



Juvenile idiopathic arthritis

Continuing PBS authority application

Supporting information

Important information

This form must be completed by a rheumatologist or a prescriber under the supervision of a paediatric rheumatology treatment centre.

You must lodge this form for a patient who is:

- continuing PBS subsidised biological Disease Modifying Anti Rheumatic Drug (bDMARD) treatment. This includes patients who have turned 18 years since the commencement of PBS subsidised treatment.
- changing to the alternate PBS subsidised treatment for which the patient is eligible
- recommencing treatment with the most recent PBS subsidised bDMARD after a break of less than 12 months
- demonstrating a response to the current PBS subsidised treatment

Where the term bDMARD appears it refers to adalimumab and etanercept only. Patients are eligible for PBS subsidised treatment with only one bDMARD at any time.

Applications for patients who wish to change to the alternate bDMARD should be accompanied by the previously approved authority prescription or the remaining repeats for the biological agent the patient is ceasing.

All applications must be in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.

A demonstration of response before stopping treatment temporarily may be submitted using this form and faxed to **1300 154 019**.

Patients who have a greater than 12 month break in PBS subsidised treatment must reapply as an initial patient.

The lodgement of this application must be made within one month of the date of the joint assessment.

The information on this form is correct at the time of publishing and is subject to change.

Section 100 arrangements

These items are only available to a patient who is attending either:

- an approved private hospital
- a public participating hospital

or

- public hospital

and is either a

- day admitted patient
- non-admitted patient

or

- patient on discharge.

These items are not available as a PBS benefits for in-patients of a hospital. The hospital provider number must be included on the application form.

Authority prescription form

A completed authority prescription form must be attached to this form.

The medical indication section of the authority prescription form does not need to be completed when submitted with this form.

Phone approvals

Under no circumstance will phone approvals be granted for complete authority applications, or for treatment that would otherwise extend the treatment period.

Applications for continuing treatment

The assessment of the patient's response to a change course of treatment must be made after a minimum of 12 weeks of initial treatment. Assessments before 12 weeks of treatment have been completed will not be considered.

Assessment following a continuous treatment course should be made after 20 weeks of treatment. The patient may qualify to receive up to 24 weeks of continuing treatment with that agent provided they have demonstrated an adequate response to treatment.

The assessments, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than one month from the date of completion of the course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these time frames, the patient will be deemed to have failed to respond to treatment.

Assistance

If you need assistance completing this form or need more information call **1800 700 270** (call charges may apply) and select option 2, between 8.00 am to 5.00 pm EST, Monday to Friday or go to **www.medicareaustralia.gov.au** > **For health professionals > PBS > Specialised drugs (PBS) J-Z > Juvenile idiopathic arthritis – under and over 18 years**

Lodgement

Send the completed authority application form and completed authority prescription form to:

Medicare Australia
Prior written approval of specialised drugs
Reply Paid 9826
Hobart TAS 7001

Print in **BLOCK LETTERS**

Tick where applicable



Juvenile idiopathic arthritis Continuing PBS authority application

Patient's details

1 Medicare/DVA card number
 - - Ref no.

2 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 Family name

 First given name

7 Work phone number

 Alternative phone number

 Fax number

Hospital details

8 Hospital name

9 Hospital provider number

Biological agent details

10 This application is for:

continuing treatment with the current PBS subsidised bDMARD

changing treatment to the alternate PBS subsidised bDMARD for which the patient is eligible

recommencing treatment with the most recent PBS subsidised bDMARD after a break of less than 12 months

demonstrating a response to the current PBS subsidised bDMARD prior to stopping treatment

11 Which bDMARD is this application for?

adalimumab

etanercept

Current assessment of patient

12 The patient has:

demonstrated a response to current treatment

or

failed to demonstrate a response to current treatment

and

I wish to use a previous baseline set

or

this assessment is to be considered as the new baseline.

Continued over the page ►►

13 Indicate affected joints on the diagram and complete the boxes below:

Right side	Left side
<input type="checkbox"/> cervical spine	<input type="checkbox"/> shoulder
<input type="checkbox"/> shoulder	<input type="checkbox"/> elbow
<input type="checkbox"/> elbow	<input type="checkbox"/> hip
<input type="checkbox"/> hip	<input type="checkbox"/> wrist
<input type="checkbox"/> wrist	<input type="checkbox"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Indicate number of active joints (right hand only)	Indicate number of active joints (left hand only)
<input type="checkbox"/> knee	<input type="checkbox"/> knee
<input type="checkbox"/> ankle	<input type="checkbox"/> ankle
<input type="checkbox"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input type="checkbox"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Indicate number of active joints (right foot only)	Indicate number of active joints (left foot only)

Current active joint count

Date of joint assessment

 / /

Note: where a patient has at least four 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.

Attachments

Attach a completed authority prescription form.

Prescriber's declaration

14 I declare that:

- the information on this form is correct.

Prescriber's signature

Date

 / /

Privacy note

The information provided on this form will be used to assess eligibility of a nominated person to receive PBS subsidised treatment. The collection of this information is authorised by the *National Health Act 1953*. This information may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs or as authorised or required by law.