



Severe chronic plaque psoriasis Initial PBS authority application Supporting information

Important information

This form must be completed by a dermatologist.

You must lodge this form for an adult patient who is starting **initial** PBS subsidised treatment with a biological agent for severe chronic plaque psoriasis.

Where the term biological agent appears it refers to adalimumab, etanercept, infliximab and ustekinumab.

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

A Psoriasis Area Severity Index (PASI) assessment should be performed preferably while still on treatment, but no longer than one month after each prior treatment.

The PASI assessment which will be used to assess the patient's response to treatment will be the PASI assessment conducted preferably while still on treatment, but no later than one month after the most recent treatment.

This application must be lodged within one month of the date of the most recent prior treatment.

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

Section 100 arrangements - for infliximab only

This item is only available to a patient who is attending either

- an approved private hospital
- a public participating hospital

or

- a public hospital

and is either

- a day admitted patient
- a non-admitted patient

or

- a patient on discharge

This item is not available as a PBS benefit for in-patients of the hospital. The hospital provider number must be included on the application form.

Acknowledgements

The patient's and 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 should be made after a minimum of 12 weeks treatment.

Second and subsequent applications for continuing treatment should be made after 20 weeks of treatment.

Assistance

If you need assistance completing this form or need more information, call **1800 700 270** (call charges may apply) and select option 3, 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 > Severe chronic plaque psoriasis**

Lodgement

Send the completed authority application form, a completed authority prescription form and all relevant attachments to:

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

Print in **BLOCK LETTERS**

Tick where applicable



Severe chronic plaque psoriasis 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
 Date of birth / /

3 Patient's current weight kg

Patient's acknowledgement

4 I acknowledge that PBS subsidised treatment with biological agents for severe chronic plaque psoriasis will stop if:

- subsequent testing demonstrates I have not achieved or sustained a response to treatment as detailed in the criteria
- I have failed three biological agent treatment courses for which I was eligible.

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

Patient's signature Date / /

Prescriber's details

Note: Prescriber must be a dermatologist.

5 Prescriber number

6 Family name
 First given name

7 Work phone number ()
 Alternative phone number
 Fax number ()

Prescriber's acknowledgement

8 I have explained to the patient:

- the circumstances governing PBS subsidised treatment with biological agents for severe chronic plaque psoriasis
- the nature of the ongoing monitoring and testing required to demonstrate an adequate and sustained response to therapy.

I believe these to be understood and accepted by the patient.

Prescriber's signature Date / /

Witness's acknowledgement

9 I have witnessed the signatures of **BOTH** the patient and the prescriber.

Witness's full name (over 18 years of age)

Witness's signature Date / /

Biological agent details

10 Which biological agent is this application for?

adalimumab
 etanercept
 infliximab
 ustekinumab

For infliximab only:
 Hospital name
 Hospital provider number

Conditions and criteria

- 11** To qualify for PBS authority approval, the following conditions must be met.

The patient:

- will receive treatment with a biological agent as systemic monotherapy (other than methotrexate)

and

- has signed the patient acknowledgement

and

has been diagnosed with:

either

- severe chronic plaque psoriasis of the **whole body**, where lesions have been present for at least six months from the time of initial diagnosis and where the baseline PASI score is greater than 15

or

- severe chronic plaque psoriasis of the **face**, or palm of a **hand**, or sole of a **foot**, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis and where:

either

- at least two of the three PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe

or

- the skin affected is 30 per cent or more of the face or palm of a hand or sole of a foot

and

- has failed to achieve an adequate response, as indicated by a PASI assessment, following a minimum of six weeks treatment to **at least three** of the following **four** treatments:

- Phototherapy** - a **minimum** of three treatments per week

from

to

and/or

- methotrexate** at a dose of at least 10 mg weekly

Dose

from

to

and/or

- cyclosporin** at a dose of at least 2 mg per kg per day

Dose

from

to

and/or

- acitretin** at a dose of at least 0.4 mg per kg per day

Dose

from

to

Provide details on contraindications or intolerance to any prior therapies including the degree of toxicity.

Details of the toxicity criteria are available at

www.medicareaustralia.gov.au > For health professionals > PBS > Specialised drugs (PBS) J-Z > Severe chronic plaque psoriasis

Intolerance must be of a severity to necessitate permanent treatment withdrawal.

- 12** Prior therapy: Contraindication or toxicity and grade

Phototherapy

Methotrexate

Cyclosporin

Acitretin

Attachments



Attach all relevant PASI assessments and a completed authority prescription form.

Prescriber's declaration

13 I declare that:

- the information provided on this form is correct.

Prescriber's signature

--

Date

Privacy note

The information provided on this form will be used to assess the 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.

