Australian Government
Services Australia

medicare

PBS

Severe chronic plaque psoriasis – continuing authority application

When to use this form

Use this form to apply for **continuing** PBS-subsidised biological medicines for patients 18 years or over with severe chronic plaque psoriasis.

Important information

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

Applications for **balance of supply** can be made in real time using the **Online PBS Authorities** system or by phone. Call 1800 700 270 Monday to Friday, 8 am to 5 pm, local time.

Under no circumstances will phone approvals be granted for severe chronic plaque psoriasis **continuing** authority applications.

Where the term 'biological medicine' appears, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab.

A copy of the PASI calculation sheets is provided for your convenience.

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

Continuing treatment

This form is ONLY for **continuing** treatment.

The patient remains eligible to receive **continuing** treatment providing they continue to sustain a response to treatment.

After a written authority application for the **first continuing** treatment has been approved, **subsequent continuing** treatments with PBS-subsidised biosimilar brands of biological medicines are **Authority Required (STREAMLINED)** and do not require authority approval from Services Australia for the listed quantity and repeats.

Section 100 arrangements for infliximab i.v. only

This item is available to a patient who is attending:

- an approved private hospital, **or**
- a public hospital

and is 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 public hospital.

The hospital name and provider number must be included in this authority form.

Treatment specifics

The assessment of the patient's response to the course of treatment must be conducted within the time frame specified in the restriction. Where a demonstration of response is not conducted within the required time frame, the patient will be deemed to have failed treatment with that particular PBS-subsidised biological medicine.

A patient who has experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal is not considered to have failed treatment with that particular PBS-subsidised biological medicine.

For more information

Go to **servicesaustralia.gov.au/healthprofessionals**

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Patient's details

1 Medicare card number

Ref no.

or

Department of Veterans' Affairs card number

2 Family name

First given name

3 Date of birth (DD MM YYYY)

4 Patient's weight

kg

Prescriber's details

5 Prescriber number

6 Family name

First given name

7 Business phone number (including area code)

Alternative phone number (including area code)

Hospital details for infliximab i.v. only

8 Hospital name

This hospital is a:

- ☐ public hospital
- ☐ private hospital

9 Hospital provider number

Conditions and criteria

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

10 Is the patient, 18 years or over, being treated by a dermatologist?

- ☐ No
- ☐ Yes

11 This application is for:

- ☐ adalimumab
- ☐ bimekizumab
- ☐ etanercept
- ☐ guselkumab
- ☐ infliximab i.v.
- ☐ infliximab s.c.
- ☐ ixekizumab
- ☐ risankizumab
- ☐ secukinumab
- ☐ tildrakizumab
- ☐ ustekinumab

12 Has the patient previously received this biological medicine (in any form) as their most recent course of PBS-subsidised treatment for this condition?

- ☐ No
- ☐ Yes ▶ Dates of the most recent treatment course

From (DD MM YYYY)

To (DD MM YYYY)

MCA0PB113 2506

13 Is the patient receiving treatment with this biological medicine as systemic monotherapy (other than methotrexate)?

No ☐
Yes ☐

14 The patient has demonstrated or sustained an adequate response to treatment confirmed by:

☐ Psoriasis Area and Severity Index (PASI) score reduced by 75% or more, or sustained at this level, compared to the baseline values for this treatment cycle (for whole body chronic plaque psoriasis only)

PASI score

Date of assessment (DD MM YYYY)

or

☐ PASI symptom subscores for all 3 of erythema, thickness and scaling have been reduced to slight or better, or sustained at this level, compared to the baseline values for this treatment cycle (applies to face, hand and foot chronic plaque psoriasis only)

Date of assessment (DD MM YYYY)

or

☐ a reduction by 75% or more in the skin area affected, or sustained at this level, compared to the baseline values for this treatment cycle (applies to face, hand and foot chronic plaque psoriasis only).

Date of assessment (DD MM YYYY)

The PASI assessment must not be **older than 4 weeks** at the time of application.

Checklist

15 The relevant attachments need to be provided with this form.

☐ Details of the proposed prescription(s).

☐ The completed PASI calculation sheet(s).

Privacy notice

16 Personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of assessing and processing this authority application.

Personal information may be used by Services Australia, or given to other parties where the individual has agreed to this, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

More information about the way in which Services Australia manages personal information, including our privacy policy, can be found at **servicesaustralia.gov.au/privacypolicy**

Prescriber's declaration

You do not need to **sign** the declaration if you complete this form using Adobe Acrobat Reader and return this form through Health Professional Online Services (HPOS) at **servicesaustralia.gov.au/hpos**

17 I declare that:

- I am aware that this patient must meet the criteria listed in the current Schedule of Pharmaceutical Benefits to be eligible for this medicine
- I have informed the patient that their personal information (including health information) will be disclosed to Services Australia for the purposes of assessing and processing this authority application
- I have provided details of the proposed prescription(s) and the relevant attachments as specified in the Pharmaceutical Benefits Scheme restriction
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

☐ I have read, understood and agree to the above.

Date (DD MM YYYY) (you **must** date this declaration)

Prescriber's signature (**only** required if returning by post)

If returning by post, print and sign by hand.

Returning this form

Return this form, details of the proposed prescription(s) and any relevant attachments:

- **online** (no signature required), upload through HPOS at **servicesaustralia.gov.au/hpos**

  or

- by post (signature required) to

  Services Australia
  Complex Drugs Programs
  Reply Paid 9826
  HOBART TAS 7001

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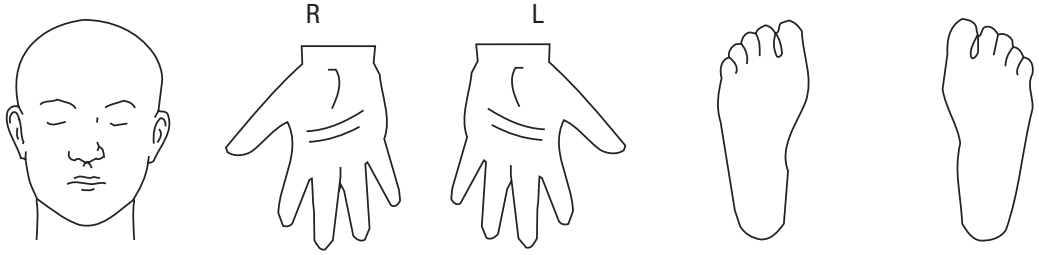
PASI calculation and body diagram – face, hand and foot

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

Mark clearly on the diagrams the extent of the affected area(s)



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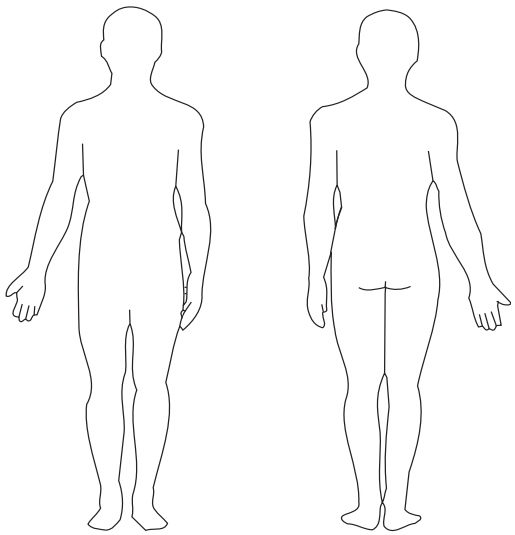
PASI calculation and body diagram – whole body

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 the 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 score (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=**	

Shade in the affected areas



Reset form