SA Health

Streamlined Individual Patient Use (IPU) Request:

Ustekinumab

45 mg/0.5 mL, 90 mg/1 mL

Ustekinumab is not listed on the SA Medicines formulary but is available as a streamlined Individual Patient Use (IPU) request for fourth or fifth-line treatment in patients with **severe hidradenitis suppurativa** in compliance with criteria below.

This form can be used for **initial** (up to 6 months) or **continuing** use, and to report the assessment of the patient's response.

Continuing use will be allowed if the patient has demonstrated a response to treatment by achieving a Hidradenitis Suppurativa Clinical Response (HiSCR). HiSCR is defined as a ≥ 50% reduction in inflammatory lesion count (abscesses + inflammatory nodules), and no increase in abscesses or draining fistulas when compared with baseline.

Patient details:

Patient UR number:		
Patients initials:	Date of birth:….	Gender:
Patient location (site/hospital):		

Prescriber eligibility for ustekinumab: both criteria must be met:

1. ☐ Consultant dermatologist working in a specialised dermatology service with access to a multidisciplinary team

2. ☐ Prescriber agrees to provide the assessment of the patient's response at 6 months following initiation of treatment (or earlier if applicable)

Patient eligibility for INITIAL ustekinumab prescription: all criteria must be met:

1. ☐ Patient has been diagnosed with moderate to severe hidradenitis suppurativa

2. ☐ Patient has failed to achieve or to maintain response to treatment with PBS-subsidised adalimumab for this condition OR had an adverse reaction to adalimumab resulting in the patient being unable to complete treatment

3. ☐ Documentation of baseline abscess and inflammatory nodule count (HiSCR):

Date: …./…./….

HiSCR Count:……...

Abscesses or draining fistulas:

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4. ☐ Documentation of baseline Dermatology Life Quality Index (DLQI) (https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questionnaires/dermatology-life-quality-index):

Score:….

5. ☐ The patient has consented to off label treatment (non TGA approved) and consent is documented in the case notes

Patient eligibility for CONTINUING ustekinumab prescription:

1. ☐ Patient has achieved a satisfactory response to ustekinumab as documented by a minimum of 50% reduction in abscess and inflammatory nodule count (HiSCR) and no increase in abscesses or draining fistulas compared to the baseline level:

Assessment of the patient's response

Date: …./…./….

HiSCR Count:……

% reduction in HiSCR:……..

Abscesses or draining fistulas:…….

DLQI score:……

Please describe:
……
……
……

If no satisfactory clinical improvement, planned future treatment?
……
……

Any adverse effects to ustekinumab treatment?
……
……

I certify that the above information is correct
Date:
Prescriber Name:
Position: Clinical unit:
Telephone:……..Pager:

This form must be completed and returned to Pharmacy prior to supply

Information for pharmacy

This form should be retained in the pharmacy department and a copy forwarded to:

✉ The Executive Officer
South Australian Medicines Evaluation Panel
Medicines and Technology Policy and Programs
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11 Hindmarsh Sq
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For more information:
http://www.sahealth.sa.gov.au/samep

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