RS1940 - Adalimumab (Amgevita)

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Behcet's disease - severe - INITIATION	2
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Crohn's disease - adults - CONTINUATION	4
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Pyoderma gangrenosum - INITIATION	4
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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.

PRES	CRIB	BER	PATIENT:
Name	:		Name:
Ward:			NHI:
Adal	imun	mab (Amgevita)	
		N – Behcet's disease - severe ites (tick boxes where appropriate)	
and	Э Р		cordance with a protocol or guideline that has been endorsed by the Health
and	and	The patient has severe Behcet's disease* that is significantly in	mpacting the patient's quality of life
		or The patient has severe gastrointestinal, rheumatological	and/or mucocutaneous symptoms and has not responded adequately
Note	Indic	to two or more treatments appropriate for the particular scations marked with * are unapproved indications.	symptom(s)
Re-a	ssessi equisi P	O Patient has hidradenitis suppurativa Hurley Stage II or Hurley S	90 day trial of systemic antibiotics or patient has demonstrated
Re-a	ssessi equisi P	NZ Hospital.	coordance with a protocol or guideline that has been endorsed by the Health by nodules, abscesses, draining fistulae) of 25% or more from baseline the

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

	BER		PATIENT:
e:			Name:
l:			NHI:
limu	mab ((An	ngevita) - continued
assess requis	sment r sites (ti	requi	e psoriasis - severe chronic red 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 Health NZ
	(0	Patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis
	and	or	O Patient has experienced intolerable side effects
			O Patient has received insufficient benefit to meet the renewal criteria for etanercept for severe chronic plaque psoriasis
or			
		or	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 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
	1 (()	
	and)) =	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
assess requis	JATION sment r	requi ick b bed	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 laque psoriasis - severe chronic red 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 He
assess requis	JATION sment risites (ti	requi ick b bed	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 laque psoriasis - severe chronic red 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 He
assess requis	VATION sment r sites (ti	requi ick b bed	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 laque psoriasis - severe chronic red 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 Hell.
assess requis	VATION sment r sites (ti	required by the spital 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 laque psoriasis - severe chronic red 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 Hell. Patient had "whole body" severe chronic plaque psoriasis at the start of treatment The patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the
assess requis	VATION sment r sites (ti	required by the spital 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 laque psoriasis - severe chronic red 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 Hell patient had "whole body" severe chronic plaque psoriasis at the start of treatment 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
assess requis	VATION sment r sites (ti	required by the spital 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 laque psoriasis - severe chronic red 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 Hell relationship to the pre-adalimumab treatment baseline value 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
assess requis	VATION sment r sites (ti	required by the spital of the	following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or actiretin 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 laque psoriasis - severe chronic red 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 He least the start of treatment Patient had "whole body" severe chronic plaque psoriasis at the start of treatment 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 The patient has a DLQI improvement of 5 or more, when compared with the pre-treatment baseline value

July 2024

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PRESCRIBER	PATIENT:				
Name:	Name:				
Ward:	NHI:				
Adalimumab (Amgevita) - continued					
INITIATION – pyoderma gangrenosum Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a dermatologist, or in accordan Hospital.	ce with a protocol or guideline that has been endorsed by the Health NZ				
Patient has pyoderma gangrenosum* Patient has received three months of conventional therapy in azathioprine, or methotrexate) and not received an adequate Note: Indications marked with * are unapproved indications.	cluding a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, response				
INITIATION – Crohn's disease - adults Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by any relevant practitioner, or in a NZ Hospital.	accordance with a protocol or guideline that has been endorsed by the Health				
Patient has severe active Crohn's disease and Patient has a CDAI score of greater than or equal to 30 or Patient has extensive small intestine disease affecting					
or	e at risk of short gut syndrome with further bowel resection				
	experienced intolerable side effects from, prior therapy with immunomodulators				
CONTINUATION – Crohn's disease - adults 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 Health					
and NZ Hospital.	or HBI score has reduced 3 points, from when the patient was initiated on				
or O The patient has demonstrated an adequate response to treat	ment, but CDAI score and/or HBI score cannot be assessed				

