

# 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](https://servicesaustralia.gov.au/healthprofessionals)



## 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](https://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](https://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)

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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](https://servicesaustralia.gov.au/hpos)
- **or**
- by post (signature required) to  
Services Australia  
Complex Drugs Programs  
Reply Paid 9826  
HOBART TAS 7001

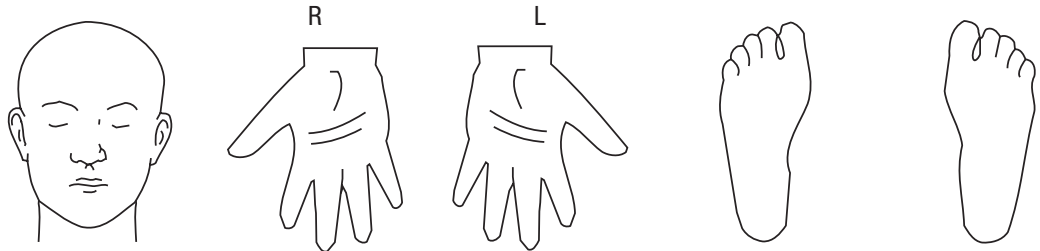
# PASI calculation and body diagram – face, hand and foot

**medicare**



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					
<b>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)</b>					
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

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



# PASI calculation and body diagram – whole body

**medicare**



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

