May 2025

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.

PRESCRI	RIBER	PATIENT:				
Name:		Name:				
Ward:		NHI:				
Secukin	numab					
Re-asses	ION – severe chronic plaque psoriasis, second-line biologic essment required after 4 months sisites (tick boxes where appropriate)					
and	Prescribed by, or recommended by a dermatologist, or in accorda Hospital.	nce with a protocol or guideline that has been endorsed by the Health NZ				
and	Hospital, for severe chronic plaque psoriasis	adalimumab or etanercept, or has trialled infliximab in a Health NZ				
	O The patient has experienced intolerable side effects for O The patient has received insufficient benefit from ada					
	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 DQLI assessment is no more than	1 month old at the time of application				
Re-asses	AUATION – severe chronic plaque psoriasis, second-line biologessment required after 6 months uisites (tick boxes where appropriate) Prescribed by, or recommended by a dermatologist, or in accordate Hospital.	nce with a protocol or guideline that has been endorsed by the Health NZ				
	O Patient's PASI score has reduced by 75% or more (Page 1)	ASI 75) as compared to baseline PASI prior to commencing secukinumab				
		I) improvement of 5 or more, as compared to baseline DLQI prior to				
and	nd _					

I confirm that the above details are correct:	
Signed:	Date:

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PRESCRIBER						PATIENT:			
Name:						Name:			
Ward:						NHI:			
Secu	ıkinu	ıma	b - c	ontinued					
Re-a	equisi	ment ites (Presc	t requi (tick b ribed	red after 4 exes where	appropriate)	cordanc	e with a protocol or guideline that has been endorsed by the Health NZ		
and		lospi	tal.						
		or		10, where Patient has	lesions have been present for at least s severe chronic plaque psoriasis of the	t 6 mont he face,	or palm of a hand or sole of a foot, where the plaque or plaques have		
		or	0	Patient has	ent for at least 6 months from the times s severe chronic localised genital or flonths from the time of initial diagnosis,	exural p	laque psoriasis where the plaques or lesions have been present for at h a Dermatology Life Quality Index (DLQI) score greater than 10		
	and and	\sim	A PAS treatn	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 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 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application					
psor rece for e more	iasis, a nt prior rythem	a PAS r trea na, th e face	SI sco atmeni nickne e, palr	re of greate ; for severe ss and scal n of a hand	er than 10, as assessed preferably whe chronic plaque psoriasis of the face, ing are rated as severe or very severe	nile still on hand, for e, and for	"Inadequate response" is defined as: for whole body severe chronic plaque on treatment but no longer than 1 month following cessation of the most bot, genital or flexural areas, at least 2 of the 3 PASI symptom sub scores or the face, palm of a hand or sole of a foot the skin area affected is 30% or le still on treatment but no longer than 1 month following cessation of the		
Re-a	ssess	ment	t requi	red after 6	nic plaque psoriasis, first-line biolo months appropriate)	ogic			
		or	or	Security Sec	kinumab		e (PASI 75) as compared to baseline PASI prior to commencing DLQI) improvement of 5 or more, as compared to baseline DLQI prior		
			and	_	The patient has experienced a reduccompared to the pre-treatment base	ction of eline val	cural plaque psoriasis at the start of treatment 75% or more in the skin area affected, or sustained at this level, as ue dex (DLQI) improvement of 5 or more, as compared to baseline DLQI		
	and (С —	Secul	cinumab to	be administered at a maximum dose	of 300 r	ng monthly		

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PRESCRIBER			PATIENT:				
Name:			Name:				
Ward:			NHI:				
Secu	ıkinun	nab - continued					
Re-a	ssessme equisite	- ankylosing spondylitis, second-line biologic ent required after 3 months s (tick boxes where appropriate) scribed by, or recommended by a rheumatologist, or in accordan	ce with a protocol or guideline that has been endorsed by the Health NZ				
and	and	The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept 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 CONTINUATION – ankylosing spondylitis, second-line biologic						
Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)							
(and		scribed by, or recommended by a rheumatologist, or in accordan	ce with a protocol or guideline that has been endorsed by the Health NZ				
	and	Following 12 weeks initial treatment of secukinumab treatment baseline on a 10 point scale, or by 50%, whichever is less Physician considers that the patient has benefitted from treatment of secukinumab treatment baseline or a 10 point scale, or by 50%, whichever is less	t, BASDAI has improved by 4 or more points from pre-secukinumab				
	and	Secukinumab to be administered at doses no greater than 300					

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PRESCRIBER			PATIENT:		
Name:					
Ward	:				NHI:
Secu	ıkinı	umab) - C	ontinu	ned .
Re-a	equis	sites (ti	requi ick b bed	ired at oxes v	thritis fier 6 months where appropriate) recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
and			_		
		and	\mathcal{O}	Patie	nt has had an initial Special Authority approval for adalimumab, etanercept or infliximab for psoriatic arthritis
			or	0	Patient has experienced intolerable side effects from adalimumab, etanercept or infliximab
			J.	0	Patient has received insufficient benefit from adalimumab, etanercept or infliximab to meet the renewal criteria for adalimumab, etanercept or infliximab for psoriatic arthritis
	or				
		and	C	Patie	nt has had severe active psoriatic arthritis for six months duration or longer
		(С		nt has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg ly or a maximum tolerated dose
and					nt 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 se 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
			01	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
		and			
				0	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	0	Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour
				0	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
Re-a	ssess	sment i	requi	ired at	tic arthritis iter 6 months where appropriate)
(С	Prescri	bed	bv. or	recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
Hospital.					
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					
		(О 		patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant onse to prior secukinumab treatment in the opinion of the treating physician
	and	\sim	Secu	kinum	ab to be administered at doses no greater than 300 mg monthly

I confirm that the above details are correct:

Cianad.	Data.	
Signeg	 Dale	