

Post-market Review of biological Disease Modifying Anti-Rheumatic Drugs (bDMARDs) to treat Severe Chronic Plaque Psoriasis

1. Firstly we object to the name of the review. These are not anti-rheumatic drugs, these are biological drugs for Psoriasis and Psoriatic Arthritis.
2. We would recommend an examination of the eligibility criteria, particularly with regards to PASI score and sites of involvement. Current eligibility criteria in other countries and international guidelines suggest a baseline PASI of 10. We feel the face, hands and feet criteria need to be extended to include dorsal hands and feet as well as scalp. In addition, severe genital and nail involvement should be considered.
3. The requirement for everything to be done in hard copy is an antiquated system that does not work now that the Australian Post system is even slower. For example, it is taking up to 2 weeks to send a letter from Western Australia to Tasmania and back. Rural and remote Australia is being unfairly discriminated against because of this system. In addition, a significant number of scripts is going astray either one way or the other. Many of patients live in the country or work on a fly-in/fly-out basis, hence the need for a biologic agent, as they are unable to access phototherapy for example. The work cycle is now being extended meaning many of them are now working 3-4 weeks straight with 1 week off so providing quality use of medicines is harder.
The system needs to be available electronically as it is easy to keep records, faster, more efficient and safer. Encrypted technology exists already for this type of activity. If a hard copy script is required we can post these in and they can be ultimately be married up in Tasmania.
4. Presently the Department in Tasmania is not providing vital clinical information as to PASI review dates, receipt of scripts, processing of scripts. There are data created in Tasmania that is not being shared. It is crucial that the prescriber be informed as the status of script assessment. If a script arrives early not infrequently they are just thrown in the bin and prescribers are not notified either in writing or electronically.
5. It would appear that currently, if a dermatology patient develops an arthritic condition and is referred to a Rheumatologist, they are able to change the biologic treatment pathway, plan for this patient and not notify the prescribing dermatologist. If the patient remains under the

care of the treating dermatologist, and the patient doesn't come back a lot of angst and issue goes into treating the patient and finding out what happened. The contra is not possible. Patients need to have a Rheumatologist close off their participation in the arthritis program before a dermatologist is able to write a script for their skin disease.