



Severe chronic plaque psoriasis Continuing 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:

- **continuing** PBS subsidised treatment
- **changing** to an alternate PBS subsidised treatment for which the patient is eligible
- **demonstrating** a response to the current PBS subsidised treatment.

Where the term biological agent appears it refers to adalimumab, etanercept, infliximab and ustekinumab. Applications for patients who wish to change to an alternate biological agent 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**.

A Psoriasis Area Severity Index (PASI) assessment should be performed preferably while still on treatment, but no longer than one month following cessation of the most recent treatment.

This application must be lodged within one month of the date of the PASI assessment.

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.

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.

Applications for change treatment

All patients must start with an initial course of treatment.

Patients who fail to demonstrate an adequate response to treatment with a biological agent are eligible to trial an alternate agent provided they have not previously failed, or ceased to respond to that agent.

Patients who have either failed, or ceased to respond to treatment three times are deemed to have completed a treatment cycle and they must have, at a minimum, a five year break in PBS subsidised biological agent 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 PBS authority application

Continuation of PBS subsidised treatment *or*
Change to an alternate biological agent for which the patient is eligible *or*
Demonstration of a response to the current biological agent

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

Prescriber's details

Note: Prescriber must be a dermatologist.

4 Prescriber number

5 Family name

First given name

6 Work phone number

()

Alternative phone number

Fax number

()

Biological agent details

7 Which biological agent is this application for?

- adalimumab
- etanercept
- infliximab
- ustekinumab

For infliximab only:

Hospital name

Hospital provider number

Conditions and criteria

8 The patient:

- will receive treatment with a biological agent as systemic monotherapy (other than methotrexate)
- is continuing treatment with the current biological agent
- is changing treatment to an alternate biological agent for which the patient is eligible
- is demonstrating a response to the current biological agent treatment (PASI only required)
- has not demonstrated or sustained an adequate response to treatment. I wish to change to an alternate agent for which the patient is eligible. The current PASI assessment is to be considered as the new baseline.

Attachments



Attach a completed PASI assessment and a completed authority prescription form.

Prescriber's declaration

9 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

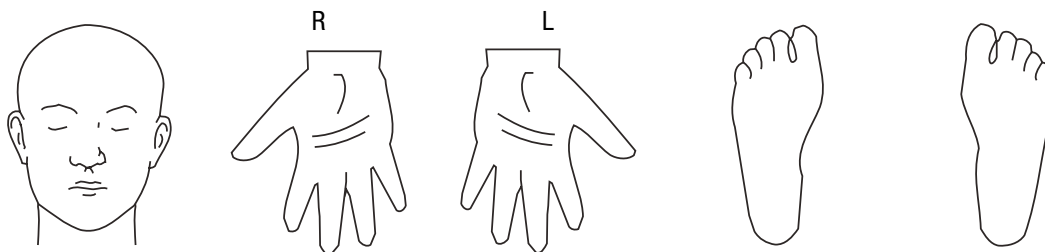
Date of assessment

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

