

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Secukinumab

INITIATION – severe chronic plaque psoriasis, second-line biologic

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

The patient has had an initial Special Authority approval for adalimumab or etanercept, or has trialed infliximab in a Health NZ Hospital, for severe chronic plaque psoriasis

and

- or**
- The patient has experienced intolerable side effects from adalimumab, etanercept or infliximab
 - The patient has received insufficient benefit from adalimumab, etanercept or infliximab

and

A Psoriasis Area and Severity Index (PASI) assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course

and

The most recent PASI or DLQI assessment is no more than 1 month old at the time of application

CONTINUATION – severe chronic plaque psoriasis, second-line biologic

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- or**
- Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab
 - Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab

and

Secukinumab to be administered at a maximum dose of 300 mg monthly

I confirm that the above details are correct:

Signed: Date:

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Secukinumab - continued

INITIATION – severe chronic plaque psoriasis, first-line biologic

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis
- or
- Patient has severe chronic plaque psoriasis of the face, or 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

Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin

and

A PASI assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course

and

The most recent PASI or DLQI assessment is no more than 1 month old at the time of application

Note: A treatment course is defined as a minimum of 12 weeks of treatment. "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom sub scores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

CONTINUATION – severe chronic plaque psoriasis, first-line biologic

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab
- or
- Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab

and

Secukinumab to be administered at a maximum dose of 300 mg monthly

INITIATION – ankylosing spondylitis, second-line biologic

Re-assessment required after 3 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis

and

- The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept
- or
- Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis

I confirm that the above details are correct:

Signed: Date:

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Secukinumab - continued

CONTINUATION – ankylosing spondylitis, second-line biologic

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Following 12 weeks initial treatment of secukinumab treatment, BASDAI has improved by 4 or more points from pre-secukinumab baseline on a 10 point scale, or by 50%, whichever is less

and

Physician considers that the patient has benefitted from treatment and that continued treatment is appropriate

and

Secukinumab to be administered at doses no greater than 150 mg monthly

INITIATION – psoriatic arthritis

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has had an initial Special Authority approval for adalimumab, etanercept or infliximab for psoriatic arthritis

and

Patient has experienced intolerable side effects from adalimumab, etanercept or infliximab

or

Patient has received insufficient benefit from adalimumab, etanercept or infliximab to meet the renewal criteria for adalimumab, etanercept or infliximab for psoriatic arthritis

or

Patient has had severe active psoriatic arthritis for six months duration or longer

and

Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose

and

Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses)

and

Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints

or

Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip

and

Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application

or

Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour

or

ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months

I confirm that the above details are correct:

Signed: Date:

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Secukinumab - *continued*

CONTINUATION – psoriatic arthritis

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician
- or
- The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior secukinumab treatment in the opinion of the treating physician

and

- Secukinumab to be administered at doses no greater than 300 mg monthly

I confirm that the above details are correct:

Signed: Date: