RS2062 - Etanercept

Arthritis - rheumatoid - INITIATION	4
Arthritis - rheumatoid - CONTINUATION	4
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	3
Delegational course invente diopartic at times - OOTTINOTION	
Polyarticular course juvenile idiopathic arthritis - INITIATION	2
Polyarticular course juvenile idiopathic arthritis - CONTINUATION	2
Psoriatic arthritis - INITIATION	6
Psoriatic arthritis - CONTINUATION	7
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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.

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		Name:		
		NHI:		
ept				
isites (tick Prescribe	quired 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		
and	The patient has had an initial Special Authority app (JIA)	proval for adalimumab for polyarticular course juvenile idiopathic arthritis		
	or _	effects from adalimumab from adalimumab to meet the renewal criteria for adalimumab for		
	Patient has had polyarticular course JIA for 6 monormals. At least 5 active joints and at least 3 joints we methotrexate (at the maximum tolerated dos of Moderate or high disease activity (cJADAS1) maximum tolerated dose)	with limited range of motion, pain or tenderness after a 3-month trial of		
ssment rec	quired after 6 months			
		specialist, or in accordance with a protocol or guideline that has been endorsed		
	·	erapy or monotherapy where use of methotrexate is limited by toxicity or		
or O	physician's global assessment from baseline	nt has at least a 50% decrease in active joint count and an improvement in trates at least a continuing 30% improvement in active joint count and sment from baseline		
	ept ON - poly sment rec sites (tick by the He and	DN – polyarticular course juvenile idiopathic arthritis is sites (tick boxes where appropriate) Prescribed by, or recommended by a rheumatologist or named by the Health NZ Hospital. The patient has had an initial Special Authority appropriate (JIA) The patient has had an initial Special Authority appropriate (JIA) The patient has experienced intolerable side or The patient has received insufficient benefit to polyarticular course JIA To be used as an adjunct to methotrexate therapy of and Patient has had polyarticular course JIA for 6 months and At least 5 active joints and at least 3 joints we methotrexate (at the maximum tolerated dose) Or Moderate or high disease activity (cJADAS10 maximum tolerated dose) To be used as an adjunct to methotrexate the intolerance or experienced intolerance intoleran		

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PRES	CRIB	BER		PATIENT:
Name	e:			
Ward	:			NHI:
Etan	erce	pt -	conti	nued
Re-a	ssess equis T	ment ites (1 Prescr	requitick b	rticular course juvenile idiopathic arthritis red 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	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	\bigcirc	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	ssess equis T	ment ites (1 Prescr	requitick b	ligoarticular course juvenile idiopathic arthritis red 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	O :	Subs	dised 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:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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PRES	SCRIB	BER		PATIENT:
Name	ə:			
Ward	:			NHI:
Etan	erce	pt -	conti	nued
Re-a	assess equis	ment ites (t	requick bibed	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		
			or	Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints
				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
				rthritis - rheumatoid red after 2 years
Prer	equis	ites (t	ick b	oxes where appropriate)
and		Prescri NZ Ho		by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health .
	and			nent is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or rance
	unu		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	О в	Etane	rcept to be administered at doses no greater than 50 mg every 7 days

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CRIBER			PATIENT:
			NHI:
rcept	- continue	d	
sessmer uisites 	nt required (tick boxe cribed by,	g spondylitis after 6 months s where appropria or recommended	ate) by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health N
ar		e patient has had	an initial Special Authority approval for adalimumab for ankylosing spondylitis
	or	The patient ha	as experienced intolerable side effects from adalimumab
		The patient ha ankylosing spo	as received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for condylitis
or _			
ar ar	Pa Pa Pa dru exe	tient has bilateral tient's ankylosing gs (NSAIDs), in cercise regimen for	spain and stiffness that is relieved by exercise but not by rest sacroiliitis demonstrated by plain radiographs, CT or MRI scan spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of a regular ankylosing spondylitis
	or	Bath Ankylosin 4 cm and lumb Patient has lim	nitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to par side flexion measurement of less than or equal to 10 cm (mean of left and right) nitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and
ar		gender (see Note	ondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale
re must	be no mo	re than 1 month o	mined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI old at the time of starting treatment.
e norm	al chest ex Age	pansion corrected Male	d for age and gender: Female
	18-24	7.0 cm	5.5 cm
	25-34	7.5 cm	5.5 cm
	35-44	6.5 cm	4.5 cm
	45-54	6.0 cm	5.0 cm
	55-64	5.5 cm	4.0 cm
	CE 74	4.0 cm	4.0 cm
	65-74		

I confirm that the above details are correct:

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PRES	CRII	BER			PATIENT:
Name):				
Ward:	·				NHI:
Etan	erce	ept -	conti	nued	
CON Re-a	TINU	JATION sment	I – a requ	nkylo ired a	psing spondylitis fter 6 months 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	. F			12 weeks' initial treatment and for subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more in pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less
	and	O F	Phys	ician c	considers that the patient has benefited from treatment and that continued treatment is appropriate
			Etane	ercept	to be administered at doses no greater than 50 mg every 7 days
Re-a	ssess equis	sites (t	requick b	ired at	thritis fter 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			$\overline{}$	Thou	patient has had an initial Special Authority approval for adalimumab or secukinumab for psoriatic arthritis
		and	or	O O	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	$ \begin{array}{c} O \\ O \end{array} $	Patie week	ent has had severe active psoriatic arthritis for six months duration or longer ent has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg kly or a maximum tolerated dose ent 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) Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints
				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	or or	0 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 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour 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	erce	pt -	- conti	inued			
Re-a	ssess	smen	t requ	soriatic arthritis ired after 6 months oxes where appropriate)			
and		Preso Hosp		by, or recommended by a rheumatologist, or in accordance	ee with a protocol or guideline that has been endorsed by the Health NZ		
		or	O O	clinically significant response to treatment in the opinion	ovement in active joint count from baseline and a clinically significant		
	and	0	Etane	ercept 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 oxes 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		
		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			

