RS1879 - Etanercept

	Arthritis - rheumatoid - INITIATION Arthritis - rheumatoid - CONTINUATION Adult-onset Still's disease - INITIATION 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 - INITIATION Posriatic arthritis - INITIATION Psoriatic arthritis - CONTINUATION Psoriatic arthritis - CONTINUATION Pyoderma gangrenosum - INITIATION Pyoderma gangrenosum - CONTINUATION Severe chronic plaque psoriasis - CONTINUATION	4 9 5 6 3 2 2 6 7	
	Pyoderma gangrenosum - CONTINUATION	9	
	Severe chronic plaque psoriasis, prior TNF use - INITIATION		
	Undifferentiated spondyloarthritis - INITIATION	10	
	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.

PRE	SCRIE	BER	PATIENT:
Name	ə:		
Ward	:		NHI:
Etar	erce	ept	
Re-a	equis	sment requisites (tick Prescribed by the Hea	urticular course juvenile idiopathic arthritis uired after 6 months boxes where appropriate) d by, or recommended by a rheumatologist or named specialist, or in accordance with a protocol or guideline that has been endorsed alth NZ Hospital.
		and	The patient has had an initial Special Authority approval for adalimumab for polyarticular course juvenile idiopathic arthritis (JIA) 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 polyarticular course JIA
	or	and on	Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose)
Re-a	assess	sment requ	polyarticular course juvenile idiopathic arthritis uired after 6 months boxes where appropriate)
and			by, or recommended by a rheumatologist or named specialist, or in accordance with a protocol or guideline that has been endorsed alth NZ Hospital.
	and	intol	ttment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or erance
		or O	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 baseline 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

July 2024

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.

PRE	SCRIE	BER		PATIENT:
Name	e:			Name:
Ward	l:			NHI:
Etar	erce	ept -	conti	nued
Re-a	assess requis	sment sites (Presci	requ tick b ribed	rticular course juvenile idiopathic arthritis ired after 6 months oxes where appropriate) by, or recommended by a rheumatologist or named specialist, or in accordance with a protocol or guideline that has been endorsed th NZ Hospital.
and		and	0	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	\circ	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 O 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) O 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) O High disease activity (cJADAS10 score greater than 4) after a 6-month trial of methotrexate
Re-a	assess requis	sment sites (Presci	requ tick b ribed	ligoarticular course juvenile idiopathic arthritis ired after 6 months oxes where appropriate) by, or recommended by a rheumatologist or named specialist, or in accordance with a protocol or guideline that has been endorsed th NZ Hospital.
	and		Subs	idised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance
		or	0	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

I confirm that the above details are correct:

Signed: Date:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2024

PRES	SCRIB	ER			PATIENT:
Name	e:				Name:
Ward	:				NHI:
Etan	erce	pt - a	conti	nued	
INIT Re-a	IATIOI ssess equis	N – Ar ment ites (t	thrit requi	is - rh red af oxes v	eumatoid ter 6 months where appropriate)
and		rescri Hospita		oy, or	recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
		and	C	The p	patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis
			or	0	The patient has experienced intolerable side effects
					The patient has received insufficient benefit to meet the renewal criteria for rheumatoid arthritis
	or	and	С		nt has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) ody positive) for six months duration or longer
		and	C		ment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity olerance
		and	C	Patie	nt has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated)
		and	J		nt has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquin ate at maximum tolerated doses (unless contraindicated)
			or	0	Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin
				0	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	or	0	Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints
			Į.	0	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
Re-a	ssess	ment	requi	red af	s - rheumatoid ter 2 years vhere appropriate)
and		Prescri NZ Hos			recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
	and			ment i rance	s to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or
		or	C		ving initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant nse to treatment in the opinion of the physician
			О —		absequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from ine and a clinically significant response to treatment in the opinion of the physician
	and	О Е	tane	rcept	to be administered at doses no greater than 50 mg every 7 days

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.

PRES	CRIB	ER					PATIENT:
Name:							Name:
Ward:							NHI:
Etan	oroo	nt .	nti	nuad			
Etan					spondylitis		
					ter 6 months		
Prere	quisi	ites (t	ick b	oxes \	vhere appropi	riate)	
() Р	rescri	ibed	bv. or	recommende	d by a rheumatologist, or in a	accordance with a protocol or guideline that has been endorsed by the Health NZ
a m al		lospita		,, -		,	3
and			_				
		1	\bigcirc	The p	atient has ha	d an initial Special Authority	approval for adalimumab for ankylosing spondylitis
		and					
			or	\cup	The patient h	as experienced intolerable s	side effects from adalimumab
			•	\circ	The patient h	nas received insufficient bene	nefit from adalimumab to meet the renewal criteria for adalimumab for
					ankylosing s	oondylitis	
	or						
		(\circ	Patie	nt has a confi	rmed diagnosis of ankylosing	ng spondylitis present for more than six months
		and					
		and	\cup	Patie	nt has low bad	ck pain and stiffness that is re	relieved by exercise but not by rest
		and	\circ	Patie	nt has bilatera	al sacroiliitis demonstrated by	by plain radiographs, CT or MRI scan
		and	\bigcirc				
		'	\cup				nded adequately to treatment with two or more non-steroidal anti-inflammatory therapy if indicated, while patient was undergoing at least 3 months of a regular
		_				or ankylosing spondylitis	thorapy it indicated, while patient has undergoing at load o months of a regular
		and					
				\bigcirc	Patient has li	mitation of motion of the lum	mbar spine in the sagittal and the frontal planes as determined by the following ndex (BASMI) measures: a modified Schober's test of less than or equal to
							ent of less than or equal to 10 cm (mean of left and right)
			or	\bigcirc	Patient has li	mitation of cheet expansion	by at least 2.5 cm below the average normal values corrected for age and
				•	gender (see		by at load 2.5° of below the average normal values corrected for age and
		and	_				
		(\bigcirc	Bath	Ankylosing S	oondylitis Disease Activity Inc	ndex (BASDAI) of at least 6 on a 0-10 scale
Noto:	Tho	BVGL	۱۸۱ م	nuct h	avo boon doto	rmined at the completion of	the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI
meas	ure m	nust be	e no	more	than 1 month	old at the time of starting tre	
Avera	ige no					ed for age and gender:	
			Age 18-2		Male 7.0 cm	Female 5.5 cm	
			25-3		7.5 cm	5.5 cm	
			35-4		6.5 cm	4.5 cm	
			45-5	4	6.0 cm	5.0 cm	
			55-6	4	5.5 cm	4.0 cm	
			65-7	4	4.0 cm	4.0 cm	
			75+		3.0 cm	2.5 cm	

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TILO	CRIB	ER		PATIENT:
Name:				Name:
Nard:				NHI:
Etane	erce	pt - a	ontin	ued
Re-as	sessr	ment r	equir	okylosing spondylitis ed after 6 months exes where appropriate)
(`			
and		rescri		by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
	and j			ring 12 weeks' initial treatment and for subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less
	and) P	hysic	cian considers that the patient has benefited from treatment and that continued treatment is appropriate
	(С	tane	rcept to be administered at doses no greater than 50 mg every 7 days
Re-as Prere	sessr quisi	ment r i tes (ti	equir ck bo bed b	ic arthritis red after 6 months expected after 6 month
and	($\overline{}$	
		and	or	The patient has had an initial Special Authority approval for adalimumab or secukinumab for psoriatic arthritis 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) С	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)
			or	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,
		a 12 a J		elbow, knee, ankle, and either shoulder or hip
		and	or	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
			or	O ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day

I confirm that the	e above details are correct:	

Signed: Date:

July 2024

PRES	CRIBER		PATIENT:
Name	e:		Name:
Ward	:		NHI:
Etan	ercept	- continued	
Re-a	ssessme	DN – psoriatic arthritis nt required after 6 months (tick boxes where appropriate)	
and	O Pres Hosp		ice with a protocol or guideline that has been endorsed by the Health NZ
	or	clinically significant response to treatment in the opinion	provement in active joint count from baseline and a clinically significant
	and	Etanercept to be administered at doses no greater than 50 mg	g every 7 days
Re-a	ssessme	severe chronic plaque psoriasis, prior TNF use nt required after 4 months (tick boxes where appropriate)	
and	O Pres Hosp		e with a protocol or guideline that has been endorsed by the Health NZ
	and	The patient has had an initial Special Authority approval for ac	dalimumab for severe chronic plaque psoriasis
	or		n adalimumab numab to meet the renewal criteria for adalimumab for severe chronic
	and	Patient must be reassessed for continuation after 3 doses	

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Signed.	Date:	
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Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2024

PRESCRIBER	PATIENT:		
Name:	Name:		
Ward:	NHI:		
Etanercept - continued			
INITIATION – severe chronic plaque psoriasis, treatment-naive			
Re-assessment required after 4 months			
Prerequisites (tick boxes where appropriate)			
Prescribed by, or recommended by a dermatologist, or in accordance Hospital.	e with a protocol or guideline that has been endorsed by the Health NZ		
O Patient has "whole body" severe chronic plaque psorias 10, where lesions have been present for at least 6 mont	is with a Psoriasis Area and Severity Index (PASI) score of greater than hs from the time of initial diagnosis		
O Patient has severe chronic plaque psoriasis of the face, been present for at least 6 months from the time of initial	or palm of a hand or sole of a foot, where the plaque or plaques have all diagnosis		
Patient has tried, but had an inadequate response (see Note) following (at maximum tolerated doses unless contraindicated and	to, or has experienced intolerable side effects from, at least three of the): phototherapy, methotrexate, ciclosporin, or acitretin		
A PASI assessment or Dermatology Quality of Life Index (DL0 treatment course (but preferably all prior treatment courses), processation of each prior treatment course	(a) assessment has been completed for at least the most recent prior preferably while still on treatment but no longer than 1 month following		
The most recent PASI or DLQI assessment is no more than 1	month old at the time of initiation		
Note: "Inadequate response" is defined as: for whole body severe chronic planting while still on treatment but no longer than 1 month following cessation of the hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thick affected is 30% or more of the face, palm of a hand or sole of a foot, as assesses cessation of the most recent prior treatment.	most recent prior treatment; for severe chronic plaque psoriasis of the face, ness and scaling are rated as severe or very severe, and the skin area		
CONTINUATION – severe chronic plaque psoriasis Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)			
Prescribed by, or recommended by a dermatologist, or in accordance Hospital.	e with a protocol or guideline that has been endorsed by the Health NZ		
Patient had "whole body" severe chronic plaque p	soriasis at the start of treatment		
Following each prior etanercept treatment of more, or is sustained at this level, when cor	ourse the patient has a PASI score which is reduced by 75% or npared with the pre-etanercept treatment baseline value ourse the patient has a Dermatology Quality of Life Index (DLQI)		
improvement of 5 or more, when compared			
Patient had severe chronic plaque psoriasis of the	e face, or palm of a hand or sole of a foot at the start of treatment		
for all 3 of erythema, thickness and scaling treatment course baseline values	ourse the patient has a reduction in the PASI symptom subscores to slight or better, or sustained at this level, as compared to the		
	ourse the patient has a reduction of 75% or more in the skin area ared to the pre-etanercept treatment baseline value		
and Etanercept to be administered at doses no greater than 50 mg	g every 7 days		

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRESCRIBER PATIENT:						
Name:						
Ward:	Vard:NHI:					
Etane	erce	pt -	cont	inuea	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 azath A ma	nt ha niopri	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) O 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 O Patient has shown clinical improvement and O Patient continues to require treatment					
		<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	
		and	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 antii	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:									
Ward:	Vard:NHI:								
Etanerc	ept -	- conti	inued						
Prerequi	sites Preso Hosp The p	t requ (tick b cribed ital.	dult-onset Still's disease ired after 6 months iox where appropriate) by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ thas a sustained improvement in inflammatory markers and functional status erentiated spondyloarthritis						
Re-asses	smen	t requ	ired after 6 months ooxes where appropriate)						
and	Preso Hosp		by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ						
Note: Inc	or or JATIC	Patie Patie	In thas undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the following: elbow, knee, ankle, and either shoulder or hip In thas 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 mum tolerated dose In thas tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day (or maximum tolerated one) In thas tried and not responded to at least three months of leflunomide at a dose of up to 20 mg daily (or maximum tolerated dose) 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 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour measured no more than one month prior to the date of this application 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 interesting and interesting the following: Indifferentiated spondyloarthritis irred after 6 months loves where appropriate)						
Fierequi			Applicant is a rheumatologist						
	or	0	Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment						
and	or	0	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 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician						
and	O	Etane	ercept to be administered at doses no greater than 50 mg dose every 7 days						