PASI calculation and body diagram

Complete this section if your patient has severe chronic plaque psoriasis of the face, or a palm of a hand, or a sole of a foot

Patient details

First Name

Family Name

Dermatologist details

Dermatologist's name

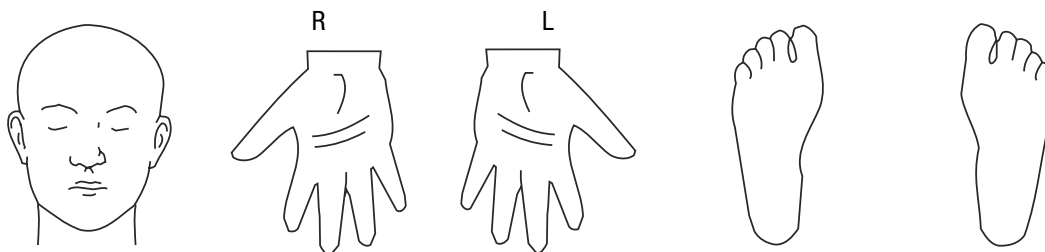
Date of assessment

Dermatologist's signature



A Psoriasis Area and Severity Index (PASI) is a quantitative rating scale for measuring the severity of psoriatic lesions based on area coverage and plaque appearance.

Please mark clearly on the diagrams below the extent of the affected area:



Body region					
Please indicate the degree of involvement of the body region surface as a percentage	FACE	RIGHT PALM	LEFT PALM	RIGHT SOLE	LEFT SOLE
	OR				
Please clearly indicate the plaque characteristics for each body region by circling the numbers which best correspond to the patient's skin condition (circle one number in each box)					
Erythema	0 = none	0 = none	0 = none	0 = none	0 = none
	1 = slight	1 = slight	1 = slight	1 = slight	1 = slight
	2 = moderate	2 = moderate	2 = moderate	2 = moderate	2 = moderate
	3 = severe	3 = severe	3 = severe	3 = severe	3 = severe
	4 = very severe	4 = very severe	4 = very severe	4 = very severe	4 = very severe
Thickness	0 = none	0 = none	0 = none	0 = none	0 = none
	1 = slight	1 = slight	1 = slight	1 = slight	1 = slight
	2 = moderate	2 = moderate	2 = moderate	2 = moderate	2 = moderate
	3 = severe	3 = severe	3 = severe	3 = severe	3 = severe
	4 = very severe	4 = very severe	4 = very severe	4 = very severe	4 = very severe
Scaling	0 = none	0 = none	0 = none	0 = none	0 = none
	1 = slight	1 = slight	1 = slight	1 = slight	1 = slight
	2 = moderate	2 = moderate	2 = moderate	2 = moderate	2 = moderate
	3 = severe	3 = severe	3 = severe	3 = severe	3 = severe
	4 = very severe	4 = very severe	4 = very severe	4 = very severe	4 = very severe

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PASI calculation and body diagram

Complete this section if your patient has severe chronic plaque psoriasis of the whole body

Patient details

First Name

Family Name

Dermatologist details

Dermatologist's name

Date of assessment

Dermatologist's signature



A Psoriasis Area and Severity Index (PASI) is a quantitative rating scale for measuring the severity of psoriatic lesions based on area coverage and plaque appearance. Please complete **all** sections of the table and shade in the affected areas on the body diagrams below.

Plaque characteristic	Rating score	Body region (and weighting factor)			
		Head	Upper Limbs	Trunk	Lower Limbs
Erythema	0 = None 1 = Slight 2 = Moderate 3 = Severe 4 = Very severe				
Thickness					
Scaling					
Add together each of the 3 scores for each of the body regions to give 4 separate sub totals.					
Sub Totals		A1=	A2=	A3=	A4=
Multiply each sub total by amount of body surface area represented by that region i.e. A1 x 0.1 for head, A2 x 0.2 for upper limbs, A3 x 0.3 for trunk, A4 x 0.4 for lower limbs to give a value B1, B2, B3 and B4 for each body region respectively					
		A1 x 0.1 = B1	A2 x 0.2 = B2	A3 x 0.3 = B3	A4 x 0.4 = B4
		B1=	B2=	B3=	B4=
Degree of involvement as % for each body region affected (score each region with score between 0–6)	0 = None 1 = 1–9% 2 = 10–29% 3 = 30–49% 4 = 50–69% 5 = 70–89% 6 = 90–100%				
For each body region multiply sub total B1, B2, B3 and B4 by the <u>score</u> (0–6) of the % of body region involved to give 4 subtotals C1, C2, C3 and C4					
		B1 x score = C1	B2 x score = C2	B3 x score = C3	B4 x score = C4
		C1=	C2=	C3=	C4=
The patient's PASI score is the sum of C1+C2+C3+C4				PASI=	

Please shade in the affected areas