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Signed.	Date:	
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PRES	CRIB	ER			PATIENT:		
Name):				Name:		
Ward:	:				NHI:		
Etan	erce	pt	- cont	inued			
Re-a	ssess	men	t requ	e chronic plaque psoriasis, treatment-naive uired after 4 months poxes where appropriate)			
(and		Preso		by, or recommended by a dermatologist, or in accordance	e with a protocol or guideline that has been endorsed by the Health NZ		
		or	0	Patient has "whole body" severe chronic plaque psoriasi 10, where lesions have been present for at least 6 month	is with a Psoriasis Area and Severity Index (PASI) score of greater than hs from the time of initial diagnosis		
	OI		\circ	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 I diagnosis		
		0.	0		laque psoriasis where the plaques or lesions have been present for at h a Dermatology Life Quality Index (DLQI) score greater than 10		
	and		Patie follow	ent has tried, but had an inadequate response (see Note) wing (at maximum tolerated doses unless contraindicated	to, or has experienced intolerable side effects from, at least three of the): phototherapy, methotrexate, ciclosporin, or acitretin		
	and (С	treat		QI) assessment has been completed for at least the most recent prior preferably while still on treatment but no longer than 1 month following		
	and (С	The	most recent PASI or DLQI assessment is no more than 1	month old at the time of initiation		
while face, seve	still o hand re, an	n tre , foo d for	eatme t, gen the fa	nt but no longer than 1 month following cessation of the rital or flexural areas at least 2 of the 3 PASI symptom sul	eque psoriasis, a PASI score of greater than 10, as assessed preferably most recent prior treatment; for severe chronic plaque psoriasis of the bscores for erythema, thickness and scaling are rated as severe or very d is 30% or more of the face, palm of a hand or sole of a foot, as assessed ion of the most recent prior treatment.		

I confirm that the above details are correct:

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PRESCRIBER	PATIENT:
Name:	
Ward:	NHI:
Etanercept -	continued
Re-assessment	N – severe chronic plaque psoriasis required after 6 months tick boxes where appropriate)
	O Patient had "whole body" severe chronic plaque psoriasis at the start of treatment and
	Following each prior etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-etanercept treatment baseline value Following each prior etanercept treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value
or	O Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment
	Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values Following each prior etanercept treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value
or	
	Patient had severe chronic localised genital or flexural plaque psoriasis at the start of treatment The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI
	prior to commencing etanercept
and	Etanercept to be administered at doses no greater than 50 mg every 7 days
•	yoderma gangrenosum tick boxes where appropriate)
	ribed by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
and O and O	Patient has pyoderma gangrenosum* Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin,
and	azathioprine, or methotrexate) and not received an adequate response A maximum of 8 doses
Note: Indication	is marked with * are unapproved indications.

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PRES	CRIB	ER					PATIENT:				
Name):						Name:				
Ward:							NHI:				
Etan	erce	pt -	conti	nued							
	ieiupe A	rescr	ick b bed al.	oxes	rma gangrenosum where appropriate) recommended by a dermate s shown clinical improvemen		e with a protocol or guideline that has been endorsed by the Health NZ				
	and (and	\sim	Patient continues to require treatment A maximum of 8 doses								
Re-a	INITIATION – adult-onset Still's disease Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.										
		and	or	0	The patient has been started. The patient has experience	ed on tocilizumab for Ar	oproval for etanercept for adult-onset Still's disease (AOSD) OSD in a Health NZ Hospital ets from etanercept and/or tocilizumab at least a three-month trial of adalimumab and/or tocilizumab such that				
	or	and)))	Patie antiii		led to at least 6 months and methotrexate	chi criteria (J Rheumatol 1992;19:424-430) s of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal				
Re-a	ssess equis i	ment ites (t	requ ick b bed	ired a ox wh	onset Still's disease fter 6 months nere appropriate) recommended by a rheuma	tologist, or in accordan	ice with a protocol or guideline that has been endorsed by the Health NZ				
(<u></u>	he pa	tient	has a	a sustained improvement in i	nflammatory markers a	and functional status				

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PRES	CRIB	BER		PATIENT:						
Name	:			Name:						
Ward:				NHI:						
Etan	erce	pt -	conti	inued						
Re-as	ssess	men	t requ	erentiated spondyloarthritis ired after 6 months oxes where appropriate)						
(and			escribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ ospital.							
	and (and (and (and (0	Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip							
		0		nt 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 mum tolerated dose						
		0	Patie dose	nt has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day (or maximum tolerated)						
		0	Patie	nt has tried and not responded to at least three months of leflunomide at a dose of up to 20 mg daily (or maximum tolerated dose)						
		or	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 measured no more than one month prior to the date of this application						
			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						
Note:	Indi	catio	ns ma	rked with * are unapproved indications.						
Re-as	ssess	men	t requ	indifferentiated spondyloarthritis ired after 6 months oxes where appropriate)						
			O	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						
			\bigcirc	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 (0	Etane	ercept to be administered at doses no greater than 50 mg dose every 7 days						

I confirm that the above details are correct:

Signed: Date: