

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER Reg No:** .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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Fax Number: .....      Fax Number: .....

### Multiple Sclerosis

#### Initial application — Multiple sclerosis

Applications only from a neurologist or general physician. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation
- and  Patients must have Clinically Definite Relapsing multiple sclerosis with or without underlying progression
- and  Patients must have an EDSS score between 0 – 6.0
- and  Patient has had at least 1 significant relapse of multiple sclerosis in the previous 12 months or 2 significant relapses in the past 24 months
- and
  - Each significant relapse must be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse, but the neurologist/physician must be satisfied that the clinical features were characteristic)
  - and  Each significant relapse is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s)
  - and  Each significant relapse has lasted at least one week and has started at least one month after the onset of a previous relapse
  - and  Each significant relapse can be distinguished from the effects of general fatigue; and is not associated with a fever ( $T > 37.5^{\circ}\text{C}$ )
  - and
    - Each significant relapse is severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point
    - or  Each significant relapse is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom)
- and  Evidence of new inflammatory activity on an MR scan within the past 24 months
- and
  - A sign of that new inflammatory activity is a gadolinium enhancing lesion
  - or  A sign of that new inflammatory activity is a lesion showing diffusion restriction
  - or  A sign of that new inflammatory is a T2 lesion with associated local swelling
  - or  A sign of that new inflammatory activity is a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse that occurred within the last 2 years
  - or  A sign of that new inflammatory activity is new T2 lesions compared with a previous MR scan

Note: Natalizumab can only be dispensed from a pharmacy registered in the Tysabri Australasian Prescribing Programme operated by the supplier. Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

I confirm the above details are correct and that in signing this form I understand I may be audited.

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

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)

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**Multiple Sclerosis** - *continued*

**Renewal — Multiple sclerosis**

Current approval Number (if known):.....

Applications only from a neurologist or general physician. Approvals valid for 12 months.

**Prerequisites**(tick box where appropriate)

Patient has had an EDSS score of 0 to 6.0 (inclusive) with or without the use of unilateral or bilateral aids at any time in the last six months (i.e. the patient has walked 100 metres or more with or without aids in the last six months)

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