HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2025

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.

RESCRIBER	PATIENT:
lame:	
Vard:	NHI:
lultiple Scler	rosis
Multiple Scler INITIATION – Mu Re-assessment r Prerequisites (ti	ultiple Sclerosis - ocrelizumab required after 12 months ick boxes where appropriate) ibed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health spital. Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist Patient has an EDSS score between 0 – 6.0
	A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion A sign of that new inflammatory activity is a lesion showing diffusion restriction A sign of that new inflammatory is a T2 lesion with associated local swelling A sign of that new inflammatory estivity is a preminent T2 lesion that slearly is repressible for the eliminal features of a
or O F	A sign of that new inflammatory activity is a prominent T2 lesion that clearly is responsible for the clinical features of a recent attack that occurred within the last 2 years A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan Patient has an active Special Authority approval for either dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha,
	nterferon beta-1-beta, natalizumab or teriflunomide t on two or more funded multiple sclerosis treatments simultaneously is not permitted.

I confirm that the above details are correct:

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Schedule. For community funding, see the Special Authority Criteria.	
PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Multiple Sclerosis - continued	
NZ Hospital.	
NZ Hospital.	ecordance with a protocol or guideline that has been endorsed by the Health eets the 2017 McDonald criteria and has been confirmed by a pyramidal functions) to EDSS 6.5
CONTINUATION – Primary Progressive Multiple Sclerosis Prerequisites (tick box where appropriate)	
NZ Hospital.	ecordance with a protocol or guideline that has been endorsed by the Health me in the last six months (ie patient has walked 20 metres with bilateral

I confirm that the above details are correct:

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Siurieu.	 Date.	