RS1827 - Pegylated interferon alfa-2a

Chronic Hepatitis C - genotype 1 infection treatment more than 4 years prior - INITIATION	
Chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV or genotype 2 or 3 post liver transplar - INITIATION	
Chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV - INITIATIONHepatitis B - INITIATION	
Myeloproliferative disorder or cutaneous T cell lymphoma - INITIATION	.3
Ocular surface squamous neoplasia - INITIATIÓN Ocular surface squamous neoplasia - CONTINUATION	. 4
Post-allogenic bone marrow transplant - INITIATION Post-allogenic bone marrow transplant - CONTINUATION	. 4

I confirm that the above details are correct:

Signed: Date:

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Pegylated interferon alfa-2a INITIATION — Chronic hepatitis C. genotype 1, 4, 5 or 6 infection or co-infection with HIV or genotype 2 or 3 post liver transplant Reasessement coquided after 48 weeks Prerequisites (tick boxes where appropriate) Patient has chronic hepatitis C. genotype 1, 4, 5 or 6 infection or Patient has chronic hepatitis C. genotype 2 or 3 and has received a liver transplant Note: Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment show his is predictive of treatment show the size predictive of treatment alone. Consider stopping treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baselino security PCR RNA is less than 40000001/ml. CONTINUATION — Chronic hepatitis C. genotype 1 infection Reasessement required after 48 weeks Prerequisites (tick boxes where appropriate) Patient has chronic hepatitis C, genotype 1 And Patient has responder relapsed or Patient has head in combination with boceprevir INITIATION — Chronic kepatitis C, genotype 1 infection treatment more than 4 years prior Reasessement required after 48 weeks Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a gastroenterologist, infectious disease specialist or general physician, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. And Patient has hard the weeks Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a gastroenterologist, infectious diseases specialist or general physician, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. And Patient has responder relapsed or Patient has responder relapsed	PRESCRIBER	PATIENT:
INITIATION - Chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV or genotype 2 or 3 post liver transplant Re-assessment required after 48 weeks Prerequisites (tick boxes where appropriate) Or Patient has chronic hepatitis C, genotype 2 or 3 and has received a liver transplant Notes Consider stopping reatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment in the response of the second of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment in the response of the second of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment in the response of the second of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment in the response of the second of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment reduction in the second of	Name:	Name:
INITIATION – Chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV or genotype 2 or 3 post liver transplant Re-assessment required after 48 weeks Prerequisites (tick boxes where appropriate) Or Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection or Or Patient has chronic hepatitis C and is co-infected with HIV or Or Patient has chronic hepatitis C and is co-infected with HIV or Or Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant Note: Consider stopping treatment of 24 weeks of treatment since this is preclicitive of treatment failure. Consider reducing restament to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400.000IU/ml. CONTINUATION – Chronic hepatitis C - genotype 1 infection Re-assessment required after 48 weeks Prerequisites (tick boxes where appropriate) Or Prescribed by, or recommended by a gastroenterologist, infectious disease specialist or general physician, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. Or Patient has chronic hepatitis C, genotype 1 infection recommended by a gastroenterologist infectious disease specialist or general physician, or in accordance with a protocol or Or Department was a partial responder with perspective and Patient has been endorsed by the Health NZ Hospital. INITIATION – Chronic Hepatitis C - genotype 1 infection treatment more than 4 years prior Re-assessment required after 48 weeks Prerequisities (tick boxes where appropriate) Or Prescribed by, or recommended by a gastroenterologist, infectious disease specialist or general physician, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. Or Patient has chronic hepatitis C, genotype 1 infection treatment more than 4 years prior Prescribed by, or recommended by a gastroenterologist, infectious disease specialist or general physician, or in accordance	Ward:	NHI:
Re-assessment required after 48 weeks Prerequisites (tick boxes where appropriate) Patient has chronic hepatitis C and is co-infected with HIV or Patient has chronic hepatitis C and is co-infected with HIV or Patient has chronic hepatitis C and is co-infected with HIV or Patient has chronic hepatitis C and is co-infected with HIV or Patient has chronic hepatitis C and is co-infected with HIV or Patient has chronic hepatitis C and is co-infected with HIV Note: Consider stopping freatment to 24 weeks if summ HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 400,000IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Baseline serum HCV RNA is less than 50IU/mi) AND Ba	Pegylated interferon alfa-2a	
Patient has chronic hepatitis C and is co-infected with HIV or Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant Note: Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure. Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml. CONTINUATION—Chronic hepatitis C - genotype 1 infection Re-assessment required after 48 weeks Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a gastroenterologist, infectious disease specialist or general physician, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. Patient has chronic hepatitis C, genotype 1 and Patient has responder relapsed or Patient was a partial responder and Patient as to be treated in combination with bocoprevir INITIATION—Chronic Hepatitis C - genotype 1 infection treatment more than 4 years prior Re-assessment required after 48 weeks Prerequisites (tick boxes where appropriate) Prerepulsites (tick boxes where appropriate) Prerepulsites (tick boxes where appropriate) Prerequisites (tick boxes where appropriate) Prerequisites (tick boxes where appropriate) Patient has chronic hepatitis C - genotype 1 infection sides as specialist or general physician, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. Patient has chronic hepatitis C, genotype 1 and Patient has chronic hepatitis C, genotype 1 Patient has been endorsed by the Health NZ Hospital. Patient has been endorsed by the Health NZ Hospital.	Re-assessment required after 48 weeks	fection with HIV or genotype 2 or 3 post liver transplant
INITIATION – Chronic Hepatitis C - genotype 1 infection treatment more than 4 years prior Re-assessment required after 48 weeks Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a gastroenterologist, infectious disease specialist or general physician, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. Patient has chronic hepatitis C, genotype 1 and Patient has had previous treatment with pegylated interferon and ribavirin Patient has responder relapsed Patient was a partial responder Patient received interferon treatment prior to 2004 and	Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection or Patient has chronic hepatitis C and is co-infected with HIV or Patient has chronic hepatitis C genotype 2 or 3 and has receiv. Note: Consider stopping treatment if there is absence of a virological response treatment since this is predictive of treatment failure. Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is serum HCV RNA is less than 400,000IU/ml. CONTINUATION – Chronic hepatitis C - genotype 1 infection Re-assessment required after 48 weeks Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a gastroenterologist, infectious diguideline that has been endorsed by the Health NZ Hospital. Patient has chronic hepatitis C, genotype 1 and Patient has had previous treatment with pegylated interferon a and Patient has responder relapsed Patient was a partial responder	e (defined as at least a 2-log reduction in viral load) following 12 weeks of is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline isease specialist or general physician, or in accordance with a protocol or
C I allotte to be treated in combination with bocepievii	INITIATION – Chronic Hepatitis C - genotype 1 infection treatment more to Re-assessment required after 48 weeks Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a gastroenterologist, infectious disputed interferon and and Patient has chronic hepatitis C, genotype 1 Patient has had previous treatment with pegylated interferon and and Patient has responder relapsed or Patient was a partial responder Patient received interferon treatment prior to 2004	isease specialist or general physician, or in accordance with a protocol or

