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:	
Secukinumak	b		
Re-assessment	evere chronic plaque psoriasis, second-line biologic required after 4 months tick boxes where appropriate)		
O Prescri Hospita		ce with a protocol or guideline that has been endorsed by the Health NZ	
O 1	The patient has had an initial Special Authority approval for a Hospital, for severe chronic plaque psoriasis	dalimumab or etanercept, or has trialled infliximab in a Health NZ	
or	The patient has experienced intolerable side effects fro The patient has received insufficient benefit from adaling		
and	The patient has reserved insumoistic periodic normadalin	inamas, etahereept er iiiiiximas	
f e		ermatology Quality of Life Index (DLQI) assessment has been completed while still on treatment but no longer than 1 month following cessation of	
and O	The most recent PASI or DQLI assessment is no more than 1	month old at the time of application	
Re-assessment Prerequisites (t		ce with a protocol or guideline that has been endorsed by the Health NZ	
or	O Patient's PASI score has reduced by 75% or more (PAS	SI 75) as compared to baseline PASI prior to commencing secukinumab	
	O Patient has a Dermatology Quality of Life Index (DLQI) commencing secukinumab	improvement of 5 or more, as compared to baseline DLQI prior to	
and S	Secukinumab to be administered at a maximum dose of 300	mg monthly	

I confirm that the above details are correct:

Signed: Date:

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TRATION – severe chronic plaque psoriasis, first-line biologic -assessment required after 4 months -erequisites (tick boxes where appropriate) Prescribed by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ defended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ defended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ defended by a dermatology and the severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis or Palient has severe chronic localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis. Patient has review and the severe chronic localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis. Patient has rived, 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 contraind/cated): photobrerapy, methotrexate, ciclosporin, or actiretin and hand or present the plaque or plaques or lesions have been present for at least the most recent prior treatment course, preferably withlie still on reatment but no longer than 1 month following cessation of each prior treatment course is defined as a minimum of 12 weeks of freatment. "Inadequate response" is defined as: for whole body severe chronic plates, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the mote camp prior treatment for severe chronic plaque psoriasis of the face, hand, foot, genital or flexural areas, at least 2 of the six plays purpons us become prior treatment.	ne:		Name:
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	e: A treatmriasis, a PA ent prior tre erythema, t e of the fac trecent pr NTINUATIC assessmer requisites or	nent course is defined as a minimum of 12 weeks ASI score of greater than 10, as assessed preferable attention, for severe chronic plaque psoriasis of the thickness and scaling are rated as severe or very see, palm of a hand or sole of a foot, as assessed prior treatment. ON – severe chronic plaque psoriasis, first-line intrequired after 6 months (tick boxes where appropriate) Patient's PASI score has reduced by secukinumab Patient has a Dermatology Quality or to commencing secukinumab Patient had severe chronic localised and The patient has experienced a compared to the pre-treatment or Patient has a Dermatology Qu	of treatment. "Inadequate response" is defined as: for whole body severe chronic plate only while still on treatment but no longer than 1 month following cessation of the most face, hand, foot, genital or flexural areas, at least 2 of the 3 PASI symptom sub score severe, and for the face, palm of a hand or sole of a foot the skin area affected is 30% preferably while still on treatment but no longer than 1 month following cessation of the biologic 75% or more (PASI 75) as compared to baseline PASI prior to commencing f Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior genital or flexural plaque psoriasis at the start of treatment a reduction of 75% or more in the skin area affected, or sustained at this level, as to baseline value lality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI

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:		
Secu	ıkinu	ımab -	- continued			
			ylosing spondylitis, second-line biologic quired after 3 months			
			boxes where appropriate)			
and		Prescribe Hospital.	ed by, or recommended by a rheumatologist, or in accordance	ce with a protocol or guideline that has been endorsed by the Health NZ		
	(and) The	e patient has had an initial Special Authority approval for ad	alimumab and/or etanercept for ankylosing spondylitis		
		$\bigcap_{\mathbf{or}}$	The patient has experienced intolerable side effects from	a a reasonable trial of adalimumab and/or etanercept		
		С	Following 12 weeks of adalimumab and/or etanercept treand/or etanercept for ankylosing spondylitis	eatment, the patient did not meet the renewal criteria for adalimumab		
Re-a	CONTINUATION – ankylosing spondylitis, second-line biologic 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					
and	(lospital. Tol	lowing 12 weeks initial treatment of secukinumab treatment	r, BASDAI has improved by 4 or more points from pre-secukinumab		
	and	bas	seline on a 10 point scale, or by 50%, whichever is less			
	and (\sim	ysician considers that the patient has benefitted from treatm cukinumab to be administered at doses no greater than 300			

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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PRES	SCRIE	BER		PATIENT:
Name	e:			
Ward	:			NHI:
Secu	ıkinı	umab) - C	continued
Re-a	ssess equis	ment i	equ ck b bed	tic arthritis ired after 6 months poxes where appropriate) by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
		and	С	Patient has had an initial Special Authority approval for adalimumab, etanercept or infliximab for psoriatic arthritis
		and	or	O Patient has experienced intolerable side effects from adalimumab, etanercept or infliximab
			OI.	O 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	Patient has had severe active psoriatic arthritis for six months duration or longer
		and	J	Patient 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 maximum tolerated dose
		(С	Patient 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 a dose of up to 20 mg daily (or maximum tolerated doses)
		and	or	O Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints
			OI	O 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		O Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this
			or	application
			or	O 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
Re-a	ssess	ment i	equ	soriatic arthritis ired after 6 months
Piei	Prerequisites (tick boxes 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
		Or	C	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
		or	C	The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior secukinumab treatment in the opinion of the treating physician
	and	O s	Secu	kinumab to be administered at doses no greater than 300 mg monthly

I confirm that the above details are correct:

Signed: Date: