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:

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	R PATIENT:				
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	es (tick boxes where appropriate)				
or	Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection				
or	Patient has chronic hepatitis C and is co-infected with HIV				
O	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					
	RNA is less than 400,000IU/ml.				
	FION – Chronic hepatitis C - genotype 1 infection				
	ent required after 48 weeks es (tick boxes where appropriate)				
O Pres	escribed by, or recommended by a gastroenterologist, infectious disease specialist or general physician, or in accordance with a protocol o ideline that has been endorsed by the Health NZ Hospital.				
and	Patient has chronic hepatitis C, genotype 1				
and	Patient has had previous treatment with pegylated interferon and ribavirin				
O Patient has responder relapsed or					
	O Patient was a partial responder				
and	Patient is to be treated in combination with boceprevir				
INITIATION –	– Chronic Hepatitis C - genotype 1 infection treatment more than 4 years prior				
Re-assessme	ent required after 48 weeks es (tick boxes where appropriate)				
O 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.					
O	Patient has chronic hepatitis C, genotype 1				
Patient has had previous treatment with pegylated interferon and ribavirin					
	O Patient has responder relapsed				
	O Patient was a partial responder				
0	O Patient received interferon treatment prior to 2004				
and	Patient is to be treated in combination with boceprevir				

I confirm that the above details are correct:

Signed: Date:

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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	PRESCRIBE	ESCRIBER 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:	e: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 O 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) and Compensated liver disease 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:	rd: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 O 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) and Compensated liver disease 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 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-assessment 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 PA	TIENT:			
Name: Na	me:			
Ward: NH	II:			
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 and O Patient has a cutaneous T cell lymphoma* or O Patient has a myeloproliferative disorder* and O Remains intolerant of hydroxyurea and treatmer or O Patient is pregnant, planning pregnancy or lacta Note: Indications marked with * are unapproved indications	nt with anagrelide and busulfan remains clinically inappropriate			
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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Signed: Date: