Australian Government
Medicare Australia

PBS

Juvenile idiopathic arthritis
Initial PBS authority application
Supporting information

Important information

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

You must lodge this form for a patient under 18 years of age:

- starting **initial** PBS subsidised treatment with a biological Disease Modifying Anti Rheumatic Drug (bDMARD) for the treatment of severe active juvenile idiopathic arthritis.
- **recommencing** PBS subsidised bDMARD treatment where the break in treatment is longer than 12 months.

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.

All applications must be in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria. The joint assessment should be performed preferably whilst still on treatment, but no longer than one month following cessation of the most recent prior treatment.

The lodgement of this form must be 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 benefit for in-patients of a hospital. The hospital provider number must be included on the application form.

Acknowledgements

The parent's or guardian's and the prescriber's acknowledgements must be signed in front of a witness (over 18 years of age).

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 an initial course of treatment must be made after a minimum of 12 weeks of treatment. Assessments before 12 weeks of treatment have been completed will not be considered.

This assessment, 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 this initial 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 ☑

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Juvenile idiopathic arthritis
Initial 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

Parent's or guardian's acknowledgement

5 I acknowledge that PBS subsidised treatment with bDMARDs for juvenile idiopathic arthritis will stop if:

- subsequent testing demonstrates that the patient has failed to achieve or sustain a response to treatment as detailed in the criteria.
- the patient has failed up to, and including, three bDMARD treatment courses for which he/she was eligible

The prescriber has explained the nature of the ongoing monitoring and testing required to demonstrate an adequate response to therapy.

Parent's or guardian's full name

Parent's or guardian's signature

Date

/ /

Prescriber's details

6 Prescriber number

7 Family name

First given name

8 Work phone number

( )

Alternative phone number

Fax number

( )

Hospital details

9 Hospital name

10 Hospital provider number

Prescriber's acknowledgement

11 I have explained:

- the circumstances governing PBS subsidised treatment with bDMARDs for juvenile idiopathic arthritis
- the nature of the ongoing monitoring and testing required to demonstrate an adequate and sustained response to treatment.

I believe these to be understood and accepted by the parent or guardian of the patient.

Prescriber's signature

Date

/ /

Witness's acknowledgement

12 I have witnessed the signatures of **BOTH** the parent or guardian of the patient and the prescriber.

Witness's full name

Witness's signature (over 18 years of age)

Date

/ /

Biological agent details

13 Which bDMARD is this application for?

☐ adalimumab

☐ etanercept

Conditions and criteria

14 To qualify for PBS authority approval the following conditions must be met.

The patient:

☐ is under 18 years of age

and

☐ has severe active juvenile idiopathic arthritis

and

☐ has failed to achieve an adequate response to one of the following treatment regimens, for a minimum of three months:

either

☐ oral or parenteral methotrexate at a dose of at least 20 mg/m^2 weekly, alone or in combination with oral or intra-articular corticosteroids

Provide dates of treatment

from / / to / /

or

☐ oral methotrexate at a dose of at least 10 mg/m^2 weekly together with at least one other DMARD, alone or in combination with corticosteroids

Provide dates of treatment

from / / to / /

or

☐ has severe intolerance of, or toxicity due to, methotrexate.

Severe intolerance is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in two divided doses over 24 hours.

Toxicity is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

Provide details of intolerance or toxicity:

Current assessment of patient

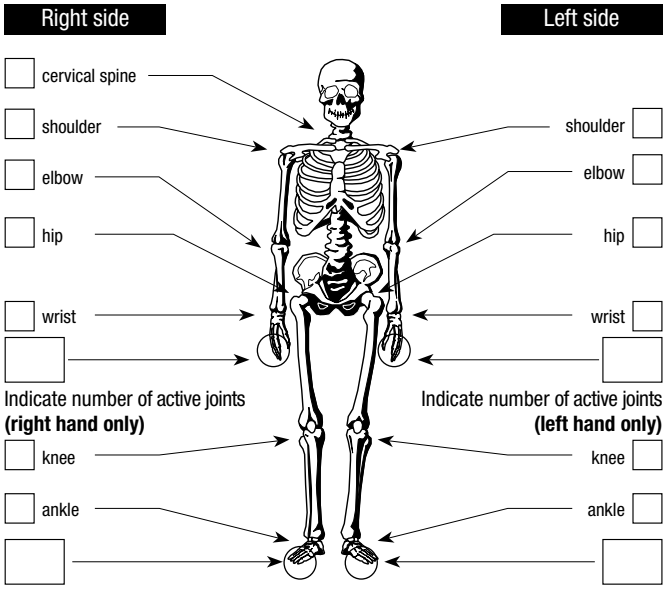
15 The patient can demonstrate failure to achieve an adequate response to prior treatment by:

☐ an active joint count of at least 20 (swollen and tender) joints

or

☐ at least four major active joints: elbow, wrist, knee, ankle, shoulder, cervical spine and/or hip

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



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

17 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.