# RS1940 - Adalimumab (Amgevita)

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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 (Amgevita)

				et's disease - severe poxes where appropriate)
( and				by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Te Hospital.
	and	С	The	patient has severe Behcet's disease* that is significantly impacting the patient's quality of life
	treatment(s) appropriate for the particular symptom(s)			The patient has severe ocular, neurological, and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s)
		or	0	The patient has severe gastrointestinal, rheumatological and/or mucocutaneous symptoms and has not responded adequately to two or more treatments appropriate for the particular symptom(s)
Note	: India	catio	ns ma	arked with * are unapproved indications.

#### **INITIATION – Hidradenitis suppurativa** Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

and	つ	cribed by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora bital.
	O	Patient has hidradenitis suppurativa Hurley Stage II or Hurley Stage III lesions in distinct anatomic areas
	and	Patient has tried, but had an inadequate response to at least a 90 day trial of systemic antibiotics or patient has demonstrated intolerance to or has contraindications for systemic antibiotics
	and	Patient has 3 or more active lesions
	and	The patient has a DLQI of 10 or more and the assessment is no more than 1 month old at time of application

	assessment required after 2 years	
Pr	requisites (tick boxes where appropriate)	
ar	O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.	
	O The patient has a reduction in active lesions (e.g. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline O The patient has a DLQI improvement of 4 or more from baseline	

Signed.	Date:	
olyneu.	 Dale.	

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:
Adalimu	ımab	(An	ngevita) - continued
Re-asses Prerequis	sment sites (	requ tick b ribed	e psoriasis - severe chronic ired after 4 months oxes where appropriate) by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora
	and	0	Patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis
		or	<ul> <li>O Patient has experienced intolerable side effects</li> <li>O Patient has received insufficient benefit to meet the renewal criteria for etanercept for severe chronic plaque psoriasis</li> </ul>
or			
	and	or	<ul> <li>Patient has "whole body" severe chronic 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</li> <li>Patient has severe chronic 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</li> </ul>
		0	Patient has tried, but had an inadequate response to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin A PASI assessment or (DLQI) assessment has been completed for at least the most recent prior treatment course but no longer than 1 month following cessation of each prior treatment course and is no more than 1 month old at the time of application
Re-asses Prerequis	sment <b>sites</b> ( Presci	requ tick b ribed	<b>laque psoriasis - severe chronic</b> ired after 2 years oxes where appropriate) by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Te Hospital.
	and	0	Patient had "whole body" severe chronic plaque psoriasis at the start of treatment
		or	<ul> <li>O The patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value</li> <li>O The patient has a DLQI improvement of 5 or more, when compared with the pre-treatment baseline value</li> </ul>
or	and	0	Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment
		or	<ul> <li>O The patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values</li> <li>O The patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-adalimumab treatment baseline value</li> </ul>

PRES	CRIB	ER	PATIENT:			
Name	Name: Name:					
Ward						
Adal	imur	nak	o (Amgevita) - continued			
		-	oyoderma gangrenosum (tick boxes where appropriate)			
( and		Preso Hosp	cribed by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora ital.			
	( and	0	Patient has pyoderma gangrenosum*			
	(		Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response			
Note	: India	catio	ns marked with * are unapproved indications.			
Re-a	ssess	men	Crohn's disease - adults t required after 6 months (tick boxes where appropriate)			
( and	J F V	Preso Vhat	cribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Te u Ora Hospital.			
	and	0	Patient has severe active Crohn's disease			
		or	O Patient has a CDAI score of greater than or equal to 300 or HBI score of greater than or equal to 10			
		or	O Patient has extensive small intestine disease affecting more than 50 cm of the small intestine			
		or	O Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection			
			O Patient has an ileostomy or colostomy and has intestinal inflammation			
	and (	0	Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids			
Re-a	ssess	men	DN – Crohn's disease - adults t required after 2 years (tick boxes where appropriate)			
( and			cribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Te u Ora Hospital.			
	or (	О	CDAI score has reduced by 100 points from the CDAI score, or HBI score has reduced 3 points, from when the patient was initiated on adalimumab			
	( or	Ο	CDAI score is 150 or less, or HBI is 4 or less			
	or	0	The patient has demonstrated an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed			

PRESCRIBER	PATIENT:			
Name: Name:				
Ward: NHI:				
Adalimumab (Amgevita) - continued				
Whatu Ora Hospital.	ccordance with a protocol or guideline that has been endorsed by the Te			
and O Paediatric patient has active Crohn's disease				
O Patient has a PCDAI score of greater than or equal to 3 or O Patient has extensive small intestine disease	0			
and O Patient has tried but had an inadequate response to, or has each and corticosteroids	xperienced intolerable side effects from, prior therapy with immunomodulators			
whatu Ora Hospital. and O PCDAI score has reduced by 10 points from the PCDAI score or O PCDAI score is 15 or less	ccordance with a protocol or guideline that has been endorsed by the Te when the patient was initiated on adalimumab			
O The patient has demonstrated an adequate response to treatr	nent but PCDAI score cannot be assessed			
INITIATION – Crohn's disease - fistulising         Re-assessment required after 6 months         Prerequisites (tick boxes where appropriate)         O       Prescribed by, or recommended by any relevant practitioner, or in ad Whatu Ora Hospital.	ccordance with a protocol or guideline that has been endorsed by the Te			
and O Patient has confirmed Crohn's disease				
O       Patient has one or more complex externally draining entropy         or       O         or       O         or       O         or       O         Patient has one or more rectovaginal fistula(e)         O       Patient has complex peri-anal fistula	terocutaneous fistula(e)			
$\bigcirc$ A Baseline Fistula Assessment has been completed and is no	o more than 1 month old at the time of application			

PRESC	RIB	ER PATIENT:		
Name:		Name:		
Ward:		NHI:		
Adalin	nur	nab (Amgevita) - continued		
Re-ass	ess	ATION – Crohn's disease - fistulising ment required after 2 years tes (tick boxes where appropriate)		
and	) P V	rescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Te /hatu Ora Hospital.		
C	( pr	The number of open draining fistulae have decreased from baseline by at least 50%		
	(	J There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain		
Re-ass	ess	I – Ocular inflammation - chronic ment required after 4 months tes (tick boxes where appropriate)		
and	) P V	rescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Te /hatu Ora Hospital.		
C	( or	O The patient has had an initial Special Authority approval for infliximab for chronic ocular inflammation		
		O Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss		
		O Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective or		
		O Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose or O Patient is under 8 years and treatment with atorside or methotrevets has proven ineffective or is not tolerated at a		
		Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate		
Re-ass	ess	ATION – Ocular inflammation - chronic ment required after 2 years tes (tick boxes where appropriate)		
and	O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.			
	(	O The patient has had a good clinical response following 12 weeks' initial treatment		
	or (	Pollowing each 2 year treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema)		
	or (	C Following each 2 year treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old		

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PRESCRIBER				PATIENT:
Name:				Name:
Ward:				NHI:
Adali	mu	ımak	o (Amgevita) - continued	
Re-as	sses	smen	<b>Ocular inflammation - severe</b> It required after 4 months (tick boxes where appropriate)	
and			cribed by, or recommended by any relevant practitioner, or in ac u Ora Hospital.	cordance with a protocol or guideline that has been endorsed by the Te
	or	0	Patient has had an initial Special Authority approval for inflixing	ab for severe ocular inflammation
	01	an	O Patient has severe, vision-threatening ocular inflammation	on requiring rapid control
			O Treatment with high-dose steroids (intravenous me ineffective at controlling symptoms	ethylprednisolone) followed by high dose oral steroids has proven
			O Patient developed new inflammatory symptoms w	nile receiving high dose steroids
	or O Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms			
Re-as	ses	smen	<b>DN – Ocular inflammation - severe</b> It required after 2 years (tick boxes where appropriate)	
			cribed by, or recommended by any relevant practitioner, or in ac u Ora Hospital.	cordance with a protocol or guideline that has been endorsed by the Te
and	or	0	The patient has had a good clinical response following 3 initial	doses
	or	0		sustained reduction in inflammation (Standardisation of Uveitis s cells, absence of active vitreous or retinal lesions, or resolution of
O Following each 2 year treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone daily, or steroid drops less than twice daily if under 18 years old				

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:		Nam	:	
Ward:				
Adalimun	nab (An	ngevita) - continued		
Re-assessr	ment requ	osing spondylitis uired after 6 months poxes where appropriate)		
	rescribed lospital.	by, or recommended by a rheumatologist, or in accordance with	a protocol or guideline that has been endorsed by the Te Whatu Ora	
	O and	Patient has had an initial Special Authority approval for etaner	ept for ankylosing spondylitis	
	or	O The patient has experienced intolerable side effects		
		O The patient has received insufficient benefit to meet the	enewal criteria for ankylosing spondylitis	
or	and and and and or and	<ul> <li>a regular exercise regimen for ankylosing spondylitis</li> <li>Patient has limitation of motion of the lumbar spine in the BASMI measures: a modified Schober's test of less than than or equal to 10 cm (mean of left and right)</li> </ul>	tise but not by rest ing more NSAIDs, while patient was undergoing at least 3 months of sagittal and the frontal planes as determined by the following or equal to 4 cm and lumbar side flexion measurement of less cm below the average normal values corrected for age and month exercise trial, but prior to ceasing any previous	
Re-assessr	ment requ	ankylosing spondylitis uired after 2 years pox where appropriate)		

Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.

For applications where 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

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and

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PRE	SCRIE	BER	PATIENT:	
Name	e:		Name:	
Ward	:		NHI:	
Ada	imu	mab (/	Amgevita) - continued	
Re-a	issess equis	sment resites (tic Prescrib by the Te and and and	hritis - oligoarticular course juvenile idiopathic         equired after 6 months         equired after 6 months         sk boxes where appropriate)         eed by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed         e Whatu Ora Hospital.         D         The patient has had an initial Special Authority approval for etanercept for oligoarticular course juvenile idiopathic arthritis (JIA)         O       Patient has experienced intolerable side effects         or       Patient has received insufficient benefit to meet the renewal criteria for oligoarticular course JIA         D       To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance         Patient has had oligoarticular course JIA for 6 months duration or longer         O       At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose)         or       Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose)	
CONTINUATION – Arthritis - oligoarticular course juvenile idiopathic Re-assessment required after 2 years Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed				
and			Dra Hospital.	
	or	as O Or	bllowing initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global sessment from baseline In subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued approvement in physician's global assessment from baseline	
		4		

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.

PRESC	BER	PATIENT:
Name:		Name:
Ward: .		NHI:
Adalim	Imab (Amgevita) - continued	
INITIAT Re-ass Prereq	DN – Arthritis - polyarticular course juvenile idiopathic esment required after 6 months sites (tick boxes where appropriate)	atologist, or in accordance with a protocol or guideline that has been endorsed
and	and O Patient has experienced intolerable side effects	or etanercept for polyarticular course juvenile idiopathic arthritis (JIA) s t the renewal criteria for polyarticular course JIA
0	and Patient has had polyarticular course JIA for 6 months and At least 5 active joints and at least 3 joints with methotrexate (at the maximum tolerated dose) or Moderate or high disease activity (cJADAS10 s maximum tolerated dose)	monotherapy where use of methotrexate is limited by toxicity or intolerance a duration or longer In limited range of motion, pain or tenderness after a 3-month trial of score of at least 2.5) after a 3-month trial of methotrexate (at the In 1.1 and 2.5) after a 6-month trial of methotrexate
Re-ass	JATION – Arthritis - polyarticular course juvenile idiopathic ssment required after 2 years	
Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by Whatu Ora Hospital. and		

O Following initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline

On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline

or

PRES	CRIB	BER	PATIENT:
Name	:		Name:
Ward:			NHI:
Adal	imur	mab (A	mgevita) - continued
Re-a	ssess equis C F	ites (tick	ritis - psoriatic juired after 6 months boxes where appropriate) d by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora
	ſ	and	Patient has had an initial Special Authority approval for etanercept or secukinumab for psoriatic arthritis
		o	<ul> <li>O Patient has experienced intolerable side effects</li> <li>o Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis</li> </ul>
	or		Patient has had active psoriatic arthritis for six months duration or longer
		and and and	Patient has tried and not responded to at least three months of sulfasalazine or leflunomide at maximum tolerated doses (unless contraindicated) Patient has tried and not responded to at least three months of sulfasalazine or leflunomide at maximum tolerated doses (unless contraindicated)
		o	<ul> <li>Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints</li> <li>Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip</li> </ul>
		and	O Patient has an elevated ESR greater than 25 mm per hour
Re-a	ssess equis C F	i <b>tes</b> (tick Prescribe	Arthritis - psoriatic uired after 2 years boxes where appropriate) d by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Te
and	(	O Foll	a Hospital. owing initial treatment, the patient has at least a 50% decrease in swollen joint count from baseline and a clinically significant ponse in the opinion of the physician
	or (		ient demonstrates at least a continuing 30% improvement in swollen joint count from baseline and a clinically significant response ne opinion of the treating physician

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PRESCRIBER					PATIENT:
Name:					
Ward:	Ward:				NHI:
Adal	imur	nab	(An	ngev	ita) - continued
INITIATION – Arthritis - rheumatoid       Re-assessment required after 6 months         Prerequisites (tick boxes where appropriate)			requi ck b bed	red a oxes	fter 6 months
	(	( and			patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis
			or	0 0	The patient has experienced intolerable side effects The patient has received insufficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis
or Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citre antibody positive) for six months duration or longer and Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotre or intolerance and Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated of and Patient has tried and not responded to at least three months of methotrexate in combination with sulfa sulphate at maximum tolerated doses (unless contraindicated) and Patient has tried and not responded to at least three months of methotrexate in combination with sulfa sulphate at maximum tolerated doses (unless contraindicated) and Patient has tried and not responded to at least three months of methotrexate in combination with under set of ciclosporin or Patient has tried and not responded to at least three months of therapy at the maximum tolerate alone or in combination with methotrexate and Patient has presistent symptoms of poorly controlled and active disease in at least 15 swollen jo		tment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity tolerance ent has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated) ent has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquine nate at maximum tolerated doses (unless contraindicated) Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist,			
Re-a	ssess	ment i	equi	red a	is - rheumatoid fter 2 years where appropriate)
( and		Whatu	Ora	Hosp	
	O Following initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician or				

O On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician

PRESCRIBER				PATIENT:
Name:				Name:
Ward	:			NHI:
Ada	limu	ımab (Aı	mgevita) - continued	
			s disease - adult-onset (AOSD) boxes where appropriate)	
Prescribed by, or recommended by a rheumatologist, or in accordance with a protocol or guid Hospital.			d by, or recommended by a rheumatologist, or in accordanc	e with a protocol or guideline that has been endorsed by the Te Whatu Ora
		and	The patient has had an initial Special Authority approval f	for etanercept and/or tocilizumab for (AOSD)
		0	$^{\rm r}$ O Patient has experienced intolerable side effects from	m etanercept and/or tocilizumab
			O Patient has received insufficient benefit from at leas	st a three-month trial of etanercept and/or tocilizumab
	or			
		and	Patient diagnosed with AOSD according to the Yamaguch	
		and	Patient has tried and not responded to at least 6 months methotrexate	of glucocorticosteroids at a dose of at least 0.5 mg/kg, NSAIDs and
			Patient has persistent symptoms of disabling poorly contr	rolled and active disease
Re-a	isses equi: ()	sment requ sites (tick		cordance with a protocol or guideline that has been endorsed by the Te
unu	and		ent has active ulcerative colitis	
		Ο	Patient's SCCAI score is greater than or equal to 4	
		or O	Patient's PUCAI score is greater than or equal to 20	
	and (	O Patie and	ent has tried but had an inadequate response to, or has exp systemic corticosteroids	perienced intolerable side effects from, prior therapy with immunomodulators
O Surgery (or further surgery) is considered to be clinically inappropriate				ropriate
CONTINUATION – ulcerative colitis Re-assessment required after 2 years Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been er			cordance with a protocol or guideline that has been endorsed by the Te	
		Whatu Ore	a Hospital	
and		Whatu Ora		CAI score when the patient was initiated on biologic therapy

PRES	CRIBER	PATIENT:				
Name	:					
Ward:	NHI:					
Adali	mumal	o (Amgevita) - continued				
Re-as	ssessmer	undifferentiated spondyloarthiritis t required after 6 months				
Prere	equisites	(tick boxes where appropriate)				
and	) Prese Hosp	cribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora ital.				
	) and	Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip				
	and	Patient has tried and not responded to at least three months of each of methotrexate, sulphasalazine and leflunomide, at maximum tolerated doses (unless contraindicated)				
	or	O Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application				
	or	O Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application				
		O ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months				
Note:	Indicatio	ns marked with * are unapproved indications.				
CONTINUATION – undifferentiated spondyloarthiritis         Re-assessment required after 2 years         Prerequisites (tick boxes where appropriate)         O       Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Whatu Ora Hospital.						
and	O or	Following initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician				
	0	The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response in the opinion of the treating physician				
INITIATION – inflammatory bowel arthritis – axial Re-assessment required after 6 months Prereguisites (tick boxes where appropriate)						
and	D Prese Hosp	cribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora ital.				
	) and	Patient has a diagnosis of active ulcerative colitis or active Crohn's disease				
	and	Patient has axial inflammatory pain for six months or more				
	and	Patient is unable to take NSAIDs				
	and	Patient has unequivocal sacroiliitis demonstrated by radiological imaging or MRI				
	and	Patient has not responded adequately to prior treatment consisting of at least 3 months of an exercise regime supervised by a physiotherapist				
		A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment				

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Schedule. For community funding, see the Special Authority Criteria.	

PRESCRIBER			R PATIE	:NT:			
Name:				:			
Ward:	Ward:						
Adali	mu	ma	ab (Amgevita) - continued				
Re-as	ses	smer	<b>ION – inflammatory bowel arthritis – axial</b> ent required after 2 years				
Prere	quis	sites	es (tick box where appropriate)				
and			escribed by, or recommended by any relevant practitioner, or in accordant atu Ora Hospital.	ce with a protocol or guideline that has been endorsed by the Te			
			ere treatment has resulted in an improvement in BASDAI of 4 or more p provement in BASDAI of 50%, whichever is less	oints from pre-treatment baseline on a 10 point scale, or an			
			- inflammatory bowel arthritis – peripheral ent required after 6 months				
Prere	quis	sites	es (tick boxes where appropriate)				
and		Prescribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.					
		0	Patient has a diagnosis of active ulcerative colitis or active Crohn's di	sease			
	and	0	Patient has active arthritis in at least four joints from the following: hip sternoclavicular	o, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder,			
	and ( and	0	Patient has tried and not experienced a response to at least three mo dose (unless contraindicated)	nths of methotrexate, or azathioprine at a maximum tolerated			
		0	Patient has tried and not experienced a response to at least three mo contraindicated)	nths of sulphasalazine at a maximum tolerated dose (unless			
		or	O Patient has a CRP level greater than 15 mg/L measured no mo	re than one month prior to the date of this application			
			m O Patient has an ESR greater than 25 mm per hour				
		or	O ESR and CRP not measured as patient is currently receiving pr has done so for more than three months	rednisone therapy at a dose of greater than 5 mg per day and			
CONTINUATION – inflammatory bowel arthritis – peripheral Re-assessment required after 2 years Prereguisites (tick boxes where appropriate)							
and	O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.						
	or	0	Following initial treatment, the patient has at least a 50% decrease in response to treatment in the opinion of the physician	active joint count from baseline and a clinically significant			
		Ο	Patient demonstrates at least a continuing 30% improvement in active	e joint count from baseline in the opinion of the treating physician			