RS1879 - Etanercept

	Arthritis - rheumatoid - INITIATION Arthritis - rheumatoid - CONTINUATION Adult-onset Still's disease - INITIATION Adult-onset Still's disease - CONTINUATION Adult-onset Still's disease - CONTINUATION Ankylosing spondylitis - INITIATION Ankylosing spondylitis - CONTINUATION Oligoarticular course juvenile idiopathic arthritis - INITIATION Oligoarticular course juvenile idiopathic arthritis - CONTINUATION Polyarticular course juvenile idiopathic arthritis - INITIATION Polyarticular course juvenile idiopathic arthritis - CONTINUATION Posriatic arthritis - INITIATION Psoriatic arthritis - CONTINUATION Pyoderma gangrenosum - INITIATION Pyoderma gangrenosum - CONTINUATION Severe chronic plaque psoriasis - CONTINUATION	4 9 5 6 3 2 2 6	
	Pyoderma gangrenosum - CONTINUATION	9	
	Severe chronic plaque psoriasis, prior TNF use - INITIATION		
	Undifferentiated spondyloarthritis - INITIATION	0	
	Undifferentiated spondyloarthritis - CONTINUATION	10	
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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.

BER		PATIENT:			
		Name:			
		NHI:			
ept					
sites (tick Prescribed	uired after 6 months boxes where appropriate) d by, or recommended by a rheumatologist or name	ed specialist, or in accordance with a protocol or guideline that has been endorsed			
and	The patient has had an initial Special Authority a (JIA)	approval for adalimumab for polyarticular course juvenile idiopathic arthritis			
		de effects from adalimumab iit from adalimumab to meet the renewal criteria for adalimumab for			
	Patient has had polyarticular course JIA for 6 moderate At least 5 active joints and at least 3 joints methotrexate (at the maximum tolerated domain maximum tolerated dose) Moderate or high disease activity (cJADAS maximum tolerated dose)	s with limited range of motion, pain or tenderness after a 3-month trial of			
sment requ	uired after 6 months				
O Prescribed by, or recommended by a rheumatologist or named specialist, or in accordance with a protocol or guideli by the Health NZ Hospital.					
		therapy or monotherapy where use of methotrexate is limited by toxicity or			
or O	physician's global assessment from baseline	tient has at least a 50% decrease in active joint count and an improvement in nstrates at least a continuing 30% improvement in active joint count and			
	ept ON - polyasment requires (tick) Prescribed by the Heiler of the He	Prescribed by, or recommended by a rheumatologist or name by the Health NZ Hospital. The patient has had an initial Special Authority a (JIA) The patient has experienced intolerable sit or The patient has received insufficient beneficient beneficient has had polyarticular course JIA To be used as an adjunct to methotrexate therapand At least 5 active joints and at least 3 joints methotrexate (at the maximum tolerated donor) Moderate or high disease activity (cJADAS maximum tolerated dose) To be used as an adjunct to methotrexate therapand Or Moderate or high disease activity (cJADAS maximum tolerated dose) JATION – polyarticular course juvenile idiopathic arthritisment required after 6 months sites (tick boxes where appropriate) Prescribed by, or recommended by a rheumatologist or name by the Health NZ Hospital. Treatment is to be used as an adjunct to methotrexate intolerance Following 3 to 4 months' initial treatment, the paphysician's global assessment from baseline			

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PRES	SCRIB	BER		PATIENT:
Name	ə:			
Ward	:			NHI:
Etan	erce	pt - co	ontir	ued
Re-a	assess equis	ites (tic	equi ck bo ed l	ticular course juvenile idiopathic arthritis red after 6 months oxes where appropriate) oy, or recommended by a rheumatologist or named specialist, or in accordance with a protocol or guideline that has been endorsed h NZ Hospital.
		and)	The patient has had an initial Special Authority approval for adalimumab for oligoarticular course juvenile idiopathic arthritis (JIA)
			or	The patient has experienced intolerable side effects from adalimumab The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for oligoarticular course JIA
	or	and and	_	To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance Patient has had oligoarticular course JIA for 6 months duration or longer At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose) Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose) High disease activity (cJADAS10 score greater than 4) after a 6-month trial of methotrexate
Re-a	assess equis	ites (tio	equi ck bo ed l	igoarticular course juvenile idiopathic arthritis red after 6 months oxes where appropriate) oy, or recommended by a rheumatologist or named specialist, or in accordance with a protocol or guideline that has been endorsed in NZ Hospital.
and	and	$\overline{}$		dised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance
		or)	Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baselinee On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline
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I confirm that the above details are correct:

Signed: Date:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRES	SCRIB	BER		PATIENT:
Name	e:			
Ward	l:			NHI:
Etan	erce	pt -	conti	nued
Re-a	assess equis	ment ites (t	requi ick b ibed	is - rheumatoid red after 6 months oxes where appropriate) oy, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
and			0	The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis
		and		O The patient has experienced intolerable side effects
			or	O The patient has received insufficient benefit to meet the renewal criteria for rheumatoid arthritis
	or			
		and	0	Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer
		and	0	Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance
		and	0	Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated)
		and		Patient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquin sulphate at maximum tolerated doses (unless contraindicated)
			or	O Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin
				Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate
		and		O Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen 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
				elbow, kilee, alikie, alid either shoulder of hip
Re-a	assess	ment	requi	rthritis - rheumatoid red after 2 years exes where appropriate)
(О б	•	ibed	by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
and		O 1	Treati	ment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or rance
	and		0	Following 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	0	On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician
	and	O 1	Etane	rcept to be administered at doses no greater than 50 mg every 7 days

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PRESCRIB	ER		PATIENT:								
Name:											
Ward:NHI:											
Etanerce	ent - /	conti	nued								
INITIATION Re-assessi Prerequisi	N – ar ment ites (t	nkylo requi ick b	sing : red af oxes v	spondylitis ter 6 months where appropri	,	st, or in accorda	ance with a protoce	ol or guideline tha	t has been endo	orsed by the Health NZ	
	and	0	The p	oatient has ha	d an initial Special A	Authority approv	al for adalimumab	for ankylosing sp	ondylitis		
		or	0	The patient h	as experienced into	lerable side effe	ects from adalimur	mab			
		U.	0	The patient hankylosing sp	as received insuffic	ient benefit from	n adalimumab to m	neet the renewal o	criteria for adalim	numab for	
or		_									$\frac{1}{2}$
	and and and	or	Patie Patie Patie drugs	nt has low bac nt has bilatera nt's ankylosin s (NSAIDs), in ise regimen for Patient has li Bath Ankylos 4 cm and lun	or ankylosing spond mitation of motion o ing Spondylitis Met nbar side flexion me mitation of chest ex	s that is relieved strated by plain of t responded adenti-ulcer therapy ylitis of the lumbar spirology Index (BA asurement of le	by exercise but no radiographs, CT or equately to treatmer if indicated, while ne in the sagittal a ASMI) measures: ss than or equal to	ot by rest r MRI scan ent with two or mo e patient was under and the frontal pla a modified Schob o 10 cm (mean of	ore non-steroidal ergoing at least 3 nes as determine er's test of less t left and right)	a months of a regular ed by the following than or equal to	
		0	Bath	Ankylosing Sp	oondylitis Disease A	ctivity Index (BA	ASDAI) of at least	6 on a 0-10 scale			
measure m	nust b	e no	more t expa 4 4 4 4 4	than 1 month	rmined at the comp old at the time of sed for age and gence Female 5.5 cm 5.5 cm 4.5 cm 5.0 cm 4.0 cm 4.0 cm 2.5 cm	tarting treatmen		I, but prior to ceas	sing NSAID treat	tment. The BASDAI	<u>-</u>)
		25-3 35-4 45-5 55-6 65-7	4 4 4 4	7.5 cm 6.5 cm 6.0 cm 5.5 cm 4.0 cm	5.5 cm 4.5 cm 5.0 cm 4.0 cm 4.0 cm						

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PRESCRI	BER		PATIENT:
Name:			
Ward:			NHI:
Etanerc	ept -	conti	nued
Re-asses	sment	requ	nkylosing spondylitis red after 6 months
Prerequi	sites (t	ick b	oxes where appropriate)
and	Prescri Hospita		by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
and	_ p		ving 12 weeks' initial treatment and for subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more sfrom pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less
and	O F	Physi	cian considers that the patient has benefited from treatment and that continued treatment is appropriate
	O E	tane	ercept to be administered at doses no greater than 50 mg every 7 days
Prerequi	ssment sites (t	requick b	tic arthritis red after 6 months oxes where appropriate) by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
and		$\overline{}$	The patient has had an initial Special Authority approval for adalimumab or secukinumab for psoriatic arthritis
	and	or	The patient has experienced intolerable side effects from adalimumab or secukinumab The patient has received insufficient benefit from adalimumab or secukinumab to meet the renewal criteria for adalimumab or secukinumab for psoriatic arthritis
or	and and and	or or	Patient has had severe active psoriatic arthritis for six months duration or longer 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 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) O Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints O 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 O 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 O Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour O 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

