

INFLIXIMAB

APRIL 2009

NOTE:

Any queries concerning the arrangements to prescribe infliximab may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Written applications for authority to prescribe infliximab should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

Further prescribing information is on the Medicare Australia website at

<http://www.medicare.gov.au/provider/pbs/drugs/index.shtml>

NOTE:

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept and infliximab) for adult patients with severe active psoriatic arthritis.

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept and infliximab.

From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial adalimumab, etanercept or infliximab without having to meet the initial treatment criteria, that is they will not need to experience a disease flare, when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.

Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.

Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.

Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2006.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and
- (iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).

All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.

Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

Grandfather patients.

Applications for patients who commenced treatment with etanercept prior to 17 March 2005 or adalimumab and infliximab prior to 16 March 2006, may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.

Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

(3) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with

respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.

Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological agent previously; or
- (ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialled it on the PBS.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.

(4) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent.

However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity.

Patients must have received treatment with either methotrexate or sulfasalazine, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Public hospital authority required

Initial 1

Initial PBS-subsidised treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

- (1) have severe active psoriatic arthritis; and
- (2) have received no prior PBS-subsidised biological treatment for this condition in this Treatment Cycle; and
- (3) have failed to achieve an adequate response to:
 - (a) methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months; and
 - (b) sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application.

Details of acceptable toxicities, including severity, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:
an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either
(i) an active joint count of at least 20 active (swollen and tender) joints; or
(ii) at least 4 active joints from the following list of major joints:
— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes details of the patient's ESR and CRP measurements and the patient's active joint count which must have been assessed no earlier than 1 month prior to the date of application; and
- (3) a copy of the signed patient acknowledgement form which is included in the Supporting Information Form.

Completion of this form declares that the patient understands and acknowledges that PBS-subsidised treatment will cease if they do not demonstrate the response to treatment required to support continuation of PBS-subsidised treatment at any assessment where a response must be demonstrated.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.

Public hospital authority required

Initial 2

Initial PBS-subsidised treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

- (1) have a documented history of severe active psoriatic arthritis; and

- (2) have received prior PBS-subsidised biological treatment for this condition in this Treatment Cycle and are eligible to receive further biological therapy; and
- (3) have not failed treatment with infliximab during the current Treatment Cycle.

Applications for patients who have demonstrated a response to PBS-subsidised infliximab treatment within this Treatment Cycle and who wish to re-commence infliximab treatment within the same Cycle following a break in therapy, will only be approved where evidence of a response to the patient's most recent course of PBS-subsidised infliximab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.

Where the most recent course of PBS-subsidised infliximab treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised infliximab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.

Once patients fail to respond to treatment with 3 biological agents, they are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Public hospital authority required

Initial 3

Initial PBS-subsidised supply for continuing treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

- (1) have a documented history of severe active psoriatic arthritis; and
- (2) were receiving treatment with infliximab prior to 16 March 2006; and
- (3) have demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with infliximab.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and

- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a copy of the signed patient acknowledgement form which is included in the Supporting Information Form.

Completion of this form declares that the patient understands and acknowledges that PBS-subsidised treatment will cease if they do not demonstrate the response to treatment required to support continuation of PBS-subsidised treatment at any assessment where a response must be demonstrated.

A maximum of 24 weeks of treatment with infliximab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats may be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.

Patients may qualify for PBS-subsidised treatment under this restriction once only.

Public hospital authority required Continuing treatment

Continuing PBS-subsidised treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults:

- (1) who have a documented history of severe active psoriatic arthritis; and
- (2) whose most recent course of PBS-subsidised biological agent for this condition in the current Treatment Cycle was with infliximab; and
- (3) who, at the time of application, demonstrate an adequate response to treatment with infliximab.

An adequate response to treatment with infliximab is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

All applications for continuing treatment with infliximab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with infliximab, it must be accompanied by an

assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats may be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.

Once patients fail to respond to treatment with 3 biological agents, they are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy.

These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.