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		PATIENT:
Name: Name:		Name:
Ward:	:NHI:	
Pegylated interfe	feron alfa-2a - continued	
INITIATION – Chron Re-assessment requ Prerequisites (tick b	nic hepatitis C - genotype 2 or 3 infection without co-inf	ection with HIV
Prescribed guideline the guide	uired after 48 weeks boxes where appropriate) d by, or recommended by a gastroenterologist, infectious distinct has been endorsed by the Health NZ Hospital. ent has confirmed Hepatitis B infection (HBsAg positive for rent is Hepatitis B treatment-naive 7 > 2 times Upper Limit of Normal 7 DNA < 10 log10 IU/ml HBeAg positive	ease specialist or general physician, or in accordance with a protocol or nore than 6 months) and significant fibrosis (greater than or equal to Metavir Stage F2 or
and No co	npensated liver disease continuing alcohol abuse or intravenous drug use co-infected with HCV, HIV or HDV ther ALT nor AST > 10 times upper limit of normal history of hypersensitivity or contraindications to pegylated in	nterferon
INITIATION – myeloproliferative disorder or cutaneous T cell lymphoma Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)		
or Paties or and and	Patient has a myeloproliferative disorder* Patient is intolerant of hydroxyurea Treatment with anagrelide and busulfan is not clinically ap	propriate
or O and O	Patient has a myeloproliferative disorder Patient is pregnant, planning pregnancy or lactating	

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PRESCRIBER PATIENT:	
Name: Name:	
Ward: NHI:	
Pegylated interferon alfa-2a - continued	
CONTINUATION – myeloproliferative disorder or cutaneous T cell lymphoma Re-assessment required after 12 months Prerequisites (tick boxes where appropriate) O No evidence of disease progression and The treatment remains appropriate and patient is benefitting from treatment and Patient has a cutaneous T cell lymphoma* or O Patient has a myeloproliferative disorder* and O Remains intolerant of hydroxyurea and treatment with anagrelide and busulfan remains clinically inappropriate or O Patient is pregnant, planning pregnancy or lactating	
Note: Indications marked with * are unapproved indications	
INITIATION – ocular surface squamous neoplasia Re-assessment required after 12 months Prerequisites (tick box where appropriate) O Prescribed by, or recommended by an ophthalmologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. and O Patient has ocular surface squamous neoplasia*	
CONTINUATION – ocular surface squamous neoplasia Re-assessment required after 12 months Prerequisites (tick box where appropriate) O Prescribed by, or recommended by an ophthalmologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. and O The treatment remains appropriate and patient is benefitting from treatment Note: Indications marked with * are unapproved indications	
INITIATION – post-allogenic bone marrow transplant Re-assessment required after 3 months Prerequisites (tick box where appropriate) O Patient has received an allogeneic bone marrow transplant* and has evidence of disease relapse	
CONTINUATION – post-allogenic bone marrow transplant Re-assessment required after 3 months Prerequisites (tick box where appropriate) O Patient is responding and ongoing treatment remains appropriate Note: Indications marked with * are unapproved indications	

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