



PROPOSAL RELATING TO FUNDED ACCESS TO INFLIXIMAB, ETANERCEPT, SECUKINUMAB AND RITUXIMAB

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Tena koe

Arthritis NZ- Mateponapona Aotearoa appreciates the opportunity to provide feedback on the Pharmac proposal to update funded access criteria for infliximab, etanercept, secukinumab and rituximab. We are responding with support of the submission from the The New Zealand Rheumatology Association (NZRA).

Along with NZRA we support Pharmac's intention to streamline and align criteria, consistent with the 2022 adalimumab access changes, and broadly endorses the direction of the proposal. NZRA highlights several areas requiring amendment to ensure consistency, equity, and clinical best practice.

1. Special Authority Duration

Arthritis NZ supports extending initial approvals to 6 months and renewals to 2 years. Adjustments are requested where inconsistencies remain:

- Shift initial approvals currently set at 3–4 months (for secukinumab in AS; etanercept in PG; etanercept, infliximab and secukinumab in plaque psoriasis) to 6 months.
- Align secukinumab renewal periods with other biologics by extending renewals to 2 years.

2. Prescriber Eligibility

Arthritis NZ strongly endorses the proposal enabling any “relevant practitioner” to apply for funded access.

3. Simplifying Criteria and Ensuring Alignment

Arthritis NZ strongly supports the following NZRA recommendations:

- Replacing “swollen joints” with “active disease” across all indications.
- Aligning joint count requirements across biologics, including reducing rituximab's threshold from 20 to 15 active joints.
- Standardising infliximab dosing to up to 5 mg/kg every 6–8 weeks for all rheumatology indications.

4. Removal of Inequitable or Outdated Requirements

Arthritis NZ strongly agrees with the NZRA in:

- Removal of CRP/ESR thresholds that persist for rituximab in RA and all biologics in psoriatic arthritis, noting significant inequity and deviation from international guidelines.
- Removal of the mandatory prolonged prednisone exposure for psoriatic arthritis, which is unsafe, outdated, and inconsistent with best practice.

5. Implementation

Arthritis NZ supports a single implementation date and discourages phased rollouts. No additional implementation support is considered necessary beyond clear communication of the changes.

6. Responses to Pharmac's Specific Questions

Arthritis NZ agrees with the the following summary by NZRA:

- Removing the 6-month confirmed diagnosis requirement for etanercept (AS), secukinumab (PsA), and rituximab (RA) will not alter treatment volumes but will significantly improve timely access where clinically appropriate.
- For Still's disease, Arthritis NZ supports reducing the required glucocorticoid duration from 6 months to 3 months to minimise steroid-related harm.
- Arthritis NZ strongly advocates for allowing Riximyo to be used for both relapse and 6-monthly maintenance therapy in SLE following a partial or full response to initial treatment.

These recommendations all support the stated aims of NZRA to ensure consistency, equity, and clinical best practice and are endorsed and supported by Arthritis NZ the voice of people suffering from inflammatory arthritis

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