RS2125 - Tocilizumab

Rheumatoid	id Arthritis - INITIATION	4
	id Arthritis - CONTINUATION	
	id Arthritis (patients previously treated with adalimumab or etanercept) - INITIATION	
	t Still's disease - INITIATION	
	t Still's disease - CONTINUATION	
	elease syndrome - INITIATION	
	multicentric Castleman's disease - INITIATION	
idiopatnic n	multicentric Castleman's disease - CONTINUATION	/
	neckpoint inhibitor toxicity in malignancy* - INITIATION	
	neckpoint inhibitor toxicity in malignancy* - CONTINUATION	
	o severe COVID-19 - INITIATION	
Polyarticula	ar juvenile idiopathic arthritis - INITIATION	5
Polyarticula	ar juvenile idiopathic arthritis - CONTINUATION	7
Previous us	se - INITIATION	2
Systemic ju	uvenile idiopathic arthritis - INITIATION	4
	uvenile idiopathic arthritis - CONTINUATION	
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PRESCRIBER			PATIENT:
Name:			Name:
Ward	:		NHI:
Toci	lizur	mab	
Re-a	sses	sment r	tokine release syndrome equired after 3 doses ck boxes where appropriate)
		and	The patient has developed grade 3 or 4 cytokine release syndrome associated with the administration of blinatumomab for the treatment of acute lymphoblastic leukaemia Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses (if less than 30kg, maximum of 12 mg/kg)
	or	and and	The patient is enrolled in the Malaghan Institute of Medical Research ENABLE trial programme The patient has developed CRS or Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS) following CAR T-Cell therapy for the treatment of relapsed or refractory B-cell non-Hodgkin lymphoma Tocilizumab is to be administered according to the consensus guidelines for CRS or ICANS for CAR T-cell therapy at doses no greater than 8 mg/kg IV for a maximum of 3 doses
Re-a	ssess equis	sment re sites (tid	evious use equired after 6 months ck boxes where appropriate) ped by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health pital.
anu	and		Adult-onset Still's disease Polyarticular juvenile idiopathic arthritis Idiopathic multicentric Castleman's disease

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

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PRES	SCRIE	BER		PATIENT:
Name	e:			
Ward	l:			NHI:
Toci	lizun	nab	- con	ntinued
				natoid Arthritis (patients previously treated with adalimumab or etanercept) ired after 6 months
				poxes where appropriate)
and	O Prescribed by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance wit protocol or guideline that has been endorsed by the Health NZ Hospital.			
				patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis
		or	0	The patient has experienced intolerable side effects from adalimumab and/or etanercept
			0	The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis
	and			
		or	\circ	The patient is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor
			an	O The patient has been started on rituximab for rheumatoid arthritis in a Health NZ Hospital
			O The patient has experienced intolerable side effects from rituximab or	
				At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis

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SCRI	BER		PATIENT:
ne:			Name:
d:			NHI:
ilizu	mab	- coi	ntinued
asses erequi	smer sites Prese	nt requ (tick b cribed	matoid Arthritis uired after 6 months boxes where appropriate) by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a guideline that has been endorsed by the Health NZ Hospital.
and	citrullinated peptide (CCP) antibody positive) for six months duration or longer		ent has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic linated peptide (CCP) antibody positive) for six months duration or longer
and	\circ	Tocil	izumab is to be used as monotherapy
	or	0	Treatment with methotrexate is contraindicated
and	_	\bigcirc	Patient has tried and did not tolerate oral and/or parenteral methotrexate
and	or	0	Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of ciclosporin alone or in combination with another agent
			Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent
and			
	or	0	Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints Patient has persistent symptoms of poorly controlled and active disease in at least four active 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	C-reactive protein levels 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
asses	sites Prese proto	trequent requestions (tick to color or color paties)	mic juvenile idiopathic arthritis uired after 6 months boxes where appropriate) by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a guideline that has been endorsed by the Health NZ Hospital.
	\cup	Patie	ent has tried and not responded to a reasonable trial of all of the following, either alone or in combination: oral or parenteral notrexate; non-steroidal anti-inflammatory drugs (NSAIDs); and systemic corticosteroids

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PRESCR	IBER		PATIENT:		
Name:			Name:		
Vard:			NHI:		
ocilizu	ımab	- con	ntinued		
INITIATI Re-asse Prerequ	ON – ad ssment isites (dult-d requ tick b	bonset Still's disease ired after 6 months oxes where appropriate) by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a guideline that has been endorsed by the Health NZ Hospital.		
and	and	or	The patient has had an initial Special Authority approval for adalimumab and/or etanercept for adult-onset Still's disease (AOSD) The patient has been started on tocilizumab for AOSD in a Health NZ Hospital The patient has experienced intolerable side effects from adalimumab and/or etanercept The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for AOSD		
or	and	Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430) Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate Patient has persistent symptoms of disabling poorly controlled and active disease			
Re-asse	ssment isites (Prescr	requ tick b ibed	ticular juvenile idiopathic arthritis ired after 4 months oxes where appropriate) by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a guideline that has been endorsed by the Health NZ Hospital.		
or	and and and	0 0	The patient has had an initial Special Authority approval for both etanercept and adalimumab for polyarticular course juvenile idiopathic arthritis (JIA) The patient has experienced intolerable side effects, or has received insufficient benefit from, both etanercept and adalimumab Treatment with a tumour necrosis factor alpha inhibitor is contraindicated Patient has had polyarticular course JIA for 6 months duration or longer To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose) Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose)		
			O Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate		

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PRES	CRI	BER		PATIENT:	
Name:				Name:	
Ward:				NHI:	
Tocil	izu	mab	- continued		
INITI Re-a	ATIC sses equi	Preso or in	diopathic multicentric Castleman's disease It required after 6 months (tick boxes where appropriate) cribed by, or recommended by a haematologist, rheumatologist accordance with a protocol or guideline that has been endorsed Patient has severe HHV-8 negative idiopathic multicentric Cast Treatment with an adequate trial of corticosteroids has proven	tleman's disease ineffective	
			Tocilizumab to be administered at doses no greater than 8 mg/	kg IV every 3-4 weeks	
Re-a	sses	smen	moderate to severe COVID-19 It required after 1 dose (tick boxes where appropriate)		
	and and and		Patient has confirmed (or probable) COVID-19 Oxygen saturation of < 92% on room air, or requiring supplementation is receiving adjunct systemic corticosteroids, or system Tocilizumab is to be administered at doses no greater than 8m Tocilizumab is not to be administered in combination with barcing	g/kg IV for a maximum of one dose	
Re-a	sses	smen sites Preso	col or guideline that has been endorsed by the Health NZ Hosp	50% decrease in active joint count from baseline and a clinically	
		0	On subsequent reapplications, the patient demonstrates at lea a clinically significant response to treatment in the opinion of the	st a continuing 30% improvement in active joint count from baseline and ne physician	
CONTINUATION – systemic juvenile idiopathic arthritis Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.					
	or	0	Following up to 6 months' initial treatment, the patient has ach improvement criteria (ACR Pedi 30) response from baseline On subsequent reapplications, the patient demonstrates at lea	st a continuing ACR Pedi 30 response from baseline	

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Name:	Name:			
Ward:	NHI:			
Tocilizumab - continued				
CONTINUATION – adult-onset Still's disease Re-assessment required after 6 months Prerequisites (tick box where appropriate) O Prescribed by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The patient has a sustained improvement in inflammatory markers and functional status				
CONTINUATION – polyarticular juvenile idiopathic arthritis Re-assessment required after 6 months				
protocol or guideline that has been endorsed by the Health NZ Hosp				
and	or monotherapy where use of methotrexate is limited by toxicity or			
physician's global assessment from baseline	s at least a 50% decrease in active joint count and an improvement in s at least a continuing 30% improvement in active joint count and at from baseline			
CONTINUATION – idiopathic multicentric Castleman's disease Re-assessment required after 12 months Prerequisites (tick box where appropriate) Or Prescribed by, or recommended by a haematologist, rheumatologist or Practitioner on the recommendation of a haematologist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The treatment remains appropriate and the patient has a sustained improvement in inflammatory markers and functional status				
INITIATION – immune checkpoint inhibitor toxicity in malignancy* Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health				
NZ Hospital.	immune toxicity following immune checkpoint inhibitor treatment for rticosteroids			

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Name:	Name:			
Ward:	NHI:			
Tocilizumab - continued				
CONTINUATION – immune checkpoint inhibitor toxicity in malignancy* Re-assessment required after 4 months Prerequisites (tick boxes where appropriate)				
Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Hea NZ Hospital. The individual has shown clinical improvement and ongoing treatment is required				
Note: Indications marked with * are unapproved indications.				