

ADVANCED TARGETED THERAPIES MASTERCLASS SERIES FOR NURSES

Session 7

Applications and Support
Programs

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Therapies

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Therapies

2nd November 2023



Authority Scripts

	Written	Online PBS Authorities system	Streamline	Increase quantities
Topicals		1800 888 333 or HPOS		v
Ciclosporin			13168 Severe Psoriasis 6660 Severe AD	
Acitretin			5789 Severe Psoriasis 5727 Severe disorders of Keratinisation	
Dupilumab and Upadacitinib EASI, DLQI,PGA(initial)		1800 888 333 or HPOS; see prescribing chart for item code		
Apremilast - Psoriasis			14417 Titration pack or continuation supply (Dermatologist, registrar or GP – continuation only)	
Deucravacitinib - Psoriasis			14384 Severe Psoriasis	
Psoriasis biologic therapy PASI	Initial and continuation applications	PRODA mailbox as PDF attachment		
Hidradenitis biologic therapy HiScr	Initial and continuation applications	PRODA mailbox as PDF attachment		
Chronic Spontaneous Urticaria UA7	Initial application only	PRODA mailbox as PDF attachment Continuation applications –1800 700 270 or HPOS; see prescribing chart for item code		

Managing

PBS Authorities

PBS reason codes for Online PBS Authorities

Prescribing in an emergency provision situation

Streamlined authority process

[Home](#) > [Health and disability](#) > [Health professionals](#) > [Top services](#) > [PBS for prescribers](#) > [Managing](#) > [PBS Authorities](#)

PBS Authorities

Information about your options for managing Pharmaceutical Benefit Scheme (PBS) Authorities.



Changes to Online PBS Authorities system

There are some changes to the way the Online PBS Authorities system looks, with further improvements to come in the next 12 months. Listen to our [PBS Authorities podcast](#) to learn more.

on this page

[What you can use PBS Authorities service in HPOS for](#)

[How to log on through upgraded clinical or prescribing software](#)

[How to use the PBS Authority service in HPOS](#)

[How to enquire about a previously recorded PBS authority approval](#)

[When you can cancel or amend a previously approved PBS authority approval](#)

[When you can't use the PBS Authorities service in HPOS](#)

[How to submit PBS written authority documents via HPOS](#)

PBS WRITTEN APPLICATION LODGMENT OPTIONS



ONLINE

- Application form and authority prescription form(s) and any relevant attachments can be submitted through Health Professional Online Services (HPOS) using an individual's Provider Digital Access (PRODA) account

POST

- Application form and authority prescription form(s) and any relevant attachments to:

Department of Human Services

Complex Drugs Programs

Reply Paid 9826

HOBART TAS 7001

PBS COMPLEX DRUG PROGRAM MAILED SUBMISSIONS



- Applications and prescriptions are mailed to Medicare offices in Hobart
- Queries faxed back to prescriber
- Rejection letters are mailed to prescriber
- Approved scripts mailed back to either patient or prescriber as specified on prescription
- 2-4 + weeks turnaround

PBS ELECTRONIC SUBMISSIONS



- Applications and prescriptions scanned and uploaded to the Services Australia HPOS system via an individual's PRODA account
- Original documents held in the clinic
- Approval number and item codes need to be added to the script when approved and returned to the PRODA inbox
- Script can then be forwarded to the patient
- Response times can vary but usually 1-10 days.
- PBS is moving to an online authority system

PBS ELECTRONIC SUBMISSIONS



Australian Government
Services Australia

Individuals ▾ Organisations ▾

Provider Digital Access (PRODA)

What services you can access >

How to register for an Individual account >

How to register an organisation >

Home > Organisations > Business > Business payments and services > Provider Digital Access (PRODA)

Provider Digital Access (PRODA)

An online identity verification and authentication system. It lets you securely access government online services.

PRODA is digital and portable across web enable devices. You can use it from anywhere as long as you have access to the internet.

To access [available services using PRODA](#), you need to [register as an individual](#) to get your own account.

To access a service on behalf of an organisation, you may need to register the organisation in PRODA. The service will let you know if you need to register your organisation.

To set up an account you'll need 1 of these minimum browser versions:

- Internet Explorer 9
- Mozilla Firefox 30
- Google Chrome 39
- Safari 5.



Log on

Log on



<https://www.servicesaustralia.gov.au/organisations/business/services/provider-digital-access-proda>

PBS ELECTRONIC SUBMISSIONS

  Services Australia

Search

my Gov Individuals ▼ **Sign in**

[Create account](#) | [Online help](#)

[Raising kids](#) [Living arrangements](#) [Ageing](#) [Work](#) [Education](#) [Health and disability](#)

[← Top services](#)

HPOS

- [How to set up HPOS access](#)
- [How to use HPOS features](#)
- [How to manage your details in HPOS](#)

[Home](#) > [Health and disability](#) > [Health professionals](#) > [Top services](#) > [HPOS](#)

HPOS

Health Professional Online Services (HPOS) is a simple and secure way for eligible providers or organisations to do business with us online.

You need a [PRODA](#) account to access HPOS.

Log on to HPOS

You can access HPOS with an individual PRODA account or organisation in PRODA. If you don't have one, [register for PRODA](#) online. Then follow the steps to set up your HPOS access.

[Log on using PRODA](#)

PRODA

Australian Government
Services Australia

PRODA
Provider Digital Access

Login

If you have already created your PRODA account, login below.

Username

[Forgot your username?](#)

Password

[Show](#)

[Forgot your password?](#)

Login

Do not have a PRODA account? [Register now](#)

or

Login using your Digital Identity


[Find out if this option is for you](#)

- Individuals need to have their own account
- Prescribers can nominate delegates to act on their behalf
- Delegates can be clinic nurses or administration staff

Australian Government
Department of Human Services

PRODA
Provider Digital Access

My linked services

 Health Professional
Online Services

Go to service **Link identifiers**

NEED TO SELECT FORM TYPE AND ATTACH THE SCANNED DOCUMENTS (APPLICATION AND PRESCRIPTION) TO UPLOAD



[Home](#) » [Mail Centre - My mailbox](#) » Form upload

Mail Centre - My mailbox - Form upload



Please note: All delegated users will be able to view and/or reply to mail messages in this mailbox.

Enter details below to upload forms

Form category *	<input type="text" value="PBS - Authority Application forms"/>
Subject	<input type="text" value="PBS - Authority Application forms"/>
Form type *	<input type="text" value="Severe Chronic Plaque Psoriasis"/>
Text	<input type="text"/> <small>(4800 characters max)</small>
Attachment/s	<input checked="" type="radio"/> Form <input type="radio"/> Supporting document <input type="text" value=""/> <input type="button" value="Browse..."/> <input type="button" value="Add File"/> <small>(maximum of 5 files)</small>

Medicare response will return to the PRODA inbox on the unique reference number provided on successful lodgment

< **Drug, program or condition**

- Acromegaly
- Alzheimer's disease
- Ankylosing spondylitis
- Arthritis - juvenile idiopathic arthritis
- Arthritis - psoriatic arthritis
- Arthritis - rheumatoid arthritis
- Arthritis - systemic juvenile idiopathic arthritis
- Severe asthma
- Atypical haemolytic uraemic syndrome

Home > Health and disability > Health professionals > Top services > Written Authority Required Drugs > Drug, program or condition > Psoriasis - severe chronic plaque psoriasis

Psoriasis - severe chronic plaque psoriasis

The PBS subsidises biological agents for patients with severe chronic plaque psoriasis.

on this page

[Patient eligibility](#)

[Section 100 arrangements](#)

[Toxicity and severity descriptors](#)

[Treatment specifics](#)

[Authority applications](#)

[More information](#)

<https://www.servicesaustralia.gov.au/psoriasis-severe-chronic-plaque-psoriasis?context=23021#a2>

[Written Authority applications](#)

Apply for initial authority approval to prescribe PBS subsidised biological agents to treat adult patients with severe chronic plaque psoriasis in writing and either:

- upload through [Health Professional Online Services \(HPOS\)](#)
- post to [PBS Complex Drugs Programs](#).

All written applications must include the completed:

1. authority prescription form or forms
2. [severe chronic plaque psoriasis initial authority application form](#) (PB112)
3. relevant attachments.

PBS WRITTEN AUTHORITY APPLICATIONS



Written Authority Required Drugs > Drug, program or condition

Psoriasis - severe chronic plaque psoriasis >

The PBS subsidises biological agents for patients with severe chronic plaque psoriasis.

Drug, program or condition > Psoriasis - severe chronic plaque psoriasis

Severe chronic plaque psoriasis toxicity and severity descriptors >

Toxicity and severity descriptors for the listing of biological agents on the PBS for adults.

Health professionals > Most useful information

Severe chronic plaque psoriasis - continuing authority application form (PB113) >

Use this form to apply to continue PBS-subsidised treatment with a biological agent for an adult patient with severe chronic plaque psoriasis.

Health professionals > Most useful information

Severe chronic plaque psoriasis - initial authority application form (PB112) >

Use this form to apply for initial PBS-subsidised treatment with a biological agent for adult patients with severe chronic plaque psoriasis.

Health professionals > Most useful information

Severe chronic plaque psoriasis - bimekizumab - initial grandfather authority application form (PB356) >

Use this form to apply for initial grandfathered PBS-subsidised treatment with bimekizumab for severe chronic plaque psoriasis.

Under 18-year-olds

Health professionals > Most useful information

Severe chronic plaque psoriasis - ustekinumab - for patients under 18 years continuing authority application form (PB319) >

Use this form to apply for continuing PBS-subsidised treatment with ustekinumab for patients under 18 years with severe chronic plaque psoriasis.

Health professionals > Most useful information

Severe chronic plaque psoriasis ustekinumab - for patients under 18 years initial, change, recommencement or demonstration of response authority application form (PB320) >

Use this form to apply for initial, change, recommencement or demonstration PBS-subsidised treatment with ustekinumab for patients under 18 years with severe chronic plaque psoriasis.

Health professionals > Most useful information

Severe chronic plaque psoriasis - etanercept - for patients under 18 years initial, re-treatment, course completion, change or recommencing authority application form (PB116) >

Use this form to apply for initial, re-treatment, course completion, change or recommencing PBS-subsidised treatment with etanercept for patients under 18 years with severe chronic plaque psoriasis.

THE PBS SUBSIDISES BIOLOGICAL AGENTS FOR PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS.



[Patient eligibility](#) -The [Schedule of Pharmaceutical Benefits](#) on the PBS website outlines the restrictions for prescribing biological agents.

[Section 100 arrangements](#) -Section 100 arrangements (Infliximab)

- This item is only PBS subsidised for day admitted patients, non-admitted patients, or patients on discharge who are attending either:
 - an approved private hospital
 - a public participating hospital
 - a public hospital.
- This item isn't PBS subsidised for hospital in-patients. You must include the hospital name and provider number on the authority application form.

PBS WRITTEN AUTHORITY APPLICATIONS

PSORIASIS

<https://atep.edu.au/general-content/psoriasis/clinical-resources/forms-pbs/>

Psoriasis Applications

- Initial application
- Continuation application
- Switch/Cease/Recommence application

ADULT PBS REQUIREMENTS



Criteria for initial PBS subsidised biologic therapy for severe chronic plaque psoriasis

- 18 years and over
- Lesions present for at least 6 months from the time of initial diagnosis
- Failed to achieve an adequate response, as indicated by PASI assessment, following a minimum of 6 weeks of treatment to (at least) 2 systemic treatments

PBS MINIMUM REQUIREMENTS – SYSTEMIC THERAPIES



PB112 Initial application- PBS minimum requirements

Treatment trial with at least 2 of 6 listed systemic therapies for at least 6 weeks

- Phototherapy **3 x** weekly
- MTX **10 mg** weekly
- Cyclosporin **2 mg/kg/day**
- Acitretin **0.4 mg/kg/day**
- Apremilast **30mg** twice a day
- Deucravacitinib **6mg** daily

FORM PB112 INITIAL- WEIGHT BASED DOSING

cyclosporin at a dose of at least 2 mg/kg/day

Dose mg

From / / to / /

PASI score, if applicable

Date of assessment / /

and/or

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

Dose mg

From / / to / /

PASI score, if applicable

Date of assessment / /



Weight and Dose need to be declared on the application

- Weight and Dose need to be declared on the application
- Acitretin x 0.4mg/kg
- Cyclosporin x 2mg/kg

PBS MINIMUM REQUIREMENTS – SYSTEMIC THERAPIES



Treatment trials

- All treatment trials must be of a minimum of 6 weeks at the prescribed dosage unless an intolerance or contraindication can be declared
- Two treatments may be trialled concurrently
 - E.G Acitretin and UVB
 - MTX and UVB
- Prior treatments that are deemed **not recent** enough by PBS may need be repeated to satisfy the criteria unless a contraindication or toxicity can be demonstrated
- Patients must have a **current treatment at time of application**

FORM PB112 INITIAL – TREATMENT DURATION



- Minimum of 6 weeks
- PASI assessment for each treatment failure must be completed within one month of treatment cessation
- The most recent PASI assessment must not be older than 1 month at the time of application

PBS – Treatment trials

The patient without chronic health issues or contraindications to treatment – need to demonstrate

- Two treatment trials with dates
- End of treatment PASI score demonstrating a failure of response for each treatment
- Date of assessment within 30 days

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 agent for this condition

and

will receive treatment with this biological agent 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



www.atep.edu.au >Psoriasis Tab>Toxicity and severity descriptors

- [Toxicity and severity descriptors](#)

When demonstrating a patient's intolerance to prior treatment, use the [severe chronic plaque psoriasis toxicity and severity descriptors](#) with the authority application.

< **Psoriasis - severe chronic plaque psoriasis**

Toxicity and severity descriptors

  Services Australia

Home > Health and disability > Health professionals > Top services > Written Authority Required Drugs > Drug, program or condition > Psoriasis - severe chronic plaque psoriasis > Toxicity and severity descriptors

Toxicity and severity descriptors

Toxicity and severity descriptors for the listing of biological agents on the PBS for adults.

on this page

[Acitretin](#)

[Cyclosporin](#)

[Methotrexate](#)

[Phototherapy toxicity](#)

[Apremilast](#)

PBS – Treatment trials

Contraindications to Treatment

Clearly document if a patient cannot trial a treatment

- Demonstrate contraindications according to Product Information / MIMS (absolute contraindications)
- Reason why the patient has NEVER tried a required treatment
- Reason why a required treatment that may have been used in the past is currently contraindicated
- Contraindications are not listed on the PBS website

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



WHOLE BODY PASI



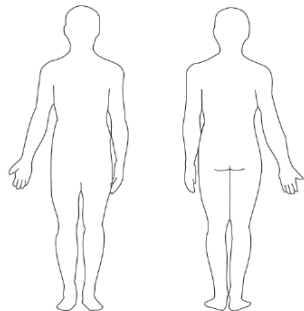
medicare



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				
Thickness	1 = Slight				
	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%				
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

Print form

- Scores > 15 indicate severe disease and a failure of therapy to the current treatment
- Full PASI scores must be documented
- *Scoring review – Week 2 Psoriasis Overview and Scoring*

FACE, HAND, FOOT (FHF) PASI



medicare



PASI calculation and body diagram – face, hand and foot

Indicate the degree of involvement of the body region surface as a percentage	Body region				
	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)



- Failure to therapy is demonstrated by at least 2 of the 3 symptom subscores rated as severe (3) or very severe (4) psoriasis in any one body region
- Failure to therapy is demonstrated by degree of involvement >30% in any one area
- Scores can be calculated in one or more body regions
- Demonstration of Response (DOR) must be measured against at least one body region using the parameters submitted at baseline
- Area or subscores or both must be lodged with Medicare as the baseline score
- *Scoring review – Week 2 Psoriasis Overview and Scoring*

Baseline PASI scores

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 or palm of a hand or sole of a foot.

Date of assessment (DD MM YYYY)

- Record full baseline PASI prominently in clinical notes
- The PASI must not be **older than 4 weeks** at the time of application

ATEP resource – scrollable prescribing chart



GENERAL ▾ DRUGS QUICK LINK ▾ PSORIASIS ▾ ATOPIC DERMATITIS (AD) ▾ CHRONIC SPONTANEOUS URTICARIA (CSU) ▾ HIDRADENITIS SUPPURATIVA (HS) ▾ 🔍

BIOLOGICS PRESCRIBING CHART

[Click here to download](#) a printable PDF chart containing all the prescribing information for each of the biologics.

Medication	Presentation	Initial Script	Continuation Script	Patient Support
Adalimumab Humira PSORIASIS	40mg/0.4ml prefilled syringe or pen device	Adalimumab (Humira) 80 mg S/C week 0, 40mg week 1, then 40mg every 2 weeks Q = 2 x 40mg R = 4	Adalimumab (Humira) 40mg S/C every 2 weeks Q = 2 x 40mg R = 5 PBS Item code: 12422T (PFS), 12342N (Pen)	Abbvie Care: call 1800 222 843 or, text 'enrol me' 0414 222 843 or, visit www.abbviecare.com.au .

BIOLOGICS PRESCRIBING CHART –PAGE 1

<https://atep.edu.au/general-content/general/clinical-resources/biologics-prescribing-chart/>

Medication	Presentation	Initial Script	Continuation Script	Patient Support
Adalimumab Humira <i>PSORIASIS</i>	40mg/0.4ml prefilled syringe or pen device	Adalimumab (Humira) 80 mg S/C week 0, 40mg week 1, then 40mg every 2 weeks Q = 2 x 40mg R = 4	Adalimumab (Humira) 40mg S/C every 2 weeks Q = 2 x 40mg R = 5 PBS Item code: 12422T (PFS), 12342N (Pen)	Abbvie Care: call 1800 222 843 or, text 'enrol me' 0414 222 843 or, visit www.abbviecare.com.au .
Adalimumab Biosimilars: Amgevita, Hadlima, Hyrimoz, Idacio <i>PSORIASIS</i>	40mg/0.8ml prefilled syringe or pen device	Adalimumab 80 mg S/C week 0, 40mg week 1, then 40mg every 2 weeks Q = 2 x 40mg R = 4	Adalimumab 40mg S/C every 2 weeks Q = 2 x 40mg R = 5 <i>Biosimilars:</i> Written authority required for 1 st continuation application. Streamlined authority available for 2 nd continuation/subsequent continuations. Authority Code: 11635 (WB), 11606 (FHF) PBS Item Code: 12366W (PFS), 12403T (Pen)	Idacio : 1800 870 166 www.kabicare.com.au
Certolizumab pegol (rbe) Cimzia <i>COMPASSIONATE SUPPLY</i> <i>PSORIASIS</i>	200mg/1ml Prefilled syringe or prefilled AutoClicks® pen	Cimzia 400mg (2 x 200mg) S/C week 0, week 2, week 4, then either 200mg every 2 weeks OR 400mg every four weeks Script 1: Q = 6 x 200mg R=0 Script 2: Balance of supply Q =2, R=2	Cimzia S/C Dosing options either 200mg every 2 weeks OR 400mg every 4 weeks	Everyday Support Program: 1800 246 942 www.everydaysupport.com.au
Etanercept Enbrel Biosimilar: Brenzys <i>PSORIASIS</i>	50mg/1ml prefilled syringe or pen device	Etanercept (Enbrel or Brenzys) 50mg S/C weekly Q = 4 x 50mg R = 3	Etanercept (<i>Enbrel</i>) 50mg S/C weekly Q = 4 x 50mg R = 5 <i>Brenzys:</i> Written authority required for 1 st continuation application. Streamlined authority available for 2 nd continuation/subsequent continuations. Authority Code: 8887 (WB), 8955 (FHF) Item Code: 11225T (PFS), 11221N (Pen)	Enbrel: 1800 362 735 www.enbrel.com.au Brenzys: 1800 15 15 16 www.msdsdharmony.com.au
Guselkumab Tremfya <i>PSORIASIS</i>	100mg/1ml prefilled syringe	Guselkumab 100mg S/C weeks 0,4 & 12 Q = 1 R = 2	Guselkumab 100mg S/C every 8 weeks Q = 1 R = 2	Janssen Immunology PSP: 1800 666 845 Email: info@immunologycare.com.au
Infliximab Remicade Biosimilar: Inflectra, Reniflex <i>PSORIASIS</i>	100mg vial	Infliximab (Remicade or Inflectra or Reniflex) 5mg/kg IV weeks 0,2,6,14 Q: = # vials R = 3	Infliximab (Remicade) 5mg/kg IV 8 weekly Q = # vials R = 2 <i>Inflectra/Reniflexis:</i> Streamlined authority available after 1 st continuation script. \$100 HSD Public - Authority Code: 8844 (WB) 8940 (FHF), Item Code: 11605T or, \$100 HSD Private - Authority Code: 9602 (WB) 9584 (FHF), Item Code: 11605T If > 5 vials required call 1800 700 270 option 5 for approval	Remicade: 1800 666 845 Email: info@immunologycare.com.au
Ixekizumab Taltz <i>PSORIASIS</i>	80 mg/1ml pen device	Ixekizumab 160mg S/C week 0 then 80mg every 2 weeks x 12 weeks Q = 2 x 80mg R = 3	Ixekizumab 80mg S/C every 4 weeks Q = 2 x 80mg R = 2	1800 482 589 www.lillydermatology.com.au
Risankizumab Skyrizi <i>PSORIASIS</i>	75 mg/0.83ml prefilled syringe	Risankizumab 150mg S/C weeks 0, 4 & 16 Q = 2 x 75mg R = 2	Risankizumab 150mg S/C every 12 weeks Q = 2 x 75 mg R = 1	Abbvie Care: call 1800 222 843 or, text 'enrol me' 0414 222 843 or, visit www.abbviecare.com.au

BIOLOGICS PRESCRIBING CHART –PAGE 2

<https://atep.edu.au/general-content/general/clinical-resources/biologics-prescribing-chart/>

Medication	Presentation	Initial Script	Continuation Script	Patient Support
Secukinumab Cosentyx <i>PSORIASIS</i>	150 mg/1ml pen device	Script # 1: Secukinumab 300mg S/C weeks 0, 1, 2 & 3 Q = 8 x 150mg R = 0 Script # 2: Secukinumab 300mg S/C week 4 then monthly Q = 2 x 150mg R = 2	Secukinumab 300mg S/C monthly Q = 2 x 150mg R = 5	Altogether You: 1800 023 826 Email: support@altogetheryou.com.au
Tildrakizumab Ilumya <i>PSORIASIS</i>	100mg/1ml prefilled syringe	Tildrakizumab 100mg S/C weeks 0, 4 & 16 Q = 1 x 100mg R = 2	Tildrakizumab 100mg S/C every 12 weeks Q = 1 x 100mg R = 1	Glow: 1800 456 977 www.glowpsp.com.au
Ustekinumab Stelara <i>PSORIASIS</i>	45mg/0.5ml vial	<100 kg: Ustekinumab 45mg S/C weeks 0,4 & 16 Q 1 x 45mg R 2 >100 kg: Ustekinumab 90mg S/C weeks 0,4 & 16 Q = 2 x 45mg R = 2	<100 kg: Ustekinumab 45mg S/C every 12 weeks Q 1 x 45mg R 1 >100 kg: Ustekinumab 90mg S/C every 12 weeks Q = 2 x 45mg R = 1	1800 666 845 Email: info@immunologycare.com.au
Adalimumab Humira <i>HIDRADENITIS SUPPURATIVA</i>	40mg/0.4ml pen device	Script # 1: Initial Adalimumab (Humira) 160mg S/C week 0, 80 mg week 2 Q = 6 x 40mg R = 0 Script # 2: Balance of supply 40mg at week 4 then 40mg weekly Q = 4 x 40mg R = 2	Adalimumab (Humira) 40mg S/C weekly Q = 4 x 40mg R = 5 PBS Item Code: 12418N Q = 2 x 2 boxes R = 5 PBS Item Code 12414J	Abbvie Care: call 1800 222 843 or, text 'enrol me' 0414 222 843 or, visit www.abbviecare.com.au
Adalimumab Humira <i>HIDRADENITIS SUPPURATIVA</i>	80mg/0.8ml prefilled syringe or pen device	Script # 1: Initial Adalimumab (Humira) 160mg S/C week 0, 80 mg week 2 Q = 3 x 80mg R = 0 Script # 2: Balance of supply 80mg at week 4 then 80mg S/C fortnightly Q = 2 x 80mg R = 2	Adalimumab (Humira) 80mg S/C fortnightly Q = 2 x 80mg R = 5 PBS Item Code: 12448E (Pen) 12408C (PFS)	Abbvie Care: call 1800 222 843 or, text 'enrol me' 0414 222 843 or, visit www.abbviecare.com.au
Adalimumab Biosimilars: Amgevita, Hadlima, Hyrimoz, Idacio <i>HIDRADENITIS SUPPURATIVA</i>	40mg/0.8 ml pen device	Script # 1: Initial Adalimumab 160mg S/C week 0, 80 mg week 2 Q = 6 x 40mg R = 0 Script # 2: Balance of supply 40mg S/C at week 4 then 40mg weekly Q = 4 x 40mg R = 2	Adalimumab 40mg S/C weekly Q = 4 x 40mg R = 5 <i>Biosimilars:</i> Written authority required for 1 st continuation. Streamlined authority available for 2 nd continuation/subsequent continuations. Authority Code: 11529, PBS Item Code: 12330Y	Idacio: 1800 870 166 www.kabicare.com.au
Dupilumab Dupixent <i>ATOPIC DERMATITIS</i>	300mg/2ml prefilled syringe Adults and Adolesc >60kg	Dupilumab 600mg S/C week 0, then 300mg every 2 weeks Q = 2 x 300mg (1 box) R = 5 Apply through Services Australia – online HPOS or call 1800 888 333	Dupilumab 300mg S/C every 2 weeks Q = 2 x 300mg R = 5 Apply through Services Australia – online HPOS or, call 1800 888 333	MyWaySupport: 1800 959 522 www.mywaysupport.com.au
Omalizumab Xolair <i>CHRONIC SPONTANEOUS URTICARIA</i>	150mg/1ml prefilled syringe	Omalizumab 300mg S/C week 0 then every 4 weeks Q = 1 (box) R = 2	Omalizumab 300mg S/C every 4 weeks Q = 1 (box) R = 5 Telephone authority approval will need to be requested from Medicare for subsequent continuations. Call 1800 700 270 option 4	

TREATMENT CONSIDERATIONS

- When initiating a biologic, consider current treatments

Methotrexate, phototherapy, cyclosporin, acitretin, apremilast or deucravacitinib

– should the patient overlap or cease?

NB: no further prescriptions for cyclosporin, acitretin, apremilast or deucravacitinib can be dispensed concurrently with biologic therapy



Concurrent treatments allowed

Permitted concurrent PBS-funded treatment:

- MTX
- Phototherapy

ACITRETIN

Source

[General Schedule](#)

Body System

[DERMATOLOGICALS > ANTIPSORIATICS > ANTIPSORIATICS FOR SYSTEMIC USE](#)

▸ [Caution](#)

▸ [Note](#)



▾ ⚠ Authority Required (STREAMLINED)

5789

Severe intractable psoriasis



▾ ⚠ Authority Required (STREAMLINED)

5727

Severe disorders of keratinisation

CONTINUATION APPLICATIONS



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.

- Demonstration of response requirements for continuation applications or change/cease/recommence applications
- Attach completed PASI calculation sheets with the submission

CONTINUATION APPLICATIONS



Patients who **are not** able to complete a minimum of 12 weeks of an **initial treatment course**

will

be deemed to have failed treatment with that agent

unless

they have had a SAE requiring permanent cessation of the biologic medication prescribed (PB 263 -section 14)

PB 263 – change of biologic medication form

16 The patient:

has **failed** to demonstrate or sustain a response to the most recent PBS-subsidised biological agent

or

has **demonstrated** or **sustained an adequate response** to the most recent PBS-subsidised biological agent

or

has experienced a **serious adverse reaction** of a severity necessitating permanent withdrawal of the most recent PBS-subsidised biological agent.

Provide details of treatment and adverse reaction

CONTINUATION APPLICATIONS



- Need ongoing 6 monthly written authority for approvals
 - The continuation application and the authority script are submitted about 2-4 weeks prior to the due date of the first dose on a new prescription to ensure the continuity of supply
- If the application is too early, PBS may hold the script OR request a resubmission after outstanding repeats are used.

CONTINUATION APPLICATIONS



- Patients can manage their own scripts with guidance and support
- Good communication - ensure patients understand treatment plans
- Appointment scheduling
- Patient Support Programs

DEMONSTRATION OF RESPONSE (DOR) – WHOLE BODY (PB115)

- Patient must achieve and sustain PASI 75 improvement
- **Example**
 - Baseline PASI = 25.6
 - $PASI\ 75 = 25.6 \times 0.25 = 6.4$
- Successful continuation applications must demonstrate **PASI < 6.4**

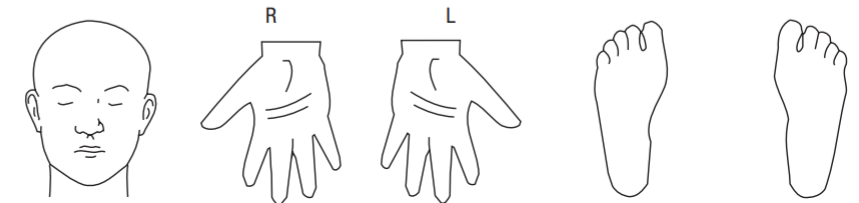


DEMONSTRATION OF RESPONSE (DOR) – FACE, HAND, FOOT (PB114)

- Patient must achieve and sustain a reduction by 75% or more in the skin area affected
 - E.g. Surface area involvement on baseline = 90%
 - PASI 75 for continuation application area improvement score >22.5%
- Subscores must demonstrate improvement
 - E.g. Subscores on baseline 3=severe or 4=very severe
 - DOR for continuation application subscores 1=slight or 0=none

Indicate the degree of involvement of the body region surface as a percentage	Body region				
	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	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)



Change or recommencement of PBS authority application form

- Demonstration of response to current agent and break from therapy
- Changing to an alternate PBS subsidised biological agent for this condition
- Recommencing PBS subsidised biologic agent treatment for this condition after a break of <5 years
- Recommencing PBS subsidised biologic agent treatment for this condition after a break of >5yrs and submitting a new baseline

FORM PB263 - CHANGE OR RECOMMENCEMENT OF BIOLOGIC THERAPY



13 The patient is:

changing from an alternate PBS-subsidised biological agent and an authority prescription for at least 2 i.v. doses of infliximab at weeks 0 and 2 is attached

or

recommencing PBS-subsidised infliximab after a treatment break and an authority prescription for 1 i.v. dose of infliximab at week 0 is attached.

14 The patient, aged 18 years or older:

is **changing** PBS-subsidised biological agent treatment for this condition after a break **< 5 years**

and

will be submitting a new baseline

or

will be using the previous baseline

▶ **Go to 15**

is **recommencing** PBS-subsidised biological treatment for this condition after a break **< 5 years**

and

the demonstration of response from the time of cessation is provided with this application

or

the demonstration of response was submitted to Services Australia at the time of treatment cessation

and

will be submitting a new baseline

or

will be using the previous baseline

▶ **Go to 15**

or

is **recommencing** PBS-subsidised biological treatment for this condition after a break **> 5 years**

and

will be submitting a new baseline

and

has previously received PBS-subsidised biological treatment for this condition

and

will receive treatment with a biological agent as systemic monotherapy (other than methotrexate).

▶ **Go to 18**

** IMPORTANT TO REMEMBER

- If DOR is not filed (or not received by Medicare)
PBS assumes treatment failure
- If the PASI calculation demonstrates less than 75% improvement = treatment failure (even in error)
- 3 biological treatment failures = **FIVE** years **OFF** PBS- funded biological treatment



ATEP – Clinical Resources



Stelara Visit Tracker				
BASELINE PASI =	0.0		PASI 75 =	0.00
Stelara dose dates	Week 0	Week 4	Attend Date	PASI
	30-Jan-18	27-Feb-18		
	Week 16			
	22-May-18			
Week 6-8 safety review	13-Mar-18	27-Mar-18		
Week 12 on treatment	24-Apr-18			
Week 14-16 SV	08-May-18	22-May-18		
Week 22-24 review	03-Jul-18	17-Jul-18		
<i>PBS application due 4-6 weeks prior for written authority</i>				
Stelara dose dates	Week 28	Week 40	Attend Date	PASI
	14-Aug-18	06-Nov-18		
Safety review	25-Sep-18	09-Oct-18		
Prescription review	11-Dec-18	25-Dec-18		

HUMIRA				
BASELINE PASI =	0.0		PASI 75 =	0.00
VISIT SCHEDULE	From	To	Date Attended	PASI
Clinic visit				
Humira dose dates	4-May-17	17-Aug-17		
Week 6 interim visit	8-Jun-17	15-Jun-17		
Week 12 dose	27-Jul-17			
Clinic Visit (date range)	27-Jul-17	3-Aug-17		
Humira dose dates	31-Aug-17	1-Feb-18		
3 month visit				

BASELINE PASI = 17.0 PASI 75 = 4.25				
REMICADE SCHEDULE	VISIT	Target Date	Infus. Date	Review Date
Remicade PBS Application Date		NA		
Infusion #1 Week 0		11-Dec-17		
Infusion #2 Week 2		25-Dec-17		
Week 4 Safety Review		8-Jan-18		
Infusion #3 Week 6		22-Jan-18		
Week 12		5-Mar-18		
Infusion #4 Week 14		19-Mar-18		

Cosentyx VISIT SCHEDULER				
BASELINE PASI =	0.0		PASI 75 =	0.00
Cosentyx PBS Application Date	Dose Dates	App't Date	PASI	Comments / Reminders
Week 0 dose	20-Oct-17			2 Scripts; Cosentyx Q4x2 repeats 0 + Cosentyx Q1x2 repeats 2
Week 1 dose	27-Oct-17			
Week 2 dose	3-Nov-17			
Week 3 dose	10-Nov-17			
Week 4 dose	17-Nov-17			
Safety Visit week 6-8				
Week 8 dose	17-Dec-17			
Week 12 dose	17-Jan-18			
PBS assessment Week 12-14				
<i>PBS assessment after week 12 Dose Cosentyx Q1+5 repeats-continuation supply</i>				

TALTZ VISIT SCHEDULE				
BASELINE PASI =	0.0		PASI 75 =	0.00
TALTZ PBS Application Date	Dates	App't Date	PASI	Comments / Reminders
Week 0 dose-160mg	25-Apr-18			week 0 160mg then fortnightly SCI 80mg from week 2
Week 2 dose-80mg	9-May-18			
Week 4 dose	23-May-18			
Week 6 dose	6-Jun-18			
Safety Visit week 6-8				
Week 8 dose	20-Jun-18			
Week 10 dose	4-Jul-18			
Week 12 dose	18-Jul-18			review asap post week 12 dose for DOR
PBS assessment Week 12-14				
4 weekly dosing <i>Note: dose change to 4 weekly</i>				
Week 16 dose	15-Aug-18			
Week 20 dose	12-Sep-18			
Week 24 dose + RV	10-Oct-18			

ENBREL CONTINUOUS THERAPY				
BASELINE PASI =	0		PASI 75 =	0.00
VISIT SCHEDULE	From	To	Date Attended	Comm
Clinic visit				
Enbrel dose dates	16-May-18	29-Aug-18		
Week 6 interim visit	20-Jun-18			
Week 12 dose due	1-Aug-18			
Clinic Visit	2-Aug-18	15-Aug-18		
Enbrel dose dates	5-Sep-18	13-Feb-19		
Clinic Visit	25-Oct-18	7-Nov-18		
Clinic Visit	2-Jan-19	16-Jan-19		
Enbrel dose dates	20-Feb-19	31-Jul-19		
Clinic Visit	27-Mar-19	10-Apr-19		
Clinic Visit	19-Jun-19	3-Jul-19		

XOLAIR VISIT SCHEDULER			
UAS7 SCORE	0.0		0.00
Dose Dates	App't Date	Comments / Reminders	
INITIAL AUTHORITY APPLICATION WRITTEN AUTHORITY Xolair 150mg Dose 300mg SCI every 4 weeks Qty 2 Rpts 2			
Dose dates	13-Apr-18		
	11-May-18		
	8-Jun-18		
PBS assessment date			
CONTINUING AUTHORITY APPLICATIONS MEDICARE 1800 700 270 option 4 for phone approval			
Script Instructions: Xolair 150mg Dose 300mg SCI every 4 weeks Qty 2 Rpts 5			
Dose dates	6-Jul-18		
	3-Aug-18		

PATIENT TRACKER EXAMPLE FOR 12 WEEKLY DOSING



Skyrizi Visit Tracker					
BASELINE PASI = 26.4		PASI 75 = 6.60			
			Attend Date	PASI	Comments / Reminders
Skyrizi dose dates	Week 0	Week 4			
	29-Oct-20	26-Nov-20			
	Week 16				
	18-Feb-21				
Week 6-8 safety review	10-Dec-20	24-Dec-20			
Week 12 on treatment	21-Jan-21				
Week 14-16 SV	04-Feb-21	18-Feb-21			
Week 22-24 review	01-Apr-21	15-Apr-21			
<i>PBS application due 4-6 weeks prior for written authority</i>					
			Attend Date	PASI	Comments / Reminders
Skyrizi dose dates	Week 28	Week 40			
	13-May-21	05-Aug-21			
Safety review	24-Jun-21	08-Jul-21			
Prescription review	09-Sep-21	23-Sep-21			
			Attend Date	PASI	Comments / Reminders
Skyrizi dose dates	Week 52	Week 64			
	28-Oct-21	20-Jan-22			
Safety review	02-Dec-21	16-Dec-21			
Prescription review	24-Feb-22	10-Mar-22			

PATIENT TRACKER EXAMPLE FOR 4 WEEKLY DOSING



TALTZ VISIT SCHEDULE				
BASELINE PASI =	26.4	PASI 75=		6.60
		App't Date	PASI	Comments / Reminders
TALTZ PBS Application Date	Dose Dates			<i>week 0 160mg then fortnightly SCI 80mg from week 2</i>
Week 0 dose-160mg	29-Oct-20			
Week 2 dose-80mg	12-Nov-20			
Week 4 dose	26-Nov-20			
Week 6 dose	10-Dec-20			
Safety Visit week 6-8				
Week 8 dose	24-Dec-20			
Week 10 dose	7-Jan-21			
Week 12 dose	21-Jan-21			<i>review asap post week 12 dose for DOR</i>
PBS assessment Week 12-14				
4 weekly dosing		<i>Note: dose change to 4 weekly</i>		
Week 16 dose	18-Feb-21			
Week 20 dose	18-Mar-21			
Week 24 dose + RV	15-Apr-21			
Week 28 dose	13-May-21			
Week 32 dose	10-Jun-21			
Week 36 dose	8-Jul-21			
PBS assessment due	24-Jun-21			

Patient visit schedulers (trackers) assist the HCP to calculate the appropriate dates to plan review visits that coincide with reporting schedules required by PBS and ensure that patients will have a continuation of supply.

Instructions for use

Users need to enter the Baseline PASI into the yellow cells and key dates into the green cells. The tracker should then auto populate the rest of the spreadsheet to create an individualised visit scheduler for the patient.

Each sheet should print onto an A4 sheet if required.

Download the relevant scheduler here:

- [Cosentyx visit trackers](#)
- [Enbrel visit trackers](#)
- [Humira visit trackers-CPP](#)
- [Infliximab visit trackers](#)
- [Ilumya visit tracker](#)
- [Skyrizi visit trackers](#)
- [Stelara Visit trackers](#)
- [Taltz visit trackers](#)
- [Tremfya visit tracker](#)

VISIT SCHEDULER (AD)

Patient visit schedulers (trackers) assist the HCP to calculate the appropriate dates to plan review visits that coincide with reporting schedules required by PBS and ensure that patients will have a continuation of supply.

Download [Dupixent visit tracker](#)

VISIT SCHEDULER (CSU)

Patient visit schedulers assist the HCP to calculate the appropriate dates to plan review visits that coincide with reporting schedules required by PBS and ensure that patients will have a continuation of supply.

Download the [Xolair dose scheduler here](#).

VISIT SCHEDULER (HS)

Patient visit schedulers assist the HCP to calculate the appropriate dates to plan review visits that coincide with reporting schedules required by PBS and ensure that patients will have a continuation of supply.

Download [XLS Visit scheduler for HS Humira patients](#).

PSORIASIS AUSTRALIA

World Psoriasis Day 2023: Empowering Access to Timely Treatment and Universal Healthcare from Psoriasis Advocates Worldwide



– 29th October –
World
PSORIASIS
Day



1.6 MILLION+
AUSTRALIANS ARE LIVING
WITH PSORIASIS

Psoriasis Australia
Support Education Awareness

29 October
World Psoriasis Day

treat psoriasis seriously
our lives depend on it

PATIENT SUPPORT AND RESOURCES AT HOME

The screenshot shows the 'GetSorted' website interface. At the top, there is a navigation bar with the 'GetSorted' logo, menu items for 'Symptoms of Psoriasis', 'Treatments for Psoriasis', and 'Our Community', a Facebook icon, a search bar, and a magnifying glass icon. Below the navigation bar, there are five main content sections, each featuring a patient's photo and a call-to-action button:

- Symptoms of Psoriasis:** Features a photo of Russell and Melbourne. Text: "There can be many causes for rashes such as infections, eczema, dermatitis, or psoriasis, and all can look similar at times.^{1,2} If you have a recurring skin rash or roughness, it's best to get it checked out by your healthcare professional. Take a look at some of the causes here." Button: "Learn about the causes of psoriasis".
- Treatment of Psoriasis:** Features a photo of Joy from Hobart. Text: "While there is no cure, if well managed, psoriasis symptoms can be decreased and, in some cases, disappear.³ To find the psoriasis regimen that works best for you, talk to your healthcare professional about your treatment goals. To help with your chat with your healthcare professional, visit here for more information." Button: "Understanding treatment options".
- Shed Your Fears:** Features a photo of Julie from Sydney. Text: "Six courageous people living with psoriasis were invited to take part in a photoshoot to shed their fears and bare all. View the online gallery and watch their video stories here." Button: "Discover more".
- PASI Assessment:** Features a photo of Deepti from Melbourne. Text: "What is a PASI assessment? Or the DQI? How can you use them with your healthcare professional to support your diagnosis? Learn more about how psoriasis is assessed along with other resources to help you at your next doctor's appointment." Button: "Calculating your PASI score".
- Our Community:** Features a photo of Russell and Melbourne. Text: "Psoriasis is not only a physical challenge, but sometimes an emotional and mental one too.⁴ There are thousands of Australians sharing their stories in our Get Sorted community. Here, you can find useful tips about lifestyle, diet, exercise, body image and more." Button: "Explore videos & other resources".

The advertisement features a woman with psoriasis on her arms and legs, smiling and sitting. The text includes:

- GetSorted** (in a purple box)
- A guide to understanding psoriasis** (in a purple box)
- getsorted.com.au (in a purple box)
- Me1 - Melbourne** (in a purple box)
- janssen Immunology** (with logo) and PHARMACEUTICAL COMPANIES OF Johnson & Johnson

DRUGS QUICK LINKS

Clinic booklet PDF can be found on the Tremfya drug page.

Webpage <https://www.getsorted.com.au/>

<https://www.janssenpro.com.au/AuthHome/OnlineServices/Patient-Support/Dermatology-TREMFYA-Patient-Resources>

OTHER RESOURCES

National Psoriasis Foundation

<https://www.psoriasis.org/>

Psoriasis association

<https://www.psoriasis-association.org.uk/>

Find even more information about psoriasis and psoriatic arthritis:

- Global Psoriasis Atlas: globalpsoriasisatlas.org
- Global Psoriasis Coalition: globalpsoriasiscoalition.org
- PsoProtect: psoprotect.org
- PsoProtectMe: psoprotectme.org



ATOPIC DERMATITIS



<https://www.allergy.org.au/patients/skin-allergy/eczema>



<https://www.eczema.org.au/>



<https://www.eczemasupport.org.au/about-us/>



<https://nationaleczema.org/>



CHRONIC SPONTANEOUS URTICARIA



[Xolair | Advanced Therapeutics Education Portal \(atep.edu.au\)](http://Xolair|AdvancedTherapeuticsEducationPortal(atep.edu.au))

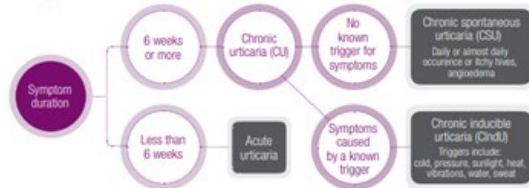


www.survivehives.com

UNDERSTANDING CHRONIC SPONTANEOUS URTICARIA

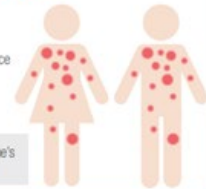
Do you know that not all urticaria has an identifiable trigger?

Urticaria can differ in duration and cause. People with Chronic Urticaria are twice as likely to have CSU^{1,3}



Symptoms of Chronic Spontaneous Urticaria

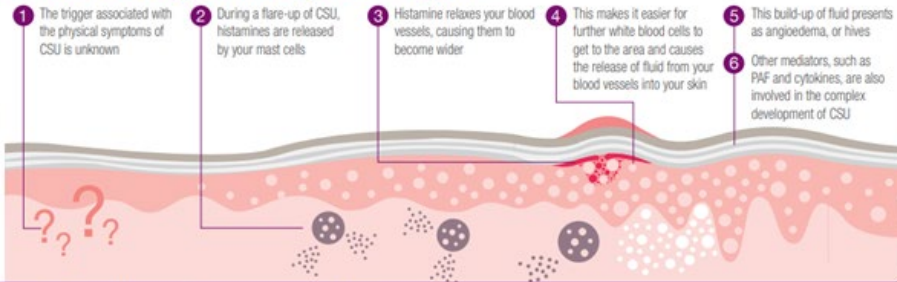
Urticaria is characterised as hives, angioedema or both.¹ Hives are raised and itchy lumps on the skin.^{1,2} People with Chronic Spontaneous Urticaria (CSU) experience hives and/or angioedema without warning, lasting for at least six weeks and have no identifiable trigger^{1,3} with some cases lasting more than 10 years.^{1,4}



Remember: Everyone's skin is different and so everyone's experience of chronic spontaneous urticaria is different.

Chronic Spontaneous Urticaria is caused by activation of your immune system^{1,3,4,5}

Urticaria is caused by the release of histamine and other mediators, such as platelet-activating factor (PAF) and cytokines, from mast cells. These are a type of white blood cell within your immune system. Unfortunately the cause of this release of inflammatory mediators in CSU remains unknown, hence the term chronic spontaneous urticaria.



For more information about Chronic Spontaneous Urticaria, please speak to your doctor.

References: 1. Maurer M, et al. *Allergy* 2011;66:317-330. 2. Australian Society of Clinical Immunology and Allergy (ASCIA) Chronic Spontaneous Urticaria (CSU) Guidelines, 2015. Available at: <https://www.allergy.org.au/health-professionals/papers/chronic-spontaneous-urticaria-csu-guidelines/> Accessed March 2018. 3. Zuberier T, et al. *Allergy* 2017. doi:10.1111/all.13397. 4. Sanchez-Borges M, et al. *WAO Journal* 2012; 5:125-147. <https://doi.org/10.1097/WOJ.0b013e318275866c>. 5. Kulkarni K, et al. *J Dermatol* 2007; 34:294-301. doi:10.1111/j.1346-8138.2007.00276.x & Maurer M, et al. *N Engl J Med* 2013;369:924-935. Novartis Pharmaceuticals Pty Limited 54 Waterloo Road, Macquarie Park, NSW 2113. Ph 620 9805 3555. April 2018. AU 5398. CPO2903.



Your Guide to Chronic Spontaneous Urticaria (CSU)

Information for Patients Prescribed with Xolair® (omalizumab)

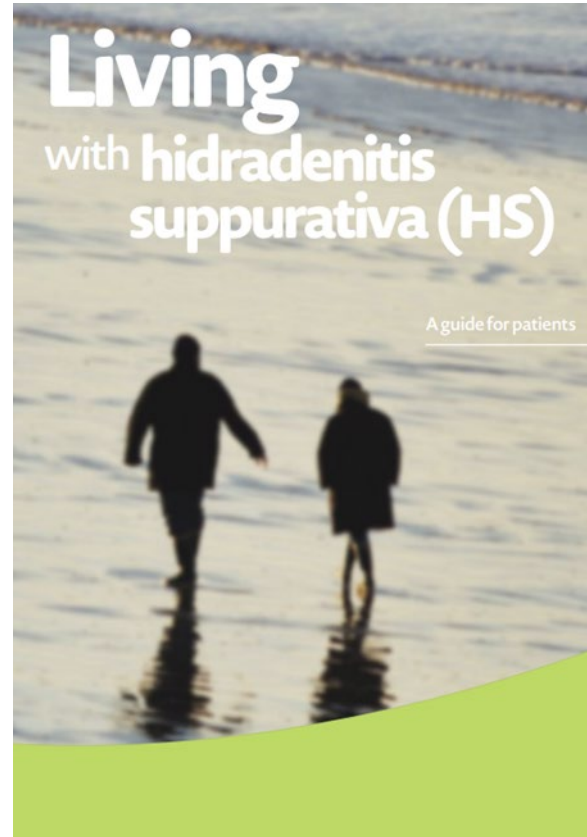


HIDRADENITIS SUPPURATIVA

DRUGS QUICK LINKS

The screenshot shows the HS Online website homepage. At the top left is the HS Online logo. A search bar is located next to the European HS Foundation logo and an endorsement by the European Hidradenitis Suppurativa Foundation. The main content area features a navigation menu on the left with categories: WHAT IS HS?, CAUSES OF HS, SYMPTOMS, MANAGING HS, LIVING WITH HS, and ABOUT HS ONLINE. Below the menu are social media icons for Facebook, Twitter, Pinterest, LinkedIn, Email, and Print. The central content includes a featured article titled 'FED UP WITH EMBARRASSING SORE SPOTS?' with a video player showing a woman speaking. To the right of the video are two call-to-action boxes: 'WHAT IS HS?' and 'IF YOU HAVE PERSISTENT SORE SPOTS IT COULD BE HS, FIND OUT MORE'. Below the video is a 'MANAGE YOUR HS' section with the text 'Tips to help make life with HS easier'. At the bottom of the page is a footer with a grid of links for various topics: What is HS? (Facts and Figures, HS FAQs), Causes of HS (Associated Conditions), Symptoms (Stages of HS), Managing HS (Wound Care, Pain Management, Staying Active and Healthy Living, Maintaining a Healthy Mind), Living with HS (Our Stories), and About HS Online (Privacy, Terms of Use, Sitemap).

<https://www.hs-online.com.au/>



[Living-with-HS.pdf \(atep.edu.au\)](https://www.hs-online.com.au/Living-with-HS.pdf)

- PDF booklet available on ATEP to download or email
- ATEP ->Drugs ->Humira->HS



<https://www.hs-foundation.org//>

JANSSEN – JANSSEN IMMUNOLOGY PATIENT SUPPORT

DRUGS QUICK LINKS

Welcome to the
**Janssen Immunology
Patient Support Program**



We know that starting a new treatment can be challenging. We are here to support you with a dedicated team of registered nurses and a range of free services, and resources throughout your treatment journey.



The screenshot shows the JanssenPro website. At the top left is the 'JanssenPro' logo. To its right is a search bar with the text 'Search Janssen Pro' and a magnifying glass icon. Further right are notification and user profile icons. A vertical navigation menu on the left lists: HOME, LATEST NEWS, PRODUCTS, ONLINE SERVICES, EVENTS, LEARNING & EDUCATION, RESEARCH & TRIALS, and CONTACT US. The main content area features a large banner with a woman's face on a tablet, titled 'Welcome to Janssen Pro!'. Below the title, it says: 'After consultation with healthcare professionals, we've made changes! We can save you time through quick and easy access to services, events, and valued medical information. You'll also find content relevant to your practice and resources and support for your patients.' Below the banner is a 'Latest News' section. On the right side, there is a dark blue sidebar with six icons and labels: Medical Information, Product Access, Events, Learning, Patient Support, and Products. A 'See All' link is at the bottom right of the sidebar.

Janssen Immunology Support Team on 1800 666 845








<https://www.janssenpro.com.au/>

JANSSEN – JANSSEN IMMUNOLOGY PATIENT SUPPORT - TREMFYA

DRUGS QUICK LINKS



The screenshot shows the JanssenPro website interface. The top navigation bar includes 'HOME', 'LATEST NEWS', 'PRODUCTS', 'ONLINE SERVICES' (highlighted), 'EVENTS', 'LEARNING & EDUCATION', 'RESEARCH & TRIALS', and 'CONTACT US'. The main content area features a large image of a person standing on a rock with arms raised against a sunset. Below the image, the breadcrumb trail reads 'Online Services > Patient Support > Dermatology TREMFYA Patient Resources'. The main heading is 'TREMFYA® (guselkumab) Patient Resources'. A paragraph states: 'These booklets and resources are designed to help patients who have been prescribed TREMFYA to understand their treatment.' A second paragraph notes: 'Please note that they undergo periodic updating, so emailing from this site ensures your patients receive the latest version.'

-  **TREMFYA Patient Booklet**
Download (5.23 MB)
-  **TREMFYA Travel & Storage Instructions**
Download (296.57 KB)
-  **TREMFYA Dosing Schedule Check List**
Download (74.59 KB)
-  **TREMFYA Patient Support Program Booklet**
Download (1.72 MB)
-  **TREMFYA Patient Support Program Booklet**
Download (53.26 KB)
-  **Get Psorted Patient Booklet on Psoriasis**
Download (2.2 MB)
-  **Mental Health Patient Brochure**
Download (731.55 KB)

Booklets also available in Italian, Vietnamese, Simplified Chinese, Traditional Chinese, Arabic, Greek, and Spanish

JANSSEN – JANSSEN IMMUNOLOGY PATIENT SUPPORT - STELARA

DRUGS QUICK LINKS



[Online Services](#) > [Patient Support](#) > [Dermatology](#) [STELARA Patient Resources](#)

STELARA® (ustekinumab) Patient Resources

These booklets and resources are designed to help patients who have been prescribed STELARA to understand their treatment. Please note that they undergo periodic updating, so emailing from this site ensures your patients receive the latest version.



STELARA Patient Booklet – PsO PsA
Download (5.81 MB)



STELARA Travel & Storage Instructions
Download (234.69 KB)



Patient Support Program Hello Card
Download (170.43 KB)



STELARA Dose Tracking Form
Download (69.41 KB)



Get Psorted Patient Booklet on Psoriasis
Download (2.66 MB)



Mental Health Patient Brochure
Download (731.55 KB)

Share these resources with your patient

Select the resources which you would like your patient to receive

0 files selected

- Select all files
- STELARA Patient Booklet PsO PsA
- STELARA Travel and Storage Instructions
- Patient Support Program Hello Card
- STELARA Dose Tracking Form
- Get Psorted Patient Booklet on Psoriasis
- Mental Health Patient Brochure

I'd like to send these resources to:

SEND RESOURCE

<https://www.janssenpro.com.au/>

ABBVIE CARE FOR PATIENTS PRESCRIBED HUMIRA OR SKYRIZI

[Dermatology](#) > [AbbVie Care](#)

AbbVie Care is here to provide tailored support to your patients*

*AbbVie Care is only available for patients who have been prescribed an AbbVie Immunology Product.



Enrol your HUMIRA (adalimumab) patients now →

Enrol your SKYRIZI (risankizumab) patients now →

abbvie care with you

It's easy to enrol in AbbVie Care

†For injectable products only

RESOURCES FROM ABBVIE

Skyrizi®
(risankizumab)

Welcome to your **SKYRIZI** treatment

To watch the SKYRIZI step-by-step injection video, scan this QR code with your phone

This website is only for people prescribed SKYRIZI. It does not replace the Consumer Medication Information (CMI) or guidance of your healthcare professional. Please consult your healthcare professional before using SKYRIZI. You can download a QR code reader from the App Store for iPhone or Google Play for Android.

[Humira | Advanced Therapeutics Education Portal \(atep.edu.au\)](https://www.abbviepro.com/au/en/immunology/dermatology.html)
[Skyrizi | Advanced Therapeutics Education Portal \(atep.edu.au\)](https://www.abbviepro.com/au/en/immunology/dermatology.html)

<https://www.abbviepro.com/au/en/immunology/dermatology.html>

abbvie care with you | **HUMIRA®** adalimumab

Helping you get the best out of your treatment with **HUMIRA®** (adalimumab)

Scan this QR code with your phone to access injection instructions for the HUMIRA Pen

Scan this QR code with your phone to access injection instructions for the HUMIRA pre-filled syringe

abbviecare.com.au

abbvie pro

IMMUNOLOGY: **DERMATOLOGY** GASTROENTEROLOGY RHEUMATOLOGY Our other therapy areas

COVID-19: An update from AbbVie

HOME PATIENT RESOURCES HCP RESOURCES SELF SERVICE PRODUCTS

NOW PBS LISTED¹

SKYRIZI® (risankizumab) is now PBS listed¹

SKYRIZI® is indicated for the treatment of moderate to severe plaque psoriasis in adults (18 years or older) who are candidates for phototherapy or systemic therapy.²

Discover more >

Where you've made the clinical decision to treat your patient with **HUMIRA®**, it's simple to ensure your brand of choice is dispensed.³

Learn more >

HUMIRA® adalimumab

Surgery as a treatment option for hidradenitis suppurativa (HS)?

Watch Dr Erin McMeniman from the Dermatology Research Centre at the University of Queensland perform tissue-sparing surgery on three patients with axillary and genital nodular lesions.

Watch now >



Please confirm which AbbVie Medication has been prescribed to you:



AbbVie Care is a support program which offers tools and services to help you manage your HUMIRA treatment.

IT'S EASY TO ENROL IN ABBVIE CARE



Text 'Enrol Me'
0414 222 843
(0414 ABB VIE)



Visit
abbviecare.com.au



Call
1800 222 843
(1800 ABB VIE)

AbbVie Care® is only for Australian residents who have been prescribed HUMIRA® and is not intended to replace the advice of your healthcare team.

AbbVie Care is only for Australian residents who have been prescribed a relevant AbbVie medication and is not intended to replace the advice of your healthcare team

Copyright © 2019 AbbVie Pty Ltd. MASCOT, NSW, 2020. Australia AU-ABBV-190163 v1 / AU-ABBV-190074 v3 / AU-ABBV-190164 v2 February 2020

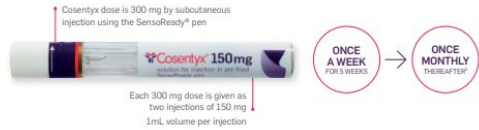
Online patient enrolment

<https://www.abbviecare.com.au/patientregister>

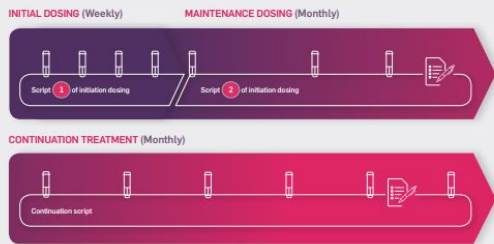
ALTOGETHER YOU – COSENTYX PATIENTS

DRUGS QUICK LINKS

Initial dosing and maintenance schedule¹



Injection Timeline



Cosentyx
secukinumab

How to prescribe Cosentyx initiation treatment¹

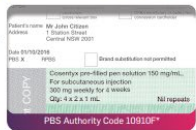
EFFECTIVE 1 OCTOBER 2016 – WRITE 2 INITIATION SCRIPTS AT THE SAME TIME!

- Script 1: Cosentyx 300 mg so for 4 weeks
- Script 2: Cosentyx 300 mg so monthly for 3 months

Script 1 of 2 initiation dosing (First 4 weeks of weekly dosing)

- Schedule** an appointment with patients you wish to start on Cosentyx
- Complete** the Severe chronic plaque psoriasis Initial or Continuing PBS authority form
 - Conduct a PASI assessment
 - Write the authority prescriptions
- Send** all required documents to Medicare

Note: It may take up to 2 weeks to receive the approved prescription

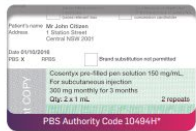


Script 2 of 2 initiation dosing (Monthly dosing for 3 months)

- Provide** two 'initiation' scripts to the patient and ask them to fill the first script for the 4 x weekly doses at their preferred pharmacy. After the first 4 x weekly injections, the patient can fill the second 'initiation' script for their monthly injections.

As the pharmacy may not have stock on the shelf, patients should visit their pharmacy a few days before their injection is due to allow the pharmacy sufficient time to order Cosentyx.

Keep Cosentyx refrigerated until use.²

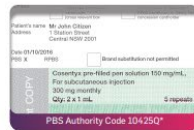


¹Please refer to PBS online schedule for full authority information

How to prescribe Cosentyx[®] continuation treatment¹

Continuation treatment

- After commencing treatment, **schedule** an appointment with each patient for a PASI assessment after at least 12 weeks of treatment and no later than 2 weeks prior to the patient completing their 'initiation' treatment. This PASI assessment is used to determine the patient's eligibility for 'continuation' treatment with Cosentyx.
- A **PASI assessment** is required every 24 weeks. This must be conducted within 4 weeks prior to the completion of each 'continuation' cycle of Cosentyx.



PBS authority application forms available from:

<https://www.humanservices.gov.au/health-professionals/enablers/severe-chronic-plaque-psoriasis>

¹Please refer to PBS online schedule for full authority information

ACCESS TO ON LABEL AND COMPASSIONATE SECUKINUMAB

For access to **off label** secukinumab please send your requests to:

compassionate.use-aunz@novartis.com

For access to **on label** secukinumab please contact your Dermatology Account Specialist.

ALTOGETHER YOU

PATIENT SUPPORT PROGRAMME (PSP)

Cosentyx[®] Altogether You is a patient support programme for patients taking Cosentyx[®] (secukinumab) for the treatment of moderate to severe plaque psoriasis. As part of the programme, patients receive:

- A kit containing resource materials,
- Free support via 1800 023 826,
- Injection advice from a registered nurse and
- Other support resources such as a travel case to keep their medicine cool on the trip home from the pharmacy and a sharps container.

In addition all patients taking Cosentyx[®] are eligible to receive up to 3 face to face visits with an allied health professional (Clinical Psychologist, Dietician, Exercise Physiologist or Physiotherapist).

To enrol your patient in the ALTOGETHER YOU patient support program call 1800023826 or visit cosentyxay.com to set up one-click enrolment.

See also [Altogether You – Patient Support programme \(PSP\) page](#).

For more information about the Patient Support Programme, contact your Dermatology Account Specialist.

COSENTYX PATIENT SUPPORT RESOURCE

<https://cosentyxay.com/>



Cosentyx One-Click Enrolment

Tailored support for your patients



Regular contact with a dedicated nurse

- Regular contact with a dedicated nurse either in person or over the phone.
- Offer individualised education and coaching around their condition, treatment and personal health goals, such as diet and quitting smoking.



Device training

- Face-to-face training provided at home or in-clinic.



Additional allied health support

- 3 free consultations with a clinical psychologist, exercise physiologist, dietitian or physiotherapist.
- Free access to the CSIRO Total Wellbeing Diet
- Guidance to help patients access further healthcare services.



Reminders

- Patients are offered optional dose reminders, via email/SMS or both.
- New patients will also receive a reminder notification at 12 weeks after commencing treatment to make an appointment with their healthcare professional and complete pathology (if required) to continue with Cosentyx.



Home delivery for treatment & supplies

- Free home delivery of Cosentyx.
- Free insulated carry bag, sharps containers, antiseptic hand gel and alcohol wipes.



Contact

Contact Altogether You Program
Support on: [1800 023 826](tel:1800023826)

TALTZ® Ixekizumab (rxh)

[Overview](#) / [Patient Support](#)

[> Product Information](#)

ENROL YOUR PATIENTS TO THE TOUCHPOINT™ PATIENT SUPPORT PROGRAM

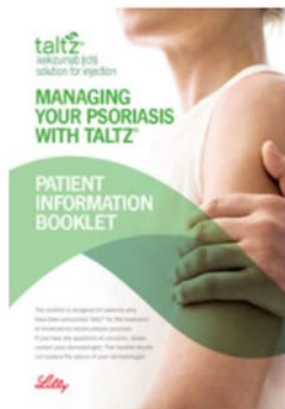
The TouchPoint program is here to provide tailored support to your patients throughout their TALTZ[®] treatment journey.

