Australian Government
Services Australia

medicare

PBS

Severe chronic plaque psoriasis – initial authority application

When to use this form

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

Important information

Initial applications to start PBS-subsidised treatment 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 **initial** authority applications.

Where the term 'biological medicine' appears, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab. Patients are eligible for PBS-subsidised treatment with only 1 biological medicine at any time.

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 **initial** 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 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

3 Date of birth (DD MM YYYY)

4 Patient's weight

kg

Prescriber's details

5 Prescriber number

6 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

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. with i.v. loading
(and an authority prescription for at least 2 i.v. doses at weeks 0 and 2 is attached)

☐ ixekizumab

☐ risankizumab

☐ secukinumab

☐ tildrakizumab

☐ ustekinumab

MCA0PB112 2405

12 The patient:

☐ has severe chronic plaque psoriasis (**whole body**) where lesions have been present for at least 6 months from the time of initial diagnosis

or

☐ has severe chronic plaque psoriasis of the **face, 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

☐ has not received PBS-subsidised treatment with a biological medicine for this condition

and

☐ will receive treatment with this biological medicine as systemic monotherapy (other than methotrexate).

13 The patient has failed to achieve an adequate response, as indicated by a Psoriasis Area and Severity Index (PASI) assessment, following a **minimum of 6 weeks** treatment to **at least 2** of the following **6** treatments:

☐ **phototherapy** (UVB or PUVA) – a **minimum** of 3 treatments per week

From (DD MM YYYY)

To (DD MM YYYY)

PASI score, if applicable

Date of assessment (DD MM YYYY)

and/or

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

Dose mg

From (DD MM YYYY)

To (DD MM YYYY)

PASI score, if applicable

Date of assessment (DD MM YYYY)

and/or

☐ **ciclosporin** at a dose of at least 2 mg/kg/day

Dose mg

From (DD MM YYYY)

To (DD MM YYYY)

PASI score, if applicable

Date of assessment (DD MM YYYY)

and/or

☐ **acitretin** at a dose of at least 0.4 mg/kg/day

Dose mg

From (DD MM YYYY)

To (DD MM YYYY)

PASI score, if applicable

Date of assessment (DD MM YYYY)

and/or

☐ **apremilast** at a dose of 30 mg twice a day

Dose mg

From (DD MM YYYY)

To (DD MM YYYY)

PASI score, if applicable

Date of assessment (DD MM YYYY)

and/or

☐ **deucravacitinib** at a dose of 6 mg once daily

Dose mg

From (DD MM YYYY)

To (DD MM YYYY)

PASI score, if applicable

Date of assessment (DD MM YYYY)

A PASI assessment must be completed for each prior treatment course preferably whilst still on treatment, but **no later than 4 weeks** following cessation of treatment.

14 Provide details of contraindications or intolerances to any of the prior therapies including the degree of toxicity.

For details of the toxicity criteria, go to **servicesaustralia.gov.au/healthprofessionals**

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

Prior therapy contraindication or toxicity and grade.

Phototherapy

Methotrexate

Ciclosporin

Acitretin

Apremilast

Deucravacitinib

15 The patient has failed to achieve an adequate response to prior treatment as demonstrated by:

☐ a whole body PASI score > 15

PASI score

Date of assessment (DD MM YYYY)

or

☐ chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

☐ **at least 2** of the **3** PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe

or

☐ the skin affected **is** ≥ **30%** of the face, palm of a hand or sole of a foot.

Date of assessment (DD MM YYYY)

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

Checklist

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

☐ Details of the proposed prescription(s).

☐ The completed PASI calculation sheet(s).

Privacy notice

17 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**

18 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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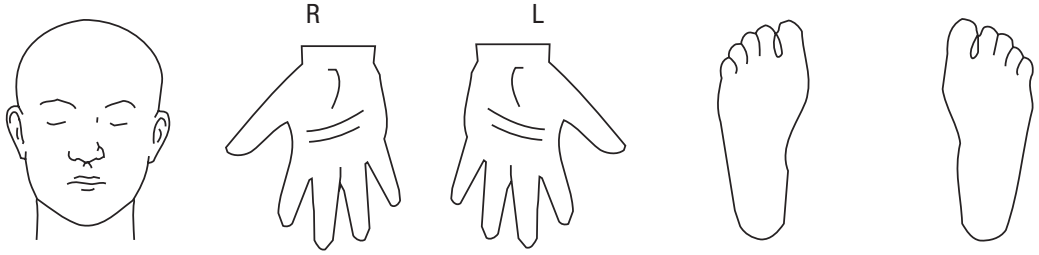
PASI calculation and body diagram – face, hand and foot

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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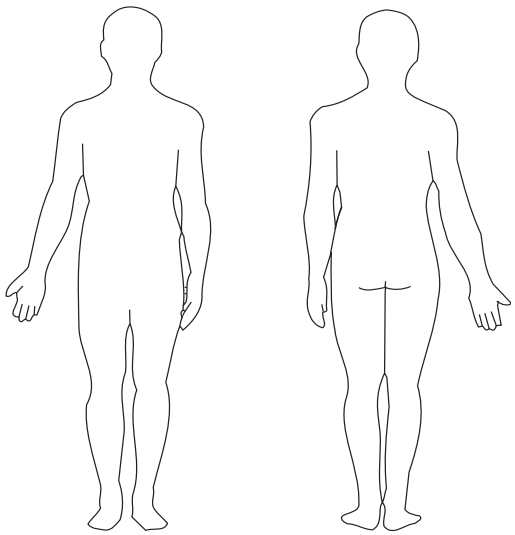
PASI calculation and body diagram – whole body

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