## RS1827 - Pegylated interferon alfa-2a

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

I confirm that the above details are correct:

Signed: ...... Date: .....

## HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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	PATIENT:			
Name:	Name:			
Ward:	NHI:			
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 Re-assessment required after 48 weeks				
Prerequisites (tick boxes where appropriate)				
or _ Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 in	nfection			
O Patient has chronic hepatitis C and is co-infected with or	HIV			
Patient has chronic hepatitis C genotype 2 or 3 and ha	as received a liver transplant			
treatment since this is predictive of treatment failure.	response (defined as at least a 2-log reduction in viral load) following 12 weeks of			
Consider reducing treatment to 24 weeks if serum HCV RNA level at very serum HCV RNA is less than 400,000IU/ml.	Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline			
CONTINUATION – Chronic hepatitis C - genotype 1 infection				
Re-assessment required after 48 weeks  Prerequisites (tick boxes where appropriate)				
O Prescribed by, or recommended by a gastroenterologist, infe guideline that has been endorsed by the Health NZ Hospital and	ectious disease specialist or general physician, or in accordance with a protocol or .			
Patient has chronic hepatitis C, genotype 1				
Patient has had previous treatment with pegylated interferon and ribavirin  and  Patient has responder relapsed  or				
				O Patient was a partial responder
Patient is to be treated in combination with boceprevir				
INITIATION – Chronic Hepatitis C - genotype 1 infection treatmen	t more than 4 years prior			
Re-assessment required after 48 weeks  Prerequisites (tick boxes where appropriate)				
O Prescribed by, or recommended by a gastroenterologist, infe guideline that has been endorsed by the Health NZ Hospital and	ectious disease specialist or general physician, or in accordance with a protocol or .			
Patient has chronic hepatitis C, genotype 1				
O Patient has had previous treatment with pegylated inte	erferon and ribavirin			
O Patient has responder relapsed				
O Patient was a partial responder				
O Patient received interferon treatment prior to 200	04			
Patient is to be treated in combination with boceprevir				

I confirm that the above details are correct:

Signed: ...... Date: .....

## HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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.

Name:  Name:  Name:  Name:  NHI:  Pegylated interferon alfa-2a - continued  IMITATION - Chronic hepatitis C - genetype 2 or 3 infection without co-infection with HIV  Pea-assessment required after 6 months  Perrequisites (tick box where appropriate)  Patient has chronic hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - Hepatitis B - genetype 2 or 3 infection  INITATION - myeloproliferative disorder or cutaneous drug use and on the genetype 3 or general physician, or in accordance with a protocol or guideline that 5 general physician, or in accordance with a protocol or guideline that 5 general physician, or in accordance with a protocol or guideline that 6 general physician, or in accordance with a protocol or guideline that 6 general physician, or in accordance with a protocol or guideline that 6 general physician, or in accordance with a protocol or guideline that 6 general physician, or in accordance with a protocol or guideline that 6 general physician, or in accordance with a protocol or guideline that 6 general physician, or in accordance with a protocol or guideline that 6 general physician, or in accordance with a protocol or guideline that 6 general physician, or in accordance with a protocol or guideline that 6 general physician, or in accordance with a protocol or guideline that 6 general physician, or in accordance with	PRESCRIBER		PATIENT:			
Pegylated interferon alfa-2a - continued  INITIATION - Chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV Re-assessment required after 6 months Prerequilate (keb bow where appropriate)  Patient has chronic hepatitis C, genotype 2 or 3 infection  INITIATION - Hepatitis B Re-assessment required after 48 weeks Re-assessment required after 48 weeks Prerequilate (kic bows 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 Heath NZ Hospital.  Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months)  ALT > 2 times Upper Limit of Normal and HBV DNA < 10 log10 IU/ml and  HBAG positive  Or Serum HBV DNA greater than or equal to 2,000 units/ml and significant fibrosis (greater than or equal to Metavir Stage F2 or moderate librosis)  AND continuing alcohol abuse or intravenous drug use and No continuing alcohol abuse or intravenous drug use and No history of hypersensitivity or contraindications to pegylated interferon  INITIATION - myeloproliferative disorder or cutaneous T cell lymphoma Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)  Patient has a myeloproliferative disorder' and Patient is intolerant of hydroxyurea and Patient is intolerant of hydroxyurea	Name:	me: Name:				
INITIATION - Chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV Re-assessment required after 6 months  Prerrequisites (ick box where appropriate)  Patient has chronic hepatitis C, genotype 2 or 3 infection  INITIATION - Hepatitis B Re-assessment required after 48 weeks Prerrequisites (ick 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 confirmed Hepatitis B infection (HBsAg positive for more than 6 months)  AIT > 2 times Upper Limit of Normal and HBV DNA < 10 log 10 IU/ml  HBV DNA < 10 log 10 IU/ml  AIT > 2 times Upper Limit of Normal and HBV DNA < 10 log 10 IU/ml  O HBBAg positive or Serum HBV DNA greater than or equal to 2,000 units/ml and significant fibrosis (greater than or equal to Metavir Stage F2 or moderate fibrosis)  AIT > 2 times Upper Limit of Normal and No continuing alcohol abuse or intravenous drug use and No continuing alcohol abuse or intravenous drug use and No continuing alcohol abuse or intravenous drug use and No history of hypersensitivity or contraindications to pegylated interferon  INITIATION - myeloproliferative disorder or cutaneous T cell lymphoma  Pea-assessment required after 12 months  Prerequisites (ick boxes where appropriate)  Patient has a myeloproliferative disorder* and Patient has a myeloproliferative disorder* and Patient is intolerant of hydroxyurea	Ward:	ırd:NHI:				
INITIATION - Chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV Re-assessment required after 6 months  Prerrequisites (ick box where appropriate)  Patient has chronic hepatitis C, genotype 2 or 3 infection  INITIATION - Hepatitis B Re-assessment required after 48 weeks Prerrequisites (ick 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 confirmed Hepatitis B infection (HBsAg positive for more than 6 months)  AIT > 2 times Upper Limit of Normal and HBV DNA < 10 log 10 IU/ml  HBV DNA < 10 log 10 IU/ml  AIT > 2 times Upper Limit of Normal and HBV DNA < 10 log 10 IU/ml  O HBBAg positive or Serum HBV DNA greater than or equal to 2,000 units/ml and significant fibrosis (greater than or equal to Metavir Stage F2 or moderate fibrosis)  AIT > 2 times Upper Limit of Normal and No continuing alcohol abuse or intravenous drug use and No continuing alcohol abuse or intravenous drug use and No continuing alcohol abuse or intravenous drug use and No history of hypersensitivity or contraindications to pegylated interferon  INITIATION - myeloproliferative disorder or cutaneous T cell lymphoma  Pea-assessment required after 12 months  Prerequisites (ick boxes where appropriate)  Patient has a myeloproliferative disorder* and Patient has a myeloproliferative disorder* and Patient is intolerant of hydroxyurea	Pegylated	Pegylated interferon alfa-2a - continued				
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 confirmed Hepatitis B infection (HBsAg positive for more than 6 months)  Patient is Hepatitis B treatment-naive and ALT > 2 times Upper Limit of Normal and HBV DNA < 10 log10 IU/ml  AB DNA < 10 l	INITIATION – Chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV Re-assessment required after 6 months Prerequisites (tick box where appropriate)					
Compensated liver disease and No continuing alcohol abuse or intravenous drug use and Not co-infected with HCV, HIV or HDV and Neither ALT nor AST > 10 times upper limit of normal No history of hypersensitivity or contraindications to pegylated interferon  INITIATION – myeloproliferative disorder or cutaneous T cell lymphoma Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)  Patient has a cutaneous T cell lymphoma*  O Patient has a myeloproliferative disorder* and Patient is intolerant of hydroxyurea and	Prerequisite Presented and and and and and and	ment required after 48 weeks  tes (tick boxes where appropriate)  rescribed by, or recommended by a gastroenterologist, infectious discuideline that has been endorsed by the Health NZ Hospital.  Patient has confirmed Hepatitis B infection (HBsAg positive for note that has been endorsed by the Health NZ Hospital.  Patient has confirmed Hepatitis B infection (HBsAg positive for note that has been endorsed by the Health NZ Hospital.  Patient has confirmed Hepatitis B infection (HBsAg positive for note that has been endorsed by the Health NZ Hospital.  HBV DNA < 10 log10 IU/ml  HBeAg positive  Serum HBV DNA greater than or equal to 2,000 units/ml as	nore than 6 months)			
Re-assessment required after 12 months  Prerequisites (tick boxes where appropriate)  Patient has a cutaneous T cell lymphoma*  or  Patient has a myeloproliferative disorder*  and  Patient is intolerant of hydroxyurea  and	and Compensated liver disease and No continuing alcohol abuse or intravenous drug use and Not co-infected with HCV, HIV or HDV and Neither ALT nor AST > 10 times upper limit of normal and					
Re-assessment required after 12 months  Prerequisites (tick boxes where appropriate)  Or  Patient has a cutaneous T cell lymphoma*  Or  Patient has a myeloproliferative disorder*  and Or  Patient is intolerant of hydroxyurea  and	INITIATION	I – myeloproliferative disorder or cutaneous T cell lymphoma				
Patient has a myeloproliferative disorder*  and Patient is intolerant of hydroxyurea  and	Re-assessm	ment required after 12 months				
and		O Patient has a myeloproliferative disorder*				
or  Patient has a myeloproliferative disorder		Treatment with anagrelide and busulfan is not clinically ap	propriate			
Patient is pregnant, planning pregnancy or lactating		and				

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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				
Patient has a cutaneous T cell lymphoma*				
Patient has a myeloproliferative disorder*  O Remains intolerant of hydroxyurea and treati	ment with anagrelide and busulfan remains clinically inappropriate			
O Patient is pregnant, planning pregnancy or la	actating			
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)				
Prescribed by, or recommended by an ophthalmologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.				
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				

I confirm that the above details are correct:

Signed: ...... Date: .....