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

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Secukinumab

INITIATION – plaque psoriasis
Re-assessment required after 6 months
Prerequisites (tick boxes where appropriate)

- ○ Patient has "whole body" plaque psoriasis with a PASI score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis

  or

- ○ Patient has plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis

  or

- ○ Patient has 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, and with a DLQI score greater than 10

and

- ○ Patient has received insufficient benefit (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 DQLI assessment is within 1 month before the application

or

- ○ Patient has had a Special Authority approval for adalimumab, etanercept, or infliximab, for plaque psoriasis

and

- ○ Patient has experienced intolerable side effects

  or

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

and

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

and

- ○ The most recent PASI or DQLI assessment is within 1 month before the application

Note: A treatment course is defined as a minimum of 12 weeks of treatment. "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 sub scores 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.

I confirm that the above details are correct:

Signed: ..... Date: .....

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PRESCRIBER

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Secukinumab *- continued*

CONTINUATION – plaque psoriasis
Re-assessment required after 6 months
Prerequisites (tick boxes where appropriate)

- ○ Patient's PASI score has reduced by 75% or more compared to pre-secukinumab baseline
- **and**
- ○ Patient has a DLQI improvement of 5 or more compared to pre-secukinumab 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-secukinumab baseline
- **or**
- ○ Patient has a DLQI improvement of 5 or more, compared to pre-secukinumab baseline

and

○ Maximum dose 300 mg monthly

INITIATION – ankylosing spondylitis, second-line biologic
Re-assessment required after 3 months
Prerequisites (tick boxes where appropriate)

○ Patient has had a Special Authority approval for adalimumab or etanercept for ankylosing spondylitis

and

- ○ Patient has experienced intolerable side effects
- **or**
- ○ Patient has received insufficient benefit to meet the renewal criteria for ankylosing spondylitis

CONTINUATION – ankylosing spondylitis, second-line biologic
Re-assessment required after 6 months
Prerequisites (tick boxes where appropriate)

○ BASDAI has improved from the pre-secukinumab baseline either by at least 4 points on a 10-point scale, or by at least 50%, whichever is less

and

○ Maximum dose 300 mg monthly

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Signed: ..... Date: .....

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PRESCRIBER

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Secukinumab *- continued*

INITIATION – arthritis - psoriatic
Re-assessment required after 6 months
Prerequisites (tick boxes where appropriate)

- ○ Patient has had a Special Authority approval for adalimumab, etanercept or infliximab 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 a maximum tolerated dose unless contraindicated

and

- ○ Patient has received insufficient benefit from at least 3 months of sulfasalazine or leflunomide at maximum tolerated doses 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

- ○ CRP greater than 15 mg/L measured within one month before the application

or

- ○ 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 6 months
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 300 mg monthly

I confirm that the above details are correct:

Signed: ..... Date: .....