I confirm that the above details are correct:

Signed: Date:

July 2024

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PRES	CRI	BER	PATIENT:
Name	:		
Ward:			NHI:
Adal	imι	ıma	b (Amgevita) - continued
Re-a	sses	Pres NZ I	Crohn's disease - children nt required after 6 months (tick boxes where appropriate) cribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health Hospital. Paediatric patient has active Crohn's disease O Patient has a PCDAI score of greater than or equal to 30 Patient has extensive small intestine disease
		O 	Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids
Re-a	sses	sites Pres	ON - Crohn's disease - children Intrequired after 2 years (tick boxes where appropriate) cribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health Hospital.
	or or	O O	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
Re-a	sses	Pres NZ H	O Patient has one or more rectovaginal fistula(e)
		_	The state of the s

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Signed: Date:

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.

PRES	SCRI	BER	PATIENT:
Name	e:		
Ward	:		NHI:
Adal	imu	ımab	(Amgevita) - continued
CON Re-a	ITIN	UATIO ssment	N – Crohn's disease - fistulising required after 2 years tick boxes where appropriate)
and	С		ribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health ospital.
	or	\bigcirc	The number of open draining fistulae have decreased from baseline by at least 50%
			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-a	sses	sment	required after 4 months tick boxes where appropriate)
and	Э	Presc	ribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health ospital.
	or	O	The patient has had an initial Special Authority approval for infliximab for chronic ocular inflammation Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss
			Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose 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-a	sses	sment	N – Ocular inflammation - chronic required after 2 years tick boxes where appropriate)
and	C		ribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health spital.
and	or	0	The patient has had a good clinical response following 12 weeks' initial treatment
	or		Following 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)
	<u> </u>		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

July 2024

PRES	CRI	BER	PAT	ENT:
Name	e:		Nam	e:
Ward	:		NHI	
Adal	imu	ımab	o (Amgevita) - continued	
INITI Re-a	ATIC sses equi	Presc NZ Ho	Ocular inflammation - severe It required after 4 months (tick boxes where appropriate) Cribed by, or recommended by any relevant practitioner, or in accordatospital. Patient has had an initial Special Authority approval for infliximab for Patient has severe, vision-threatening ocular inflammation red Treatment with high-dose steroids (intravenous methylp ineffective at controlling symptoms Patient developed new inflammatory symptoms while red Or	uiring rapid control rednisolone) followed by high dose oral steroids has proven
Re-a	sses equi	sment sites (Presc	ON - Ocular inflammation - severe at required after 2 years (tick boxes where appropriate) cribed by, or recommended by any relevant practitioner, or in accordately	nce with a protocol or guideline that has been endorsed by the Health
wird.	or	0	The patient has had a good clinical response following 3 initial dose Following each 2 year treatment period, the patient has had a susta Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous celluveitic cystoid macular oedema) Following each 2 year treatment period, the patient has a sustained daily, or steroid drops less than twice daily if under 18 years old	uined reduction in inflammation (Standardisation of Uveitis s, absence of active vitreous or retinal lesions, or resolution of
			daily, or steroid drops less than twice daily if under 18 years old	

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Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2024

PRESCR	IBER	PATIENT:
Name:		Name:
Ward:		NHI:
Adalim	umab (Aı	ngevita) - continued
Re-asse	ssment requisites (tick l	besing spondylitis uired after 6 months boxes where appropriate) by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis
	and	O The patient has experienced intolerable side effects
or	and or and	Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months Patient has low back pain and stiffness that is relieved by exercise but not by rest Patient has bilateral sacroiliitis demonstrated by radiology imaging Patient has not responded adequately to treatment with two or more NSAIDs, while patient was undergoing at least 3 months of a regular exercise regimen for ankylosing spondylitis Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following BASMI measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right) Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender 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 and is no more than 1 month old at the time of application
Re-asse	ssment requisites (tick l	ankylosing spondylitis uired after 2 years pox where appropriate)
and	NZ Hospita For applica	by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health al. Itions where treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point in improvement in BASDAI of 50%, whichever is less

PRES	SCRI	BER				PATIENT:
Name:						Name:
Ward	:					NHI:
Ada	limu	ımab ((Am	gev	vita) - continued	
Re-a	asses equi:	sment r sites (tie Prescrib	equilick bo	ed a exes ey, or h NZ	Z Hospital.	natologist, or in accordance with a protocol or guideline that has been endorsed
		and	or	The O	Patient has experienced intolerable side effect	et the renewal criteria for oligoarticular course JIA
	or	and (and	$\overline{}$		ent has had oligoarticular course JIA for 6 mont At least 2 active joints with limited range of m maximum tolerated dose)	notion, pain or tenderness after a 3-month trial of methotrexate (at the score greater than 1.5) with poor prognostic features after a 3-month trial
Re-a	asses	sment r	equi	ed a	tis - oligoarticular course juvenile idiopathic after 2 years where appropriate)	
and		Prescribed by, or recommended by any relevant practitioner, or in ac NZ Hospital.			r recommended by any relevant practitioner, or	in accordance with a protocol or guideline that has been endorsed by the Health
	or) a	sses In su	smer bseq	nt from baseline	decrease in active joint count and an improvement in physician's global at least a continuing 30% improvement in active joint count and continued line

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

PRESCRIBER						PATIENT:		
Name: Name:								
Ward	Nard: NHI:							
Adal	imu	ımab	(Ar	ng	evi	ita) - continued		
Re-a	sses	sment sites (Presc	requitick b	ired Oxe by,	d af es w	olyarticular course juvenile idiopathic fter 6 months where appropriate) recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed Hospital.		
		and	O	Pa	ıtieı	ent has had an initial Special Authority approval for etanercept for polyarticular course juvenile idiopathic arthritis (JIA)		
			or)	Patient has experienced intolerable side effects Patient has received insufficient benefit to meet the renewal criteria for polyarticular course JIA		
	or	and	0		atier	e used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance and has had polyarticular course JIA for 6 months duration or longer At least 5 active joints and at least 3 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 of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose) Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate		
					=			
Re-a	sses	sment	requ	ire	d af	is - polyarticular course juvenile idiopathic fter 2 years where appropriate)		
and	С	Presc NZ Ho			or	recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health		
	or	0	nitial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global at from baseline					
						uent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued int in physician's global assessment from baseline		

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

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PRESCRIBER					PATIENT:
Name:					
Ward:					NHI:
Ada	limu	mab	(An	ngev	ita) - continued
Re-a	asses equi	sment sites (t	requick b	ired at	soriatic iter 6 months where appropriate) recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
		and	С	Patie	nt has had an initial Special Authority approval for etanercept or secukinumab for psoriatic arthritis
			or	O O	Patient has experienced intolerable side effects Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis
	or		$\overline{}$		
		and	\mathcal{O}		nt has had active psoriatic arthritis for six months duration or longer nt has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated)
		and	\mathcal{O}		nt has tried and not responded to at least three months of sulfasalazine or leflunomide at maximum tolerated doses ss contraindicated)
			or	0	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, elbow, knee, ankle, and either shoulder or hip
		and		0	Patient has CRP level greater than 15 mg/L measured no more than one month prior to the date of this application
			or	0	Patient has an elevated ESR greater than 25 mm per hour
				0	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
Re-a	asses	sment	requ	ired at	is - psoriatic iter 2 years where appropriate)
1101	0	`	bed	by, or	recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
and		11/2 1103	эрна		
	or				nitial treatment, the patient has at least a 50% decrease in swollen joint count from baseline and a clinically significant the opinion of the physician
	O Patient demonstrates at least a continuing 30% improvement in swollen joint count from baseline and a clinically significant response in the opinion of the treating physician				

I confirm that the above details are correct:

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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.

PRESC	RIBE	R		PATIENT:	
Name:					