#### 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: .....

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 o 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. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline  The patient has a Dermatology Quality of Life Index improvement of 4 or more from baseline  Adalimumab is to be administered at doses no greater than 40mg every 7 days. Fortnightly dosing has been considered					
INITIATION – Psoriasis - severe chronic plaque Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)					
	n the recommendation of a dermatologist, or in accordance with a protocol				
or	m adalimumab (Amgevita) following a minimum of 4 weeks treatment trol following a minimum of 4 weeks treatment with adalimumab esponse to a change in treatment regimen				
Patient has received a maximum of 6 months treatment with A and Patient has previously had a Special Authority approval for the and	e Humira brand of adalimumab for this indication				
O Adalimumab to be administered at doses no greater than 40 n	ng every 14 days				

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PRESCRIBER			PATIENT:
Name:			Name:
Ward:			NHI:
Adalimu	ımab	(Hui	mira - Alternative brand) - continued
Re-asses	sites Preso	t requii (tick bo cribed b	soriasis - severe chronic plaque red after 6 months oxes where appropriate)  oy, or recommended by a dermatologist or Practitioner on the recommendation of a dermatologist, or in accordance with a protocol that has been endorsed by the Health NZ Hospital.
		and	O Patient had "whole body" severe chronic plaque psoriasis at the start of treatment
			Following each prior adalimumab treatment course 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  Following each prior adalimumab treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value
	or		
		and	O Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment
			Following each prior adalimumab treatment course 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  Following each prior adalimumab treatment course 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
and	O	Adalin	numab to be administered at doses no greater than 40 mg every 14 days
Re-asses	ssmen	t requi	rma gangrenosum red after 6 months expess where appropriate)
and		ribed b	by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
		O	The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment
	or	0	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	0	Patien	It has received a maximum of 6 months treatment with Amgevita
	0	Patien	t has previously had a Special Authority approval for the Humira brand of adalimumab for this indication
and	$\overline{}$	A max	ximum of 8 doses

I confirm that the above details are correct:

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

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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.	ce with a protocol or guideline that has been endorsed by the Health NZ			
The patient has demonstrated clinical improvement and continual of 8 doses	nues to require treatment			
INITIATION – Crohn's disease - adult Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)				
Prescribed by, or recommended by a gastroenterologist or Practitio 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.			
or  Patient has developed symptoms of loss of disease color 6 months treatment with Amgevita and clinician attribut	m adalimumab (Amgevita) following a minimum of 4 weeks treatment,  ntrol following a minimum of 4 weeks treatment, and a maximum of es this loss of disease response to a change in treatment regimen  isease destabilisation if there were to be a change to current treatment			
Patient has previously had a Special Authority approval for the and Adalimumab to be administered at doses no greater than 40				
CONTINUATION – Crohn's disease - adult Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)				
O Prescribed by, or recommended by a gastroenterologist or Practitio 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.			
CDAI score has reduced by 100 points from the CDAI sor  CDAI score is 150 or less  The patient has demonstrated an adequate response to and  Adalimumab to be administered at doses no greater than 40	b treatment, but CDAI score cannot be assessed			

I confirm that the above details are correct:

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

## HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2024

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	<ul><li>O</li><li>O</li><li>O</li></ul>	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 2024

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Adalimumab (Humira - Alternativ	e brand) - continued
There has been a management score, to	draining fistulae have decreased from baseline by at least 50% arked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula orgether with less induration and patient-reported pain tered at doses no greater than 40 mg every 14 days
INITIATION – Ocular inflammation – chr Re-assessment required after 12 months Prerequisites (tick boxes where appropria	te)
NZ Hospital.	by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
and a maximum of 6  Patient has developed maximum of 6 montor regimen  Or Patient has uveitis at and  Patient has previously had and	erienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, months treatment with Amgevita and symptoms of loss of disease control following a minimum of 4 weeks treatment with Amgevita, and a she treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment and is considered to be at risk of vision loss if they were to change treatment  a Special Authority approval for the Humira brand of adalimumab for this indication tered at doses no greater than 40 mg every 14 days
CONTINUATION – Ocular inflammation	- chronic
Re-assessment required after 12 months  Prerequisites (tick boxes where appropria	te)
	by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
or  Following each 12-m Uveitis Nomenclature resolution of uveitic or  Following each 12-m	a good clinical response following 12 weeks' initial treatment  onth treatment period, the patient has had a sustained reduction in inflammation (Standardisation of e (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or systoid macular oedema)  onth treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone eroid drops less than twice daily if under 18 years old
Adalimumab to be adminis	tered at doses no greater than 40 mg every 14 days

July 2024

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PRESCRIBER					PATIENT:		
Name:					Name:		
Ward	l:				NHI:		
Ada	limu	mak	) (Hu	mira - Alternative brand) - continued			
Re-a	assess	smen	t requ	r inflammation – severe ired after 12 months oxes where appropriate)			
and			cribed ospita		cordance with a protocol or guideline that has been endorsed by the Health		
		or	0	The patient has experienced intolerable side effects from and a maximum of 6 months treatment with Amgevita	n adalimumab (Amgevita) following a minimum of 4 weeks treatment,		
		or	$\circ$		trol following a minimum of 4 weeks treatment with Amgevita, and a nician attributes this loss of disease response to a change in treatment		
			$\circ$	Patient has uveitis and is considered to be at risk of vision	on loss if they were to change treatment		
and O Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication and O Adalimumab to be administered at doses no greater than 40 mg every 14 days							
Re-a	assess	smen	t requ	Ocular inflammation – severe ired after 12 months oxes where appropriate)			
and			cribed ospita		coordance with a protocol or guideline that has been endorsed by the Health		
			0	The patient has had a good clinical response following 3	3 initial doses		
		or	0		has had a sustained reduction in inflammation (Standardisation of other or vitreous cells, absence of active vitreous or retinal lesions, or		
		U	0	Following each 12-month treatment period, the patient h to < 10mg daily, or steroid drops less than twice daily if u	nas a sustained steroid sparing effect, allowing reduction in prednisone under 18 years old		
	and	0	Adali	mumab to be administered at doses no greater than 40 m	ng every 14 days		

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

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PRES	SCRIBER PATIENT:	PATIENT:		
Name	e:			
Ward	:NHI:			
Adal	limumab (Humira - Alternative brand) - continued			
Re-a	IATION – ankylosing spondylitis assessment required after 6 months requisites (tick boxes where appropriate)  Prescribed by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, protocol or guideline that has been endorsed by the Health NZ Hospital.	or in accordance with a		
	O The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimular or Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatmet (Amgevita)			
	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 indica and Adalimumab to be administered at doses no greater than 40 mg every 14 days	tion		
Re-a	ITINUATION – ankylosing spondylitis assessment required after 6 months requisites (tick boxes where appropriate)  Prescribed by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, protocol 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 improvement in BASDAI of 50%, whichever is less  and			
	Adalimumab to be administered at doses no greater than 40 mg every 14 days			
Re-a	IATION – Arthritis – oligoarticular course juvenile idiopathic assessment required after 6 months requisites (tick boxes where appropriate)  Prescribed by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or gui by the Health NZ Hospital.	deline that has been endorsed		
unu	Or The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum or Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatmen (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.	tion		

I confirm that the above details are correct:

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I confirm that the above details are correct:

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

## HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRESCRIBER	PATIENT:
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)	
O Prescribed by, or recommended by a named specialist or rheumatolo by the Health NZ Hospital.	ogist, or in accordance with a protocol or guideline that has been endorsed
	it in active joint count and continued improvement in physician's global
INITIATION – Arthritis - polyarticular course juvenile idiopathic Re-assessment required after 6 months  Prerequisites (tick boxes where appropriate)	
	ogist, or in accordance with a protocol or guideline that has been endorsed
O The patient has experienced intolerable side effects from	n adalimumab (Amgevita) following a minimum of 4 weeks treatment
O Patient has developed symptoms of loss of disease conton (Amgevita) and clinician attributes this loss of disease re	rol following a minimum of 4 weeks treatment with adalimumab sponse to a change in treatment regimen
Patient has received a maximum of 6 months treatment with A and	mgevita
O Patient has previously had a Special Authority approval for the	Humira brand of adalimumab for this indication
CONTINUATION – Arthritis - polyarticular course juvenile idiopathic Re-assessment required after 6 months Prerequisites (tick box where appropriate)	
by the Health NZ Hospital.	ogist, or in accordance with a protocol or guideline that has been endorsed
For patients that demonstrate at least a continuing 30% improvement assessment from baseline	it 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 rheumatolo by the Health NZ Hospital.	ogist, or in accordance with a protocol or guideline that has been endorsed
O The patient has experienced intolerable side effects from or	n adalimumab (Amgevita) following a minimum of 4 weeks treatment
O Patient has developed symptoms of loss of disease conto (Amgevita) and clinician attributes this loss of disease re	rol following a minimum of 4 weeks treatment with adalimumab sponse to a change in treatment regimen
and Patient has received a maximum of 6 months treatment with A and	mgevita
Patient has previously had a Special Authority approval for the	Humira brand of adalimumab for this indication
Adalimumab to be administered at doses no greater than 40 m	ng every 14 days

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PRES	CRIB	ER			PATIENT:	
Name:					Name:	
Ward:					NHI:	
Adal	imur	mab	(Hu	umira - Alternative brand) - continued		
Re-a	PNTINUATION – Arthritis - psoriatic -assessment required after 6 months erequisites (tick boxes where appropriate)  Prescribed by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endors by the Health NZ Hospital.					
	The patient demonstrates at least a continuing 30% improvement in active joint count from b response to prior adalimumab treatment in the opinion of the treating physician  Adalimumab to be administered at doses no greater than 40 mg every 14 days				reating physician	
INITIATION – Arthritis – rheumatoid Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)  Prescribed by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.						
and	and ( and ( and	or O	O O Patie	The patient has experienced intolerable side effects from Patient has developed symptoms of loss of disease cont (Amgevita) and clinician attributes this loss of disease reent has received a maximum of 6 months treatment with A ent has previously had a Special Authority approval for the Adalimumab to be administered at doses no greater than	n adalimumab (Amgevita) following a minimum of 4 weeks treatment rol following a minimum of 4 weeks treatment with adalimumab sponse to a change in treatment regimen  mgevita  Humira brand of adalimumab for this indication	
CONTINUATION – Arthritis – rheumatoid Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)  Orescribed by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.						
	and			Adalimumab to be administered at doses no greater than		

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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)							
Prescribed by, or recommended by a rheumatologist or Practitioner 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 O Patient has developed symptoms of loss of disease col	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 O Patient has received a maximum of 6 months treatment with and O Patient has previously had a Special Authority approval for the							
CONTINUATION – Still's disease – adult-onset (AOSD) Re-assessment required after 6 months Prerequisites (tick box where appropriate)							
Prescribed by, or recommended by a rheumatologist or Practitioner protocol or guideline that has been endorsed by the Health NZ Hos	on the recommendation of a rheumatologist, or in accordance with a pital.						
The patient has demonstrated a sustained improvement in inflamm	atory markers and functional status						