

Systemic Juvenile idiopathic arthritis Continuing PBS authority application

Supporting information

Purpose of this form

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 who is:

- continuing PBS subsidised tocilizumab treatment. This includes patients who have turned 18 years since the commencement of PBS subsidised treatment.
- demonstrating a response to PBS subsidised tocilizumab treatment
- recommencing treatment with PBS subsidised tocilizumab treatment after a break of less than 12 months

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 1 month of the date of the current patient assessment.

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

Section 100 arrangements

This item is 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.

This item is not available as a PBS benefit for in-patients of a hospital. The hospital provider number must be included in 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 **initial** 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.

Assessment following a continuing 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 Australian Government Department of Human Services 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 the Department of Human Services within these time frames, the patient will be deemed to have failed to respond to treatment.

For more information

For more information, go to our website

humanservices.gov.au/healthprofessionals or call **1800 700 270** Monday to Friday, between 8.00 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply from mobile phones.

Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or X
- Where you see a box like this **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form(s) to:

Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

12 The patient can demonstrate an adequate response to treatment by:

absence of fever > 38°C in the preceeding seven days

and/or

a reduction in the CRP level and platelet count by at least 30 per cent from baseline.

Provide pathology reports.

and/or

a reduction in the dose of corticosteroid by at least 30 per cent from baseline

Provide name of steriod

Provide dose of steriod

 mg

Attachments



Attach a completed authority prescription form and relevant pathology reports.

Privacy notice

13 Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at www.humanservices.gov.au/privacy or by requesting a copy from the department.

Prescriber's declaration

14 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Prescriber's signature

Date

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