RS1922 - Adalimumab (Humira - Alternative brand)

(
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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:
Adalimumab (Humira - Alternative brand)	
INITIATION – Behcet's disease – severe Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by any relevant practitioner, or in a NZ Hospital. and	accordance with a protocol or guideline that has been endorsed by the Health
or	Amgevita e Humira brand of adalimumab for this indication
CONTINUATION – Behcet's disease – severe Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	ing every 14 days
Prescribed by, or recommended by any relevant practitioner, or in a NZ Hospital. The patient has had a good clinical response to treatment wit and Adalimumab to be administered at doses no greater than 40	
INITIATION – Hidradenitis suppurativa Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Or prescribed by, or recommended by a dermatologist or Practitioner or guideline that has been endorsed by the Health NZ Hospital.	on the recommendation of a dermatologist, or in accordance with a protocol
or	Amgevita e Humira brand of adalimumab for this indication

I confirm that the above details are correct:

Signed: Date:

July 2025

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Adalimumab (Humira - Alternative brand) - continued	
CONTINUATION – Hidradenitis suppurativa Re-assessment required after 6 months	
Prerequisites (tick boxes where appropriate)	
O Prescribed by, or recommended by a dermatologist or Practitioner or or guideline that has been endorsed by the Health NZ Hospital.	n the recommendation of a dermatologist, or in accordance with a protocol
The patient has a reduction in active lesions (e.g. inflammator and	ry nodules, abscesses, draining fistulae) of 25% or more from baseline
The patient has a Dermatology Quality of Life Index improvem and	ent of 4 or more from baseline
Adalimumab is to be administered at doses no greater than 40	Omg every 7 days. Fortnightly dosing has been considered
INITIATION – Psoriasis - severe chronic plaque Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	
Prescribed by, or recommended by a dermatologist or Practitioner or or guideline that has been endorsed by the Health NZ Hospital.	n the recommendation of a dermatologist, or in accordance with a protocol
O The patient has experienced intolerable side effects from	n adalimumab (Amgevita) following a minimum of 4 weeks treatment
Patient has developed symptoms of loss of disease conto (Amgevita) and clinician attributes this loss of disease re	trol following a minimum of 4 weeks treatment with adalimumab esponse to a change in treatment regimen
and Patient has received a maximum of 6 months treatment with A	amgevita
O Patient has previously had a Special Authority approval for the	Humira brand of adalimumab for this indication
and	
Adalimumab to be administered at doses no greater than 40 m	ng every 14 days

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PRESCRIBER	PATIENT:	
Name:	Name:	
Ward:	. NHI:	
Adalimumab (Humira - Alternative brand) - continued		
CONTINUATION – Psoriasis - severe chronic plaque Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a dermatologist or Practitioner or guideline that has been endorsed by the Health NZ Hospital. and	on the recommendation of a dermatologist, or in accordance with a protocol	
Patient had "whole body" severe chronic plaque	psoriasis at the start of treatment	
or or is sustained at this level, when or	nt course the patient has a PASI score which is reduced by 75% or ompared with the pre-adalimumab treatment baseline value	
Following each prior adalimumab treatme improvement of 5 or more, when compare	nt course the patient has a Dermatology Quality of Life Index (DLQI) and with the pre-treatment baseline value	
or		
Patient had severe chronic plaque psoriasis of the and	ne face, or palm of a hand or sole of a foot at the start of treatment	
	nt course the patient has a reduction in the PASI symptom subscores ig, to slight or better, or sustained at this level, as compared to the	
	nt course the patient has a reduction of 75% or more in the skin area pared to the pre-adalimumab treatment baseline value	
and O Adalimumab to be administered at doses no greater than 40	mg every 14 days	
INITIATION – Pyoderma gangrenosum Re-assessment required after 6 months		
Prerequisites (tick boxes where appropriate)		
O Prescribed by, or recommended by a dermatologist, or in accordant Hospital.	nce with a protocol or guideline that has been endorsed by the Health NZ	
O The patient has experienced intolerable side effects fr	om adalimumab (Amgevita) following a minimum of 4 weeks treatment	
	ontrol following a minimum of 4 weeks treatment with adalimumab response to a change in treatment regimen	
and O Patient has received a maximum of 6 months treatment with	Amgevita	
O Patient has previously had a Special Authority approval for t	he Humira brand of adalimumab for this indication	
A maximum of 8 doses		

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July 2025

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PRESCRIBER	PATIENT:	
Name:	Name:	
Ward:	NHI:	
Adalimumab (Humira - Alternative brand) - continued		
CONTINUATION – Pyoderma gangrenosum Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a dermatologist, or in accordance Hospital.	with a protocol or guideline that has been endorsed by the Health NZ	
The patient has demonstrated clinical improvement and continuand A maximum of 8 doses	ues to require treatment	
protocol or guideline that has been endorsed by the Health NZ Hospit The patient has experienced intolerable side effects from and a maximum of 6 months treatment with Amgevita Patient has developed symptoms of loss of disease contrest of months treatment with Amgevita and clinician attributes or	adalimumab (Amgevita) following a minimum of 4 weeks treatment, rol following a minimum of 4 weeks treatment, and a maximum of s this loss of disease response to a change in treatment regimen ease destabilisation if there were to be a change to current treatment Humira brand of adalimumab for this indication	
CONTINUATION – Crohn's disease - adult Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a gastroenterologist or Practitione protocol or guideline that has been endorsed by the Health NZ Hospit and	er on the recommendation of a gastroenterologist, or in accordance with a tal.	
O CDAI score has reduced by 100 points from the CDAI score or O CDAI score is 150 or less O The patient has demonstrated an adequate response to tended and O Adalimumab to be administered at doses no greater than 40 mg	creatment, but CDAI score cannot be assessed	

I confirm that the above details are correct:

Signed: Date:

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Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2025

PRESCRIBER				PATIENT:
Name:				
Ward:				NHI:
Adal	imu	mak	(Hu	mira - Alternative brand) - continued
Re-a	sses	smen	t requ	's disease - children ired after 6 months oxes where appropriate)
and				by, or recommended by a gastroenterologist or Practitioner on the recommendation of a gastroenterologist, or in accordance with a guideline that has been endorsed by the Health NZ Hospital.
		or	OOO	The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen Patient has Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment
	and	\circ		nt has previously had a Special Authority approval for the Humira brand of adalimumab for this indication mumab to be administered at doses no greater than 40 mg every 14 days
Re-a	sses:	Preso proto or or	t requ (tick b cribed	by, or recommended by a gastroenterologist or Practitioner on the recommendation of a gastroenterologist, or in accordance with a guideline that has been endorsed by the Health NZ Hospital. PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on adalimumab PCDAI score is 15 or less The patient has demonstrated an adequate response to treatment, but PCDAI score cannot be assessed
	and	0	Adali	mumab to be administered at doses no greater than 40 mg every 14 days
Re-a	ssess equis	smen sites Preso	t requ (tick b cribed	's disease - fistulising ired after 6 months oxes where appropriate) by, or recommended by a gastroenterologist or Practitioner on the recommendation of a gastroenterologist, or in accordance with a guideline that has been endorsed by the Health NZ Hospital.
	and	or or	O O	The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen Patient has Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment on the previously had a Special Authority approval for the Humira brand of adalimumab for this indication
	and	0		mumab to be administered at doses no greater than 40 mg every 14 days

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2025

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Adalimumab (Humira - Alternative brand) - continued	
CONTINUATION – Crohn's disease - fistulising Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	
protocol or guideline that has been endorsed by the Health NZ Hos	ner on the recommendation of a gastroenterologist, or in accordance with a pital.
O The number of open draining fistulae have decreased f	rom baseline by at least 50%
	stula(e) from baseline as demonstrated by a reduction in the Fistula attent-reported pain
Adalimumab to be administered at doses no greater than 40	mg every 14 days
INITIATION – Ocular inflammation – chronic Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)	
O Prescribed by, or recommended by any relevant practitioner, or in a NZ Hospital.	ccordance with a protocol or guideline that has been endorsed by the Health
or Patient has developed symptoms of loss of disease commaximum of 6 months treatment with Amgevita and claregimen or Patient has uveitis and is considered to be at risk of visions.	m adalimumab (Amgevita) following a minimum of 4 weeks treatment, ntrol following a minimum of 4 weeks treatment with Amgevita, and a inician attributes this loss of disease response to a change in treatment ion loss if they were to change treatment
Patient has previously had a Special Authority approval for the and Adalimumab to be administered at doses no greater than 40	
CONTINUATION – Ocular inflammation – chronic Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)	
O Prescribed by, or recommended by any relevant practitioner, or in a NZ Hospital.	ccordance with a protocol or guideline that has been endorsed by the Health
O The patient has had a good clinical response following	12 weeks' initial treatment
Uveitis Nomenclature (SUN) criteria < ½+ anterior char resolution of uveitic cystoid macular oedema)	has had a sustained reduction in inflammation (Standardisation of nber or vitreous cells, absence of active vitreous or retinal lesions, or has a sustained steroid sparing effect, allowing reduction in prednisone
to < 10mg daily, or steroid drops less than twice daily if and Adalimumab to be administered at doses no greater than 40	

July 2025

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Adalimumab (Humira - Alternative brand) - col	ntinued
INITIATION – Ocular inflammation – severe Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)	
O Prescribed by, or recommended by any relevant p NZ Hospital.	practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
The patient has experienced intolerab	ole side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, nt with Amgevita
Patient has developed symptoms of lomaximum of 6 months treatment with regimen	oss of disease control following a minimum of 4 weeks treatment with Amgevita, and a n Amgevita and clinician attributes this loss of disease response to a change in treatment
O Patient has uveitis and is considered	to be at risk of vision loss if they were to change treatment
Patient has previously had a Special Author and Adalimumab to be administered at doses no	rity approval for the Humira brand of adalimumab for this indication or greater than 40 mg every 14 days
CONTINUATION – Ocular inflammation – severe Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)	
Prescribed by, or recommended by any relevant p NZ Hospital.	practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
O The patient has had a good clinical re	esponse following 3 initial doses
Following each 12-month treatment p Uveitis Nomenclature (SUN) criteria < resolution of uveitic cystoid macular o or	eriod, the patient has had a sustained reduction in inflammation (Standardisation of ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or redema)
Following each 12-month treatment p to < 10mg daily, or steroid drops less	eriod, the patient has a sustained steroid sparing effect, allowing reduction in prednisone than twice daily if under 18 years old
Adalimumab to be administered at doses no	o greater than 40 mg every 14 days

I confirm that the above details are correct:	
Signed:	Date:

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PRES	CRIB	ER	PATIENT:
Name	:		Name:
Ward			NHI:
Adal	imur	nab	(Humira - Alternative brand) - continued
INITI Re-a	ATIOI ssess equis	N – a men ites	inkylosing spondylitis t required after 6 months (tick boxes where appropriate) pribed by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a col or guideline that has been endorsed by the Health NZ Hospital.
		or	The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab
			(Amgevita)
	and and	C	Patient has received a maximum of 6 months treatment with Amgevita
	and	\circ	Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication
	(C	Adalimumab to be administered at doses no greater than 40 mg every 14 days
	equis F	rescorotoc	trequired after 6 months (tick boxes where appropriate) wribed by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a col or guideline that has been endorsed by the Health NZ Hospital. Treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less Adalimumab to be administered at doses no greater than 40 mg every 14 days
INITI	ΔΤΙΩΙ	N _ <i>L</i>	Arthritis – oligoarticular course juvenile idiopathic
Re-a	ssess	men	t required after 6 months
and) F	resc	(tick boxes where appropriate) ribed by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed a Health NZ Hospital.
		or	The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen
	and and	_ Э Э	Patient has received a maximum of 6 months treatment with Amgevita Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2025

Name:	Name:
Ward:	NHI:
Adalimumab (Humira - Alternative brand) - continued	
CONTINUATION – Arthritis – oligoarticular course juvenile idiopathic Re-assessment required after 6 months Prerequisites (tick box where appropriate)	
by the Health NZ Hospital. and For patients that demonstrate at least a continuing 30% improvement	gist, or in accordance with a protocol or guideline that has been endorsed in active joint count and continued improvement in physician's global
assessment from baseline	
INITIATION – Arthritis - polyarticular course juvenile idiopathic Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	
	gist, or in accordance with a protocol or guideline that has been endorsed
or	adalimumab (Amgevita) following a minimum of 4 weeks treatment ol following a minimum of 4 weeks treatment with adalimumab
Patient has received a maximum of 6 months treatment with Amand Patient has previously had a Special Authority approval for the H	
CONTINUATION – Arthritis - polyarticular course juvenile idiopathic Re-assessment required after 6 months Prerequisites (tick box where appropriate) O Prescribed by, or recommended by a named specialist or rheumatolog by the Health NZ Hospital. and O For patients that demonstrate at least a continuing 30% improvement assessment from baseline	gist, or in accordance with a protocol or guideline that has been endorsed in active joint count and continued improvement in physician's global
INITIATION – Arthritis - psoriatic Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	
O Prescribed by, or recommended by a named specialist or rheumatolog by the Health NZ Hospital.	gist, or in accordance with a protocol or guideline that has been endorsed
or	adalimumab (Amgevita) following a minimum of 4 weeks treatment of following a minimum of 4 weeks treatment with adalimumab ponse to a change in treatment regimen
and Patient has received a maximum of 6 months treatment with Amand Patient has previously had a Special Authority approval for the H	
and Adalimumab to be administered at doses no greater than 40 mg	

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.

1	PATIENT:		
Name:			
	NHI:		
b (Humira - Alternative brand) - continued			
ON – Arthritis - psoriatic nt required after 6 months s (tick boxes where appropriate) scribed by, or recommended by a named specialist or rheumane Health NZ Hospital.	tologist, or in accordance with a protocol or guideline that has been endorsed		
The patient demonstrates at least a continuing 30% improversponse to prior adalimumab treatment in the opinion of the Adalimumab to be administered at doses no greater than 46			
Or guideline that has been endorsed by the Health NZ Ho	rom adalimumab (Amgevita) following a minimum of 4 weeks treatment ontrol following a minimum of 4 weeks treatment with adalimumab		
Patient has received a maximum of 6 months treatment with Patient has previously had a Special Authority approval for Adalimumab to be administered at doses no greater to the second s	n Amgevita the Humira brand of adalimumab for this indication		
The patient demonstrates at least a continuing 30% improved response to prior adalimumab treatment in the opinion of the Adalimumab to be administered at doses no greater to the continuing and the continuing 30% improved response to prior adalimumab treatment in the opinion of the continuing and the continuing and the continuing account of the continuing and the continuing and the continuing account of the continuing and the continuing account of the conti	ement in active joint count from baseline and a clinically significant e treating physician		
	b (Humira - Alternative brand) - continued ON - Arthritis - psoriatic Intrequired after 6 months Intick boxes where appropriate) Incribed by, or recommended by a named specialist or rheumane Health NZ Hospital. The patient demonstrates at least a continuing 30% improversponse to prior adalimumab treatment in the opinion of the Adalimumab to be administered at doses no greater than 40 arthritis - rheumatoid Intrequired after 6 months Incribed by, or recommended by a rheumatologist or Practition occil or guideline that has been endorsed by the Health NZ Homogorith of the patient has experienced intolerable side effects of the patient has received a maximum of 6 months treatment with the patient has previously had a Special Authority approval for Adalimumab to be administered at doses no greater the patient cannot take concomitant methotrexate and rean adequate response ON - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropriate) ON - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropriate) On - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropriate) On - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropriate) On - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropriate) On - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropriate) On - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropriate) On - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropriate) On - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropriate) On - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropriate) On - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropriate) On - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropriate) On - Arthritis - rheumatoid intrequired after 6 months are tick boxes where appropr		

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PRESCRIBER	PATIENT:					
Name:	Name:					
Ward:	NHI:					
Adalimumab (Humira - Alternative brand) - continued						
INITIATION – Still's disease – adult-onset (AOSD) Re-assessment required after 6 months						
Prerequisites (tick boxes where appropriate)						
O Prescribed by, or recommended by a rheumatologist or Practitionel protocol or guideline that has been endorsed by the Health NZ Hos	on the recommendation of a rheumatologist, or in accordance with a pital.					
Or The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment O Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen						
Patient has received a maximum of 6 months treatment with Amgevita and Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication						
CONTINUATION – Still's disease – adult-onset (AOSD) Re-assessment required after 6 months Prerequisites (tick box where appropriate)						
O Prescribed by, or recommended by a rheumatologist or Practitionel protocol or guideline that has been endorsed by the Health NZ Hos	on the recommendation of a rheumatologist, or in accordance with a pital.					
	O The patient has demonstrated a sustained improvement in inflammatory markers and functional status					

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Signed.	Date:	
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