Australian Rheumatology Association

Private Practice Corner November 2023

Streamlined authority for ongoing b/ts (some) DMARDs for RA

The ARA recently shared with you the long awaited and very overdue news that, after 20 years, some patients with RA are eligible for a prescription via a streamlined authority code. The document we provided included many PBS item codes, which were a bit confusing. **The GOOD NEWS is that only the streamlined authority code is required on the prescription. Plus there are only a small number of streamlined authority codes:**

2nd or subsequent continuing RA abatacept/golimumab	**14604**
2nd or subsequent continuing RA infliximab	(S100 Public) **14504**
	(S100 Private) **14505**
2nd or subsequent continuing RA adalimumab, baricitinib, certolizumab, etanercept, tocilizumab, tofacitinib	**14499**

Some members have asked why upadacitinib was not included in the changes. The PBAC document stated *'The PBAC noted that the market for RA was mature and moderately stable but that recent approvals (e.g., upadacitinib), had the potential for market disruption…The increased expenditure resulting from the introduction of JAK inhibitors (baricitinib, tofacitinib) has been offset by the PBS-listing of biosimilar medicines. However, the PBAC was mindful that expenditure on upadacitinib was not included in the review.* (p. 62)

Watch this space. We hope changes to streamlined authority PBS restrictions for AS and PsA will follow soon.

Training in Private Practice

The ARA has learned the Department of Health has no appetite currently to establish an MBS item number to support training in private practice.

The RACP have confirmed there has been no additional funding of the Specialist Training Programme to expand the number of trainees in private practice since 2017.

While the Flexible Approach to Training in Expanded Settings (FATES) appeared a potential solution, despite our best efforts it will not directly fund a training position. FATES will fund grant proposals from specialist medical colleges that develop training approaches/projects for non-general practitioner specialist medical trainees, for activities that focus on: increasing focus and support for rural training, rebalancing specialist supply and distribution through medical training, supporting the growth of Aboriginal and Torres Strait Islander specialist medical trainees and service delivery, supporting specialists to transitioning to work in rural and remote practice.

Considering our 2024-2027 Strategic Plan, the ARA is actively exploring options to enhance the rheumatology workforce capacity while nurturing the rheumatology community.

We seek your input on this topic. As a private practitioner and/or member of group practices what do you believe is feel necessary and/or desirable for you to consider creating a private training position? Is there a particular package financial support or incentive that would make this option feasible for you and your team? The Board is enthusiastic to receive your valuable insights and recommendations on this topic.