



Juvenile idiopathic arthritis for adult patients with onset prior to 18

Continuing PBS authority application

Supporting information

Important information

This form must be completed by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis.

You must lodge this form for an adult patient who is:

- continuing PBS subsidised biological Disease Modifying Anti Rheumatic Drug (bDMARD) treatment
- changing to the alternate PBS subsidised treatment for which the patient is eligible
- recommencing treatment with the most recent PBS subsidised bDMARD following 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 and Erythrocyte Sedimentation Rate (ESR)/C-Reactive Protein (CRP) blood tests.

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

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 the 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 timeframes, 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 and 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 for adult patients with onset prior to age 18

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

/ /

Prescriber's details

4 Prescriber number

5 Family name

First given name

6 Work phone number

()

Alternative phone number

Fax number

()

Biological agent details

7 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 following a break of less than 12 months
- demonstrating** a response to the current PBS subsidised bDMARD prior to stopping treatment.

8 Which bDMARD is this application for?

- adalimumab
- etanercept

Current assessment of patient

9 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

10 Provide the following:

ESR result

Date of test / /

and/or

CRP result

Date of test / /

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

If the requirement to demonstrate an elevated ESR or CRP cannot be met, please state reason why.

11 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"/> elbow <input type="checkbox"/> hip <input type="checkbox"/> wrist <input type="checkbox"/> Indicate number of active joints (right hand only) <input type="checkbox"/> knee <input type="checkbox"/> ankle <input type="checkbox"/> Indicate number of active joints (right foot only)	<div style="text-align: right;"> <input type="checkbox"/> shoulder <input type="checkbox"/> elbow <input type="checkbox"/> hip <input type="checkbox"/> wrist <input type="checkbox"/> Indicate number of active joints (left hand only) <input type="checkbox"/> knee <input type="checkbox"/> ankle <input type="checkbox"/> Indicate number of active joints (left foot only) </div>

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

12 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.