatment and adverse reaction

▶ ***Go to 17***

## Demonstrating a response

**15** The patient has:

☐ demonstrated or sustained an adequate response to treatment with this drug (irrespective of form), confirmed by:

erythrocyte sedimentation rate (ESR) result

Date of test / /

**and/or**

C-reactive protein (CRP) result

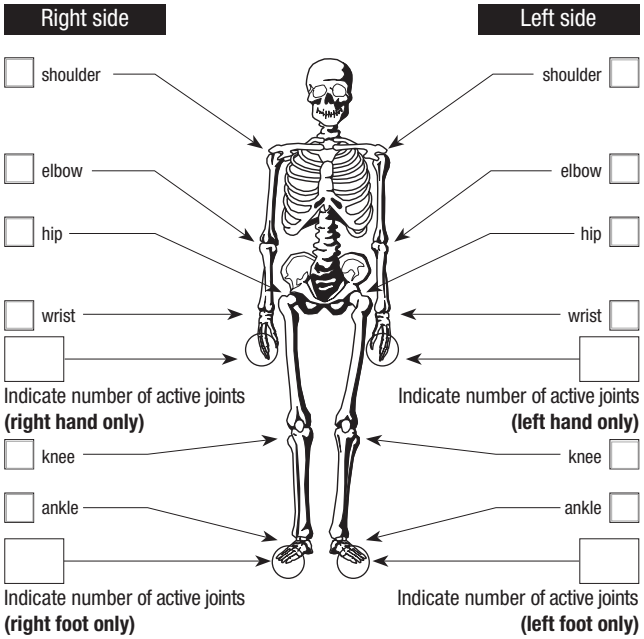
Date of test / /

Where only 1 marker (ESR or CRP) has been provided at baseline, the same marker must be used for assessment for all continuing applications.

**and**

☐ has a reduction in the major or active joints count by at least 50% from baseline.

**16** Indicate affected joints demonstrating a response on the diagram and complete the boxes below:




Active joint count for demonstration of response

Date of joint assessment / /

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

**17** The relevant attachments need to be provided with this form.

☐ The completed authority prescription form(s).

## Privacy notice

**18** 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/privacy**

## Prescriber's declaration

**19 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 the completed authority prescription form(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.

Prescriber's signature

On completion, print and sign by hand.

Date

/ /

Reset form Print form

## Returning this form

Return this form and any supporting documents:

- **online**, upload this form, the authority prescription form(s) and any relevant attachments through Health Professional Online Services (HPOS) at **servicesaustralia.gov.au/hpos**

  **or**

- by post, send this form, the authority prescription form(s) and any relevant attachments to:

  Services Australia
  Complex Drugs Programs
  Reply Paid 9826
  HOBART TAS 7001