The TouchPoint program is available only to patients prescribed TALTZ[®]. The TouchPoint program is funded by Eli Lilly Pty Ltd and managed by Atlantis Healthcare, an independent patient support provider.

[ABOUT TOUCHPOINT PROGRAM™](#)

[PATIENT ENROLMENT FORM™](#)

ADDITIONAL RESOURCE FOR YOUR PATIENTS



Patient Information Booklet

This booklet is designed for patients prescribed TALTZ[®] and consists of information about psoriasis and treatment with TALTZ[®], including how it works, how it is used and common side effects that you may experience during your treatment.

Please [click here](#) to report an adverse event.

⚠️ This link will take you to a third-party website. This link is provided to you as a service for informational purposes only and is not intended as advice. Lilly is not responsible for, and does not control, the linked site and its contents. Any information contained may not comply with local regulatory requirements. We encourage you to read the terms of use and privacy policy of the site if you proceed.

TALTZ PATIENT SUPPORT PROGRAM

DRUGS QUICK LINKS

TouchPoint™
Supporting your
treatment journey

[Welcome](#) [Talk to us](#) [Login](#)

WELCOME TO TOUCHPOINT™

The TouchPoint™ Program is here to support you through your TALTZ® (ixekizumab (rch)) treatment journey. The TouchPoint™ Program provides ongoing support services, including injection training, reminder services and strategies, and a wealth of information to help you manage your treatment and condition.

LOGIN

NOT REGISTERED YET?

JOIN TOUCHPOINT™



[Disclaimer](#) [Privacy policy](#) [Terms and conditions](#) [References](#)

© Eli Lilly 2016 – All rights reserved. This website is intended for Australian patients prescribed TALTZ® only. TALTZ® is a registered trademark of Eli Lilly and Company. Eli Lilly Australia Pty Ltd, 112 Wharf Road, West Ryde NSW 2114, Australia. ABN 39 000 233 992. Medical Information: 1800 454 559. Date of preparation: December 2016. PP-IX-AU-0099. Healthcare professional resources

Lilly

www.touchpoint-support.com.au

TouchPoint
Supporting your
treatment journey



TALK TO US

If you have any questions about the TouchPoint™ Program, the TouchPoint™ Program Care Coordinators are here for you on 1800 4 TALTZ (1800 482 589), Mon – Fri, 9am – 5pm (AEST).

For specific questions about your condition or TALTZ® treatment, please speak to your doctor or healthcare team.



Ruth, TouchPoint™ Program Patient Care Coordinator

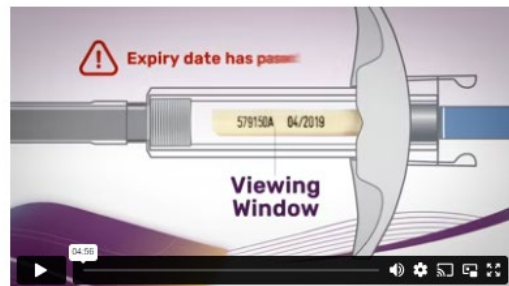
SKIN HEALTH INSTITUTE

SKINHEALTHINSTITUTE.ORG.AU



- All about ILUMYA
- How to inject instructions
- Glow Enrolment Form

GLOW is a patient support program designed specifically for patients who have been prescribed ILUMYA™. GLOW Support Program gives Patients access to a range of services that can be customised to meet individual needs. The elements of the GLOW program are outlined below:



About the program

The GLOW Support Program has been designed specifically for Australians with plaque psoriasis who have been prescribed ILUMYA™. The program gives access to a range of services that can be customised to meet your individual needs.

- GLOW starter kit
- Injection training
- On-going pre-injection support
- Dose reminder service
- Support line
- Online resources

How does it work?

Individuals who have been prescribed ILUMYA can self-enrol into the GLOW Support Program. Once the online registration form has been received, the Program Coordinator will get in touch to confirm enrolment into the GLOW Support Program and organise the relevant support services.

GLOW PATIENT STARTER KITS

Contains useful information about treatment with ILUMYA and consumables for use when patient self-injects.

To order patient kits please contact your Sun Pharma representative.

GLOW SUPPORT LINE

If you as a HCP have questions regarding the workings of the Nurse support services or the patient has questions about injecting ILUMYA™, how to store it, or how to access more information, the friendly GLOW Program Coordinator is available by calling the GLOW Support Line on

1800 GLOW SP (1800 456 977) Mon-Fri between 8:30am-5:00pm AEST

or email: glow@nuevohealth.com.au

DUPILUMAB PATIENT SUPPORT PROGRAM

DRUGS QUICK LINKS

myway SUPPORT

Welcome to MyWaySupport, a program for people using Dupixent® (dupilumab)

When you enrol in MyWaySupport, you'll be paired with a dedicated, experienced nurse who will offer you personalised support, injection training and education and resources.

LOG IN

Don't have an account? [Enrol now](#)

This site is intended for Australian residents only. The content of this website is not intended to replace the advice of your healthcare professional. If you have questions about your condition or treatment, please speak with your healthcare professional.



MyWaySupport Team

1800 959 522

admin@mywaysupport.com.au

**Contact
MyWaySupport**

DUPILUMAB PATIENT SUPPORT PROGRAM

DRUGS QUICK LINKS

What can MyWaySupport offer your patients?

MyWaySupport is a program designed for your patients using Dupixent® (dupilumab) to help promote adherence to treatment and support their wellbeing. It's free to join and when patients enrol, they will receive:



Regular contact with a dedicated nurse

- In person or over the phone
- The nurse will cover topics including:
 - Injection training and support
 - Education around atopic dermatitis
 - Information about Dupixent
 - Health counselling



Free treatment supplies

- Transport pouch
- Sharps container



Education resources

- Injection training video
- Information brochure
- Injection notifications/reminders
- Access to online resources through mywaysupport.com.au

OTEZLA PATIENT SUPPORT PROGRAM

PATIENT RESOURCES TO SUPPORT INITIATION

Otezla® Titration Pack

14 days' treatment.

Free of charge via GOtezla.com.au or with a PBS Streamlined Authority script (Item Code: 13243)



	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7-14
MORNING	10 mg	10 mg	10 mg	20 mg	20 mg	30 mg	30 mg
EVENING	-	10 mg	20 mg	20 mg	30 mg	30 mg	30 mg

Otezla® Patient Support Program

Registered nurses offering tailored support for patients on Otezla®. Register via telephone (1800 951 135) or scan the QR code.

Otezla® Care



Otezla® Patient Information

Patient education resources (with Titration Pack or via GOtezla.com.au).



SUPPORT PATIENTS TO PERSIST WITH OTEZLA®

► Ensure patients are advised of the most common adverse events*

*Adverse events with incidence >5% in clinical trials: diarrhoea, nausea, upper respiratory tract infection, headache, nasopharyngitis, tension headache.¹



Gastrointestinal adverse events are usually transient¹

- Reassure patients that the most common adverse events (nausea and diarrhoea):¹
 - » generally occur early (within 2 weeks)
 - » are mostly mild to moderate in severity¹
 - » usually resolve within 4 weeks and rarely led to treatment discontinuation.
- Give advice on how to manage diarrhoea and nausea, should they occur. If additional help is needed speak with their doctor, nurse or pharmacist.¹

¹If patients develop severe diarrhoea, nausea or vomiting, dose reduction or suspension may be required.¹

► Ensure patients have accurate expectations about treatment response



Skin response may be gradual but ongoing^{1,2,5}

- Reassure patients that results are gradual but tend to be ongoing.
 - » In clinical trials, Week 16 PASI skin responses were generally maintained at Week 32 and Week 52 with ongoing treatment.^{1,2,5}
- Motivate patients around the start of treatment.
 - » In clinical trials, improvement in itch was observed as early as Week 2 vs placebo ($p < 0.001$, post hoc analysis).^{1,5}

- ✓ Gastrointestinal adverse events usually resolve within 4 weeks.¹
- ✓ Benefits on the skin may be gradual but ongoing.^{1,2,5}

CIMZIA – EVERYDAY SUPPORT PROGRAM

DRUGS QUICK LINKS



www.everydaysupport.com.au
Nurse Program Manager
Injection training visits at home
Getting started kit

PATIENT SUPPORT RESOURCES

EVERYDAY SUPPORT PROGRAM

For information regarding the EVERYDAY SUPPORT PROGRAM please contact **1800 246 942**

Download [CIMZIA® INJECTING GUIDE](#)

Bimzelx – Be Supported Program

DRUGS QUICK LINKS

For your patients



Nurse Program Manager

- Ongoing support to help you get the most from the program



Injection training at home

- Up to 3 face-to-face or virtual sessions with a trained nurse to educate patients on how to inject their medication
- Follow-up calls after independent injections and to prepare patients for their next appointment



Allied Health Services

- Up to 3 virtual consultations with an experienced healthcare professional (dietitian, psychologist, exercise physiologist)



Patient Welcome Kit

- Resources to help patients manage their condition, with complimentary sharps disposal container, skin moisturising cream, along with patient Information and Progress Tracker booklets for their next appointment



BE BETTER App and Portal

- Tailored information for patients to learn about their condition, practical support and tips on living with psoriasis
- Step-by-step video on how to use BIMZELX
- Dose reminders, progress trackers, consumables re-ordering and much more

 Please complete and send to:
Fax: 1800 434 099
Email: bimzelx@besupported.com.au

BIMZELX® BE SUPPORTED PROGRAM

To: _____

From: BE SUPPORTED Program

Email address or Fax no: _____ Pages: 2

Re: Allied Health Consultation Request

Date: _____

Dear Dr _____

Your patient, _____

DOB _____ has requested a virtual consultation with an Allied Healthcare professional (Psychologist Dietitian Exercise physiologist) via the BIMZELX® BE SUPPORTED Program.

Can you please indicate below if you are happy to provide your consent for Zest to proceed with this request and return this form via fax to 1800 434 099 or email to bimzelx@besupported.com.au

I consent to an Allied Health consultation for the above patient:

Yes
 No

If you have any queries or concerns, please do not hesitate to contact us.

Kind regards,
The BE SUPPORTED Program Team
Phone: 1800 23 23 88
Fax: 1800 434 099
Email: bimzelx@besupported.com.au

 The BIMZELX® BE SUPPORTED Program is administered by Zest Healthcare Communications, Suite 2, Level 8, 11 Sturges Street, North Sydney NSW 2060 on behalf of UCB.
UCB Australia Pty Ltd, ABN 48 007 790 206, PO Box 108, Malvern VIC 3144, Australia, Level 1, 1105 Malvern Road, Malvern, VIC 3144. Telephone (03) 9488 1800. Facsimile (03) 9488 1800. BIMZELX® is a registered trademark of UCB Pharma SRE, AU N BK P50-020008. Date of preparation: June 2020.



BE SUPPORTED PROGRAM

Connect with us

 Phone: 1800 23 23 88
Monday-Friday 9am-5pm AEST

 Email: bimzelx@snc.com.au

 Website: www.besupported.com.au



bimzelx@besupported.com.au



Introducing Dermatology to the BE SUPPORTED Program



BE SUPPORTED PROGRAM
SUPPORTING YOUR PATIENTS ON THEIR TREATMENT JOURNEY

Information for Healthcare Professionals


▼ This medicinal product is subject to additional monitoring in Australia. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse events at <https://www.tga.gov.au/reporting-problems>.



HCP Brochure

BE SUPPORTED PROGRAM
Supporting you on your treatment journey

Information for Patients



The BE SUPPORTED program is specifically designed for and only to be provided to patients who have been prescribed BIMZELX® (bimekizumab).

Patient Brochure

GETTING STARTED WITH BIMZELX® (bimekizumab)

This factsheet is for patients who have been prescribed BIMZELX

For complete information about your treatment, please read the Consumer Medicines Information (CMI) leaflet that comes with your BIMZELX box or contact your prescribing doctor

What is BIMZELX?
BIMZELX contains the active ingredient bimekizumab. BIMZELX belongs to a group of medicines called interleukin (IL) inhibitors. Bimekizumab works by reducing the activity of two proteins called IL-17A and IL-17F. There are higher levels of these proteins in diseases such as psoriasis.
BIMZELX reduces the symptoms of plaque psoriasis, including pain, itching and scaling of the skin.

Dosing & administration
BIMZELX is administered by injecting a pre-filled pen or a pre-filled syringe. The places you can inject your BIMZELX include your stomach (abdomen), or your thigh, or the back of your arm (with the help of a caregiver).

Timepoint	Dose (2 x 160mg injections)	Tick when taken
INITIAL DOSE		
WEEK 0	320mg	<input type="checkbox"/>
WEEK 4	320mg	<input type="checkbox"/>
WEEK 8	320mg	<input type="checkbox"/>
WEEK 12	320mg	<input type="checkbox"/>
WEEK 16	320mg	<input type="checkbox"/>
MAINTENANCE		
From week 16 onwards, you will continue to use 2 injections (320mg every 8 weeks)*		
* In some cases, if you weigh more than 120kg, your doctor may decide to continue every 4 weeks from Week 16		

It is important to take medicines exactly as your doctor has prescribed. Your medicines may not work as effectively if they are not taken at the correct dosage and time. Please speak to your doctor if you are unsure of your correct dose.

Storage & disposal
Keep BIMZELX out of the sight and reach of children. Storing your medication properly is important to maintain its effectiveness.


- Store this medication in the refrigerator between 2°C to 8°C.
- Do not freeze this medication.
- Keep this medication in the original carton until ready for use to protect from light.
- This medication may be stored at room temperature (up to 25°C) for a single period of up to 30 days with protection from light.
- Once removed from the refrigerator and stored at room temperature, do not place this medication back in the refrigerator, and discard after 30 days, or by the expiry date printed on the container, whichever occurs first. A field for the date is provided on the carton to record the date removed from the refrigerator.
- You will receive a sharps disposal container with your Welcome Kit when you join the BIMZELX BE SUPPORTED Program. Information on how to join the BE SUPPORTED Program for free is available on the back of this factsheet. You can order a replacement container at any time when you sign up at www.besupported.com.au. Remember, you must not re-use or recap the needle on your pre-filled syringe or pre-filled pen.

It is important to dispose of your used BIMZELX sharps responsibly. Once you've finished injection, place your used injection device into the sharps container provided in your Welcome Kit. Once the container is full, contact your local pharmacy or council for further instructions.


It is important that you don't dispose of any sharps or sharps containers via general rubbish or recycling.

If you are having trouble disposing of your sharps container, call the BE SUPPORTED hotline on 1800 23 23 88 Monday–Friday 9am–5pm AEST for advice.

Getting rid of any unwanted medicine
If you no longer need to use this medicine or it is out of date, take it to any pharmacy for safe disposal.



Inspired by patients. Driven by science.



Tear-off Pad

FREQUENTLY ASKED QUESTIONS

How long will it take for BIMZELX to work?
Medications work differently for everyone. Speak with your prescribing doctor if you have any questions about your treatment with BIMZELX.

What do I need to let my doctor know BEFORE starting treatment?
Tell your doctor if you have recently received or are scheduled to receive a vaccination. You should not be given certain types of vaccines (live vaccines) while using BIMZELX.

Make sure your healthcare team is aware if you have an infection or an infection that keeps coming back. If you have ever had tuberculosis (TB), or if you have ever had inflammatory bowel disease (Crohn's disease or ulcerative colitis).

Tell your healthcare team if you take any medicines for any other condition, including any medicines, vitamins or supplements that you buy without a prescription from your pharmacy, supermarket or health food shop.

What are some of the possible side effects of this medication?
All medicines can have side effects. Common less serious side effects can be general in nature (headache or feeling tired), but may also include infection (upper respiratory infections, thrush in the mouth or throat), injection site reactions or stomach and gut symptoms (gastroenteritis).

Oral thrush, also known as oral candidiasis, is a type of fungal infection that is caused by an overgrowth of the yeast Candida. Small amounts of Candida often exist in the body, or on the skin, without causing symptoms, but certain situations and triggers can cause the yeast to multiply and may result in an infection. Oral thrush can look like white or yellowish patches on the inner cheeks, tongue, palate, and gums and can feel like a burning sensation, pain or soreness in the mouth/throat or when swallowing.

If you notice these symptoms, there are a number of treatments available to relieve oral thrush. Many of these are available over-the-counter at your local pharmacy without a doctor's prescription. Your doctor or pharmacist may recommend an antifungal mouthwash, ointment or lozenge. In some cases, your doctor may prescribe an antifungal medication in the form of a tablet.

Symptoms of serious infections include:
Fever, flu-like symptoms, night sweats, feeling tired or short of breath, cough which will not go away, warm, red and painful skin, or a painful skin rash with blisters.

Allergic reaction:
Difficulty breathing or swallowing, low blood pressure, which can make you dizzy or light-headed, swelling of the face, lips, tongue or throat, severe itching of the skin, with a red rash or raised bumps. If you have the symptoms of a serious infection or allergic reaction, call your doctor straight away, or go straight to the Emergency Department at your nearest hospital.

Please also refer to the BIMZELX Consumer Medicines Information (CMI) for more information regarding potential side effects of this medication.

BE SUPPORTED Program
Patient support is available to you as soon as you've been prescribed this medication. The BIMZELX BE SUPPORTED Program is a personalised service that is here to support you. This includes injection training, emotional support and allied health services (dietitian, psychologist, exercise physiologist) to help you as you start your BIMZELX journey.

Our discussions aren't intended to replace conversations with your doctor, but we may be able to help you navigate treatment questions in-between visits.

Ask your doctor to be enrolled or self-enrol via:
Phone: 1800 23 23 88
Monday–Friday 9am–5pm AEST
Email: bimzelx@besupported.com.au
Website: www.besupported.com.au



Scan this QR Code or the one located on the outside of your BIMZELX box



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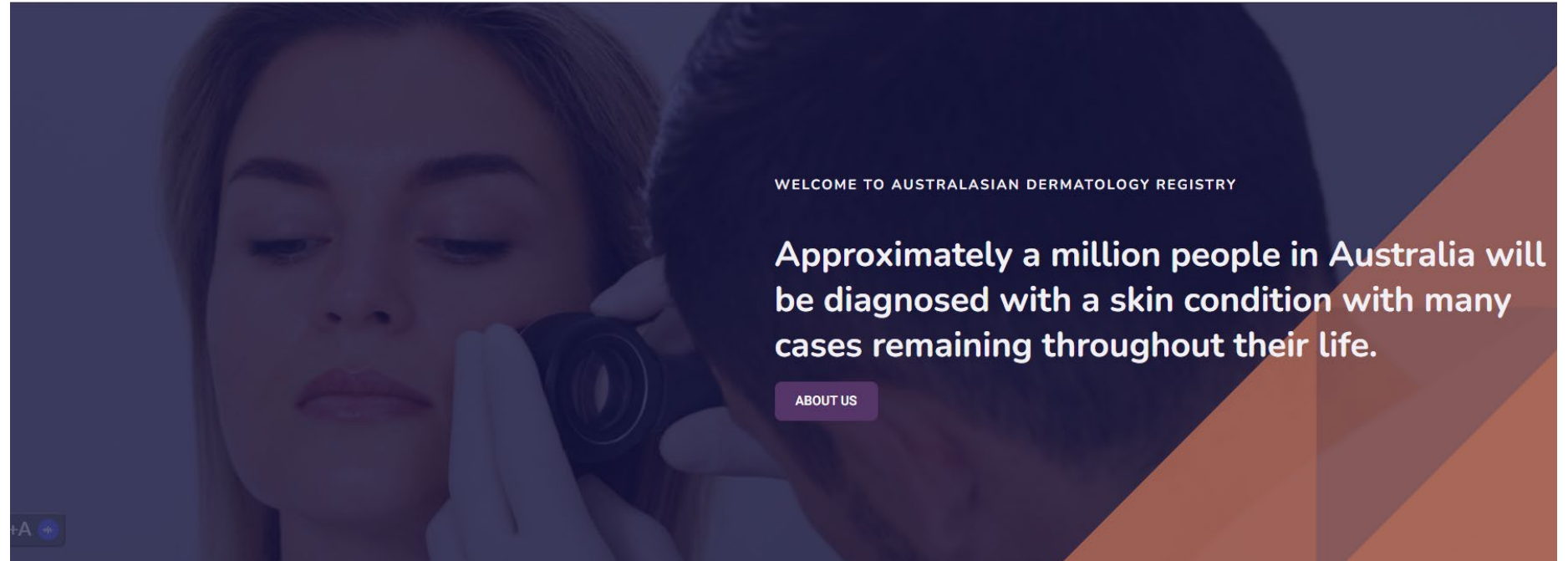


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- ❖ Recruiting participants attending dermatology clinics for treatment of psoriasis, atopic dermatitis, hidradenitis suppurativa or vitiligo.


<https://australasiandermatologyregistry.org.au/>

Do not hesitate to get in touch.

For all registry enquiries please contact Julie Armstrong, Clinical Registry Co-ordinator:

 PHONE

(03) 9623 9470

 EMAIL

registry@australasiandermatologyregistry.org.au

Contact us

For further information or inquiries
please email:

atep@skinhealthinstitute.org.au

Education@skinhealthinstitute.org.au



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The Skin Health Institute is a not-for-profit centre of excellence in skin health that delivers highly specialised clinical treatment, education and research for skin diseases, skin cancers and melanoma.

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The Institute improves skin health for all Australians through research which shapes clinical treatment and practice around the world.



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SHI delivers a wide range of skin health education for healthcare professionals and registrars in our dermatology training centre.



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The Institute provides highly specialised clinical treatment for skin diseases, skin cancers and melanoma.