



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**PSORIASIS**  
**(Balance of Probabilities)**  
**(No. 14 of 2021)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 24 December 2020

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

Professor Nicholas Saunders AO  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *psoriasis (Balance of Probabilities)* (No. 14 of 2021).

**2 Commencement**

This instrument commences on 25 January 2021.

**3 Authority**

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

**4 Repeal**

The Statement of Principles concerning psoriasis No. 32 of 2012 (Federal Register of Legislation No. F2012L00939) made under subsection 196B(3) of the VEA is repealed.

**5 Application**

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

**6 Definitions**

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

**7 Kind of injury, disease or death to which this Statement of Principles relates**

- (1) This Statement of Principles is about psoriasis and death from psoriasis.

*Meaning of psoriasis*

- (2) For the purposes of this Statement of Principles, psoriasis means a chronic inflammatory skin disorder characterised by keratinocyte hyperproliferation that results in erythematous plaques, patches and papules.

Note: Morphological variants of psoriasis include the common plaque type, as well as flexural, erythrodermic, pustular (including impetigo herpetiformis) and guttate forms.

- (3) While psoriasis attracts ICD-10-AM code L40.0, L40.1, L40.2, L40.4, L40.8, L40.9 or L40, in applying this Statement of Principles the meaning of psoriasis is that given in subsection (2).

- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)*, Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

*Death from psoriasis*

- (5) For the purposes of this Statement of Principles, psoriasis, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's psoriasis.

Note: *terminal event* is defined in the Schedule 1 - Dictionary.

## **8 Basis for determining the factors**

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that psoriasis and death from psoriasis can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 - Dictionary.

## **9 Factors that must exist**

At least one of the following factors must exist before it can be said that, on the balance of probabilities, psoriasis or death from psoriasis is connected with the circumstances of a person's relevant service:

- (1) having an injury to the skin of the affected site or developing a lesion of the affected site within the 30 days before the clinical onset of psoriasis;
- (2) taking a drug from the specified list of drugs for at least the seven days before the clinical onset of psoriasis;

Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.

- (3) taking a drug which is associated in the individual with:
  - (a) the development of psoriasis during drug therapy; and
  - (b) the improvement of psoriasis within two months of discontinuing or tapering drug therapy;

where taking the drug continued for at least the seven days before the clinical onset of psoriasis;

- (4) withdrawing from tumour necrosis factor- $\alpha$  inhibitor treatment in the six months before the clinical onset of psoriasis;

- (5) withdrawing from systemic glucocorticoids, moderate potency topical glucocorticoids or high potency topical glucocorticoids in the 30 days before the clinical onset of psoriasis;

Note: *moderate potency topical glucocorticoids* and *high potency topical glucocorticoids* are defined in the Schedule 1 - Dictionary.

- (6) having a *Streptococcus pyogenes* infection of the pharynx, tonsils or skin within the 30 days before the clinical onset of psoriasis;

- (7) having infection with human immunodeficiency virus before the clinical onset of psoriasis;

- (8) having smoked at least ten pack-years of tobacco products before the clinical onset of psoriasis;

Note: *pack-year of tobacco products* is defined in the Schedule 1 - Dictionary.

- (9) being exposed to second-hand smoke for at least 10,000 hours before the clinical onset of psoriasis;

Note: *being exposed to second-hand smoke* is defined in the Schedule 1 - Dictionary.

- (10) being overweight or obese for at least five years before the clinical onset of psoriasis;

Note: *being overweight or obese* is defined in the Schedule 1 - Dictionary.

- (11) for impetigo herpeticiformis only, being pregnant within the six weeks before the clinical onset of impetigo herpeticiformis;

Note: *impetigo herpeticiformis* is defined in the Schedule 1 - Dictionary.

- (12) having an injury to the skin of the affected site or developing a lesion of the affected site within the 30 days before the clinical worsening of psoriasis;

- (13) taking a drug from the specified list of drugs for at least the seven days before the clinical worsening of psoriasis;

Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.

- (14) taking a drug which is associated in the individual with:

- (a) the worsening of psoriasis during drug therapy; and
- (b) the improvement of psoriasis within two months of discontinuing or tapering drug therapy;

where taking the drug continued for at least the seven days before the clinical worsening of psoriasis;

- (15) withdrawing from tumour necrosis factor- $\alpha$  inhibitor treatment in the six months before the clinical worsening of psoriasis;

- (16) withdrawing from systemic glucocorticoids, moderate potency topical glucocorticoids or high potency topical glucocorticoids in the 30 days before the clinical worsening of psoriasis;

Note: *moderate potency topical glucocorticoids* and *high potency topical glucocorticoids* are defined in the Schedule 1 - Dictionary.

- (17) having a *Streptococcus pyogenes* infection of the pharynx, tonsils or skin within the 30 days before the clinical worsening of psoriasis;
- (18) having infection with human immunodeficiency virus before the clinical worsening of psoriasis;
- (19) having smoked at least ten pack-years of tobacco products before the clinical worsening of psoriasis;

Note: *pack-year of tobacco products* is defined in the Schedule 1 - Dictionary.

- (20) being exposed to second-hand smoke for at least 10,000 hours before the clinical worsening of psoriasis;

Note: *being exposed to second-hand smoke* is defined in the Schedule 1 - Dictionary.

- (21) being overweight or obese for at least five years before the clinical worsening of psoriasis;

Note: *being overweight or obese* is defined in the Schedule 1 - Dictionary.

- (22) inability to obtain appropriate clinical management for psoriasis.

## **10 Relationship to service**

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 9(12) to 9(22) apply only to material contribution to, or aggravation of, psoriasis where the person's psoriasis was suffered or contracted before or during (but did not arise out of) the person's relevant service.

## **11 Factors referring to an injury or disease covered by another Statement of Principles**

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

# Schedule 1 - Dictionary

Note: See Section 6

## 1 Definitions

In this instrument:

***being exposed to second-hand smoke*** means being in an enclosed space and inhaling smoke from burning tobacco products or smoke that has been exhaled by another person who is smoking.

***being overweight or obese*** means having a Body Mass Index (BMI) of 25 or greater.

Note: **BMI** is also defined in the Schedule 1 - Dictionary.

***biologic agent*** means a therapeutic product which is derived from living organisms or which contains components of living organisms.

Note: Examples of biologic agents used for the treatment of cancer and autoimmune disease include interferons, monoclonal antibodies, tumour necrosis factor- $\alpha$  inhibitors, tyrosine kinase inhibitors and vascular endothelial growth factor antagonists.

***BMI*** means  $W/H^2$  where:

- (a) W is the person's weight in kilograms; and
- (b) H is the person's height in metres.

***high potency topical glucocorticoids*** means:

- (a) betamethasone dipropionate 0.05%;
- (b) betamethasone valerate 0.1%;
- (c) clobetasol 0.05%;
- (d) methylprednisolone 0.1%;
- (e) mometasone 0.1%; or
- (f) another topical glucocorticoid of equivalent potency.

***impetigo herpetiformis*** means a pustular skin condition of pregnancy, characterised by the presence of widespread tiny superficial pustules in a herpetiform pattern on erythematous plaques, and often associated with constitutional symptoms.

***moderate potency topical glucocorticoids*** means:

- (a) betamethasone valerate 0.02% and 0.05%;
- (b) clobetasone 0.05%;
- (c) desonide 0.05%;
- (d) triamcinolone 0.02%; or
- (e) another topical glucocorticoid of equivalent potency.

***MRCIA*** means the *Military Rehabilitation and Compensation Act 2004*.

***pack-year of tobacco products*** means:

- (a) 20 cigarettes per day for a period of one calendar year; or
- (b) 7,300 cigarettes in a period of one calendar year; or

- (c) 7,300 grams of smoking tobacco by weight, either in cigarettes, pipe tobacco or cigars, or a combination of same, in a period of one calendar year.

**psoriasis**—see subsection 7(2).

**relevant service** means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

Note: **MRCA** and **VEA** are also defined in the Schedule 1 - Dictionary.

**specified list of drugs** means:

- (a) angiotensin-converting enzyme inhibitors;
- (b) apixaban;
- (c) beta-blockers;
- (d) biologic agents for the treatment of cancer and autoimmune disease;
- (e) bupropion;
- (f) chloroquine;
- (g) docetaxel;
- (h) hydroxychloroquine;
- (i) itraconazole;
- (j) lithium;
- (k) mefloquine;
- (l) primaquine;
- (m) quinacrine (mepacrine or Atebrin);
- (n) terbinafine; or
- (o) tetracyclines.

Note: **biologic agent** is also defined in the Schedule 1 - Dictionary.

**terminal event** means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

**VEA** means the *Veterans' Entitlements Act 1986*.