

Severe chronic plaque psoriasis paediatric – ustekinumab – continuing authority application

When to use this form

Use this form to apply for **continuing** PBS-subsidised ustekinumab for patients under 18 years 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.

A copy of the PASI calculation sheets is provided for your convenience, but is not required to be submitted for all applications.

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.

This assessment will be used to determine eligibility for most recent course of treatment and should be conducted **no later than 8 weeks** from the date of completion of the initial course of treatment.

Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment, unless the patient has experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

Treatment specifics

The patient cannot receive more than **24 weeks** of treatment under this **continuing** restriction.

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)

Conditions and criteria

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

8 Is the patient, under 18 years, being treated by a dermatologist?

No ☐

Yes ☐

9 The patient:

- ☐ has previously received this biological medicine as their most recent PBS-subsidised treatment for this condition in this treatment cycle

Dates of the most recent treatment course

From (DD MM YYYY)

To (DD MM YYYY)

and

- ☐ is receiving treatment with this biological medicine as systemic monotherapy or in combination with methotrexate.

10 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)

PASI score

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).

PASI score

Date of assessment (DD MM YYYY)



MCA0PB319 2506

Checklist

- 11  The relevant attachments need to be provided with this form.

- ☐ Details of the proposed prescription(s).
- ☐ The PASI calculation sheet (face, hand and foot only).

Privacy notice

- 12 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

13 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)

| |
|---|
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Returning this form

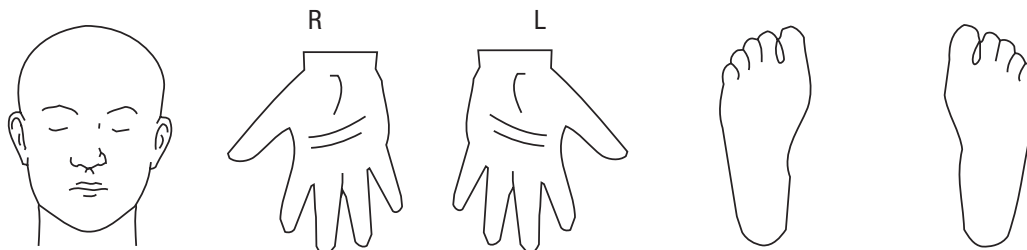
Return this form, details of the proposed prescription(s) and any relevant attachments:

- **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

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)



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 <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= | |

Shade in the affected areas

