

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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**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

☐ 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

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