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PRES	CRIE	BER			PATIENT:						
Name	e:				Name:						
Ward:	:				NHI:						
Etan	tanercept - continued										
Re-a	ssess	smen	t requ	osoriatic arthritis ired after 6 months oxes where appropriate)							
and		Preso Hosp		by, or recommended by a rheumatologist, or in accordance	ce with a protocol or guideline that has been endorsed by the Health NZ						
		or	O O	clinically significant response to treatment in the opinion	overnent in active joint count from baseline and a clinically significant						
	and	0	Etanercept to be administered at doses no greater than 50 mg every 7 days								
Re-a	ssess	smen	t requ	e chronic plaque psoriasis, prior TNF use ired after 4 months poxes where appropriate)							
(and		Preso Hosp		by, or recommended by a dermatologist, or in accordance	with a protocol or guideline that has been endorsed by the Health NZ						
	and	0	The p	patient has had an initial Special Authority approval for add	alimumab for severe chronic plaque psoriasis						
	and.	or	O O	The patient has experienced intolerable side effects from The patient has received insufficient benefit from adalimuplaque psoriasis	adalimumab umab to meet the renewal criteria for adalimumab for severe chronic						
	and	0	Patie	nt must be reassessed for continuation after 3 doses							

Signed: Date:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

May 2024

me:		PATIENT:		
		Name:		
rd:		NHI:		
anercept -	continued			
-	severe chronic plaque psoriasis, treatment-naive			
e-assessment	t required after 4 months			
	(tick boxes where appropriate)			
Presci Hospit		unce with a protocol or guideline that has been endorsed by the Health NZ		
or	O Patient has "whole body" severe chronic plaque psor 10, where lesions have been present for at least 6 mg	iasis with a Psoriasis Area and Severity Index (PASI) score of greater than onths from the time of initial diagnosis		
	O Patient has severe chronic plaque psoriasis of the factories been present for at least 6 months from the time of in	ce, or palm of a hand or sole of a foot, where the plaque or plaques have itial diagnosis		
	Patient has tried, but had an inadequate response (see Not following (at maximum tolerated doses unless contraindicated	e) to, or has experienced intolerable side effects from, at least three of the led): phototherapy, methotrexate, ciclosporin, or acitretin		
0		DLQI) assessment has been completed for at least the most recent prior), preferably while still on treatment but no longer than 1 month following		
and	The most recent PASI or DLQI assessment is no more than	1 month old at the time of initiation		
ected is 30%		ckness and scaling are rated as severe or very severe, and the skin area sessed preferably while still on treatment but no longer than 1 month following		
e-assessment	N – severe chronic plaque psoriasis t required after 6 months (tick boxes where appropriate)			
e-assessment erequisites (Presci Hospit	t required after 6 months (tick boxes where appropriate) bribed by, or recommended by a dermatologist, or in accorda	ance with a protocol or guideline that has been endorsed by the Health NZ		
e-assessment erequisites (Presci Hospit	t required after 6 months (tick boxes where appropriate) cribed by, or recommended by a dermatologist, or in accordatital. Patient had "whole body" severe chronic plaque			
-assessment erequisites (Presci Hospit	cribed by, or recommended by a dermatologist, or in accordatial. Patient had "whole body" severe chronic plaque and Following each prior etanercept treatment more, or is sustained at this level, when core	e psoriasis at the start of treatment It course the patient has a PASI score which is reduced by 75% or compared with the pre-etanercept treatment baseline value		
erequisites (Presci	cribed by, or recommended by a dermatologist, or in accordatial. Patient had "whole body" severe chronic plaque and Following each prior etanercept treatment more, or is sustained at this level, when core	e psoriasis at the start of treatment It course the patient has a PASI score which is reduced by 75% or compared with the pre-etanercept treatment baseline value It course the patient has a Dermatology Quality of Life Index (DLQI)		
-assessment erequisites (Presci Hospit	cribed by, or recommended by a dermatologist, or in accordation ital. Patient had "whole body" severe chronic plaque and Following each prior etanercept treatment more, or is sustained at this level, when cordation improvement of 5 or more, when compared to the compar	e psoriasis at the start of treatment It course the patient has a PASI score which is reduced by 75% or compared with the pre-etanercept treatment baseline value It course the patient has a Dermatology Quality of Life Index (DLQI)		
e-assessment erequisites (O Presci Hospit	trequired after 6 months (tick boxes where appropriate) pribed by, or recommended by a dermatologist, or in accordation ital. Patient had "whole body" severe chronic plaque and Following each prior etanercept treatment more, or is sustained at this level, when compared improvement of 5 or more, when compared and Patient had severe chronic plaque psoriasis of and Following each prior etanercept treatment improvement of 5 or more, when compared improvement of 5 or more, when com	e psoriasis at the start of treatment It course the patient has a PASI score which is reduced by 75% or compared with the pre-etanercept treatment baseline value It course the patient has a Dermatology Quality of Life Index (DLQI) ed with the pre-treatment baseline value		
e-assessment erequisites (O Presci Hospit	trequired after 6 months (tick boxes where appropriate) cribed by, or recommended by a dermatologist, or in accordatial. Patient had "whole body" severe chronic plaque and Following each prior etanercept treatment more, or is sustained at this level, when core improvement of 5 or more, when compared and Patient had severe chronic plaque psoriasis of and Patient had severe chronic plaque psoriasis of and Following each prior etanercept treatment for all 3 of erythema, thickness and scaling treatment course baseline values Following each prior etanercept treatment or all 3 of erythema, thickness and scaling treatment course baseline values	the patient has a PASI score which is reduced by 75% or compared with the pre-etanercept treatment baseline value at course the patient has a Dermatology Quality of Life Index (DLQI) and with the pre-treatment baseline value the face, or palm of a hand or sole of a foot at the start of treatment at course the patient has a reduction in the PASI symptom subscores		
e-assessment erequisites (Prescu Hospit	trequired after 6 months (tick boxes where appropriate) cribed by, or recommended by a dermatologist, or in accordatial. Patient had "whole body" severe chronic plaque and Following each prior etanercept treatment more, or is sustained at this level, when core improvement of 5 or more, when compared and Patient had severe chronic plaque psoriasis of and Patient had severe chronic plaque psoriasis of and Following each prior etanercept treatment for all 3 of erythema, thickness and scaling treatment course baseline values Following each prior etanercept treatment or all 3 of erythema, thickness and scaling treatment course baseline values	t course the patient has a PASI score which is reduced by 75% or compared with the pre-etanercept treatment baseline value at course the patient has a Dermatology Quality of Life Index (DLQI) and with the pre-treatment baseline value the face, or palm of a hand or sole of a foot at the start of treatment at course the patient has a reduction in the PASI symptom subscores and, to slight or better, or sustained at this level, as compared to the treatment to course the patient has a reduction of 75% or more in the skin area and pared to the pre-etanercept treatment baseline value		

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRES	CRIB	ER			PATIENT:		
Name	:						
Ward:		NHI:					
Etane	erce	pt -	cont	inued	d ·		
	equisi	ites (tick b	oxes	gangrenosum s where appropriate) or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ		
Note:	and (Э Э	Patie azatł A ma	nt ha niopri uximu	as pyoderma gangrenosum* as received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, ine, or methotrexate) and not received an adequate response um of 8 doses d with * are unapproved indications.		
	CONTINUATION – pyoderma gangrenosum 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. Patient has shown clinical improvement and Patient continues to require treatment and						
		<u> </u>	A ma	ıximu	um of 8 doses		
Re-as	ssess equisi	ment ites (requ tick b ribed	ired a oxes	et Still's disease after 6 months s where appropriate) or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ		
		anc	or	0	The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD) The patient has been started on tocilizumab for AOSD in a Health NZ Hospital The patient has experienced intolerable side effects from etanercept and/or tocilizumab The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD		
	or	and	0	Pati anti	ient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430) ient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal iinflammatory drugs (NSAIDs) and methotrexate ient has persistent symptoms of disabling poorly controlled and active disease		

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRESCRI	BER			PATIENT:
Name:				Name:
Ward:				NHI:
Etanerc	ept -	conti	inued	
Re-asses Prerequi	smen sites Preso Hosp	t requi (tick b ribed ital.	dult-onset Still's disease lired after 6 months loox where appropriate) by, or recommended by a rheumatologist, or in accordance t has a sustained improvement in inflammatory markers a	ce with a protocol or guideline that has been endorsed by the Health NZ and functional status
Re-asses	smen	t requ	erentiated spondyloarthritis lired after 6 months poxes where appropriate)	
	Preso Hosp		by, or recommended by a rheumatologist, or in accordance	ce with a protocol or guideline that has been endorsed by the Health NZ
and and and		Patie Maxi	ent has tried and not responded to at least three months of mum tolerated dose ent has tried and not responded to at least three months of ent has tried and not responded to at least three months of ent has tried and not responded to at least three months of ent has tried and not responded to at least three months of ent has a C-reactive protein level greater than 15 mg application Patient has an elevated erythrocyte sedimentation rate (I prior to the date of this application	ictive peripheral joint arthritis in at least four joints from the following: foral or parenteral methotrexate at a dose of at least 20 mg weekly or a fisulfasalazine at a dose of at least 2 g per day (or maximum tolerated fileflunomide at a dose of up to 20 mg daily (or maximum tolerated dose) g/L measured no more than one month prior to the date of this ESR) greater than 25 mm per hour measured no more than one month eving prednisone therapy at a dose of greater than 5 mg per day and
Re-asses	smen	t requ	undifferentiated spondyloarthritis uired after 6 months boxes where appropriate)	
	or	O O	Applicant is a rheumatologist Applicant is a Practitioner and confirms that a rheumatologist continues with etanercept treatment	ogist has provided a letter, email or fax recommending that the patient
and	or	O O	clinically significant response to treatment in the opinion	rovement in active joint count from baseline and a clinically significant
and	O	Etano	ercept to be administered at doses no greater than 50 mg	dose every 7 days