

RS2177 - Etanercept

Still's disease - adult-onset (AOSD) - INITIATION	7
Ankylosing spondylitis - INITIATION	4
Ankylosing spondylitis - CONTINUATION	4
Arthritis - oligoarticular course juvenile idiopathic - INITIATION	2
Arthritis - oligoarticular course juvenile idiopathic - CONTINUATION	2
Arthritis - polyarticular course juvenile idiopathic - INITIATION	2
Arthritis - polyarticular course juvenile idiopathic - CONTINUATION	2
Arthritis - psoriatic - INITIATION	5
Arthritis - psoriatic - CONTINUATION	5
Arthritis - rheumatoid - INITIATION	3
Arthritis - rheumatoid - CONTINUATION	3
Plaque psoriasis - CONTINUATION	6
Plaque psoriasis, prior TNF use - INITIATION	5
Plaque psoriasis, treatment-naive - INITIATION	6
Pyoderma gangrenosum* - INITIATION	7
Undifferentiated spondyloarthritis - INITIATION	7
Undifferentiated spondyloarthritis - CONTINUATION	8

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:

Etanercept

INITIATION – arthritis - polyarticular course juvenile idiopathic

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Patient has had a Special Authority approval for adalimumab for polyarticular course juvenile idiopathic arthritis (JIA)
and

Patient has experienced intolerable side effects

or
 Patient has received insufficient benefit to meet the renewal criteria for polyarticular course JIA

or
 At least 5 active joints and at least 3 joints with pain, tenderness or a limited range of motion after a 3-month trial of methotrexate at the maximum tolerated dose, unless contraindicated

or
 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate at the maximum tolerated dose, unless contraindicated

or
 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate

CONTINUATION – arthritis - polyarticular course juvenile idiopathic

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

Following initial treatment, at least a 50% decrease in active joint count from baseline

or
 On subsequent reapplications, at least a continuing 30% improvement in active joint count from baseline

INITIATION – arthritis - oligoarticular course juvenile idiopathic

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Patient has had a Special Authority approval for adalimumab for oligoarticular course juvenile idiopathic arthritis (JIA)
and

Patient has experienced intolerable side effects

or
 Patient has received insufficient benefit to meet the renewal criteria for oligoarticular course JIA

or
 At least 2 active joints with pain, tenderness or a limited range of motion, after a 3-month trial of methotrexate at the maximum tolerated dose, unless contraindicated

or
 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, unless contraindicated

CONTINUATION – arthritis - oligoarticular course juvenile idiopathic

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

Following initial treatment, at least a 50% decrease in active joint count from baseline

or
 On subsequent reapplications, at least a continuing 30% improvement in active joint count from baseline

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

PATIENT:

Name:

Name:

Ward:

NHI:

Etanercept - continued

INITIATION – arthritis - rheumatoid

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Patient has had a Special Authority approval for adalimumab for rheumatoid arthritis

and

Patient has experienced intolerable side effects

or

Patient has received insufficient benefit to meet the renewal criteria for rheumatoid arthritis

or

Patient has had rheumatoid arthritis (either confirmed by radiologic imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive)

and

Patient has received insufficient benefit from at least 3 months of methotrexate at a maximum tolerated dose (unless contraindicated)

and

Patient has received insufficient benefit from at least 3 months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses unless contraindicated)

and

Patient has received insufficient benefit from at least 3 months of methotrexate in combination with the maximum tolerated dose of ciclosporin, unless contraindicated

or

Patient has received insufficient benefit from at least 3 months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate, unless contraindicated

and

Patient has persistent symptoms of poorly controlled and active disease in at least 15 joints

or

Patient has persistent symptoms of poorly controlled and active disease in at least 4 joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip

CONTINUATION – arthritis - rheumatoid

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

Following initial treatment, at least a 50% decrease in active joint count from baseline

or

On subsequent reapplications, at least a continuing 30% improvement in active joint count from baseline

and

Maximum dose 50 mg every 7 days

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

PATIENT:

Name:

Ward: NHI:

Etanercept - continued

INITIATION – ankylosing spondylitis

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Patient has had a Special Authority approval for adalimumab for ankylosing spondylitis

and

Patient has experienced intolerable side effects

or

Patient has received insufficient benefit to meet the renewal criteria for ankylosing spondylitis

or

Patient has a confirmed diagnosis of ankylosing spondylitis

and

Patient has low back pain and stiffness that is relieved by exercise but not by rest

and

Patient has bilateral sacroiliitis demonstrated by radiologic imaging

and

Disease has not responded adequately to treatment with two or more NSAID (unless contraindicated) while patient was undergoing at least 3 months of a regular exercise regimen for ankylosing spondylitis

and

Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following BASMI measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right)

or

Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender

and

BASDAI score of at least 6 on a 10-point scale completed after 3-month exercise trial before ceasing any previous pharmacological treatment and not more than 1 month before the application

CONTINUATION – ankylosing spondylitis

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

BASDAI has improved from pre-treatment baseline either by at least 4 points on a 10-point scale, or by at least 50%

and

Maximum dose 50 mg every 7 days

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

Name:

Ward:

PATIENT:

Name:

NHI:

Etanercept - continued

INITIATION – arthritis - psoriatic

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Patient has had a Special Authority approval for adalimumab or secukinumab for psoriatic arthritis

and

Patient has experienced intolerable side effects

or

Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis

or

Patient has received insufficient benefit from at least 3 months of methotrexate at maximum tolerated dose unless contraindicated

and

Patient received insufficient benefit from at least 3 months of sulfasalazine or leflunomide at maximum tolerated dose unless contraindicated

and

Patient has persistent symptoms of poorly controlled and active disease in at least 15 joints

or

Patient has persistent symptoms of poorly controlled and active disease in at least 4 joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip

and

Patient has CRP greater than 15 mg/L measured within one month before the application

or

Patient has an ESR greater than 25 mm per hour measured within one month before the application

or

ESR and CRP not measured as patient is receiving prednisone therapy greater than 5 mg per day received for more than 3 months

CONTINUATION – arthritis - psoriatic

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

Following initial treatment, at least a 50% decrease in active joint count from baseline

or

At least a continuing 30% improvement in active joint count from baseline

and

Maximum dose 50 mg every 7 days

INITIATION – plaque psoriasis, prior TNF use

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Patient has had a Special Authority approval for adalimumab for plaque psoriasis

and

Patient has experienced intolerable side effects

or

Patient has received insufficient benefit to meet the renewal criteria for adalimumab for plaque psoriasis

and

Patient must be reassessed for continuation after 3 doses

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

PATIENT:

Name:

Name:

Ward:

NHI:

Etanercept - continued

INITIATION – plaque psoriasis, treatment-naive

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- Patient has "whole body" severe chronic plaque psoriasis with a PASI score of greater than 10
- or
- Patient has plaque psoriasis of the face, or palm of a hand, or sole of a foot
- or
- Patient has localised genital or flexural plaque psoriasis with a DLQI score greater than 10

and

- Patient has received insufficient benefit from (see Note), or has experienced intolerable side effects from, at least 3 of the following at maximum tolerated doses (unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin

and

- A PASI assessment or DLQI assessment has been completed for the most recent prior treatment course within 1 month of stopping that treatment

and

- The most recent PASI or DLQI assessment is within 1 month of before the application

Note: "Insufficient benefit" is defined as: for whole body plaque psoriasis, a PASI score of greater than 10, for plaque psoriasis of the face, hand, foot, genital or flexural areas at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and for the face, palm of a hand or sole of a foot the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. As assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

CONTINUATION – plaque psoriasis

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

- Patient had "whole body" plaque psoriasis at the start of treatment

and

- Patient has a PASI score which is reduced by 75% or more, or is sustained at this level, compared with the pre-treatment baseline
- or
- Patient has a DLQI improvement of 5 or more, compared with the pre-treatment baseline

or

- Patient had plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment

and

- 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, compared to the pre-treatment baseline
- or
- Patient has a reduction of 75% or more in the skin area affected, or sustained at this level, compared to the pre-treatment baseline

or

- Patient had localised genital or flexural plaque psoriasis at the start of treatment

and

- Patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, compared to the pre-treatment baseline
- or
- Patient has a DLQI improvement of 5 or more, compared to the pretreatment baseline

and

- Maximum 50 mg every 7 days

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

Name:

Ward:

PATIENT:

Name:

NHI:

Etanercept - continued

INITIATION – pyoderma gangrenosum*

Prerequisites (tick boxes where appropriate)

- Patient has received insufficient benefit from 3 months of conventional therapy including a minimum of 3 pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate). Where conventional pharmaceuticals are contraindicated, a 3-month trial has occurred of those that are not contraindicated
- and**
- Maximum of 8 doses every 4 months

Note: Indications marked with * are unapproved indications.

INITIATION – Still's disease - adult-onset (AOSD)

Prerequisites (tick boxes where appropriate)

- Patient has had a Special Authority approval for adalimumab or tocilizumab for AOSD
- and**
- Patient has experienced intolerable side effects
- or**
- Patient has received insufficient benefit to meet the new renewal criteria from at least a 3-month trial of adalimumab or tocilizumab
- or**
- Patient diagnosed with AOSD according to the Yamaguchi criteria
- and**
- Patient has tried and received insufficient benefit from at least 6 months of corticosteroids at a dose of at least 0.5 mg/kg prednisone-equivalents, NSAIDs and methotrexate, unless contraindicated
- and**
- Patient has persistent symptoms of disabling poorly controlled and active disease

INITIATION – undifferentiated spondyloarthritis

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least 4 joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip
- and**
- Patient has received insufficient benefit from at least 3 months of each of methotrexate, sulfasalazine, and leflunomide at maximum tolerated doses, unless contraindicated
- and**
- Patient has a CRP level greater than 15 mg/L measured within one month before the application
- or**
- Patient has an ESR greater than 25 mm per hour measured within one month before the application
- or**
- ESR and CRP not measured as patient is currently receiving prednisone therapy greater than 5 mg per day received for more than three months

Note: Indications marked with * are unapproved indications.

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

Name:

Ward:

PATIENT:

Name:

NHI:

Etanercept - *continued*

CONTINUATION – undifferentiated spondyloarthritis

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

- or**
- Following initial treatment, the patient has experienced at least a 50% decrease in active joint count from baseline
 - Patient has experienced at least a continuing 30% improvement in active joint count from baseline

and

- Maximum 50 mg dose every 7 days

I confirm that the above details are correct:

Signed: Date: