



PBS

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



 \square

Severe chronic plaque psoriasis paediatric – ustekinumab – continuing authority application

medicare



Pa	tient's details	9	The patie	ent:			
1	Medicare card number		mos	previously received t recent PBS-subsid treatment cycle			
	or		Date	es of the most recen	ıt treatmer	it course	
	Department of Veterans' Affairs card number		From	n (DD MM YYYY)			
			To (D	DD MM YYYY)			
2	Dr 🗌 Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other		and				
-	Family name		syste	ceiving treatment w emic monotherapy o notrexate.			
	First given name	10		ent has demonstrate to treatment confir		ined an ad	lequate
3	Date of birth (DD MM YYYY)		75% base	iasis Area and Seve or more, or sustain line values for this nic plaque psoriasis	ned at this treatment	level, com	pared to the
4	Patient's weight			score			
	kg			of assessment (DD) MM YYYY)	
D		L					
Pr	escriber's details		or				
5	Prescriber number		and	symptom subscore scaling have been r	reduced to	slight or b	etter, or
6	Dr Mr Mrs Miss Ms Other		this	ained at this level, c treatment cycle (ap ue psoriasis only)	•		
	Family name		PASI	score			
	First given name		Date	e of assessment (DD	MM YYYY)	
7	Business phone number (including area code)	L	or				
•				duction by 75% or n ained at this level, c			
	Alternative phone number (including area code)	L	this	treatment cycle (ap	•		
				ue psoriasis only).			
				score			
Co	nditions and criteria	L	Date	e of assessment (DD)	
	qualify for PBS authority approval, the following conditions ust be met.						
8	Is the patient, under 18 years, being treated by a dermatologist?						
	Yes						

MCA0PB319 2405

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)

Þ

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



PBS

medicare

PASI calculation and body diagram – face, hand and foot

٦

		Body regio	n						
Indicate the degree of	FACE	FACE RIGHT PALM L		RIGHT SOLE	OLE LEFT SOLE				
involvement of the body region surface as a percentage	%	%	%	%	%				
OR									
Clearly indicate the	plaque characteristics patient's sk		by circling the numbe ne number in each box		oonds to the				
	0 = none	0 = none	0 = none	0 = none	0 = none				
	1 = slight	1 = slight	1 = slight	1 = slight	1 = slight				
Erythema	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				
	0 = none	0 = none	0 = none	0 = none	0 = none				
	1 = slight	1 = slight	1 = slight 1 = slight		1 = slight				
Thickness	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				
	0 = none	0 = none	0 = none	0 = none	0 = none				
	1 = slight	1 = slight	1 = slight	1 = slight	1 = slight				
Scaling	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)		R	L						

© Commonwealth of Australia, Department of Health and Aged Care. This document is based on a work created by Serono Australia Pty Ltd. The Department of Health and Aged Care gratefully acknowledges the assistance of Serono Australia Pty Ltd in granting permission to use its work.



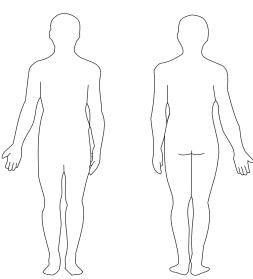
medicare

PBS

PASI calculation and body diagram – whole body

	Deting coord	Body region (and weighting factor)					
Plaque characteristic	Rating score	Head	Upper Limbs	Trunk	Lower Limbs		
Erythema	0 = None 1 = Slight						
Thickness	2 = Moderate						
Scaling	3 = Severe 4 = Very severe				-		
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 su	m of C1+C2+C3+C4			PASI=			

Shade in the affected areas



© Commonwealth of Australia, Department of Health and Aged Care. This document is based on a work created by Serono Australia Pty Ltd. The Department of Health and Aged Care gratefully acknowledges the assistance of Serono Australia Pty Ltd in granting permission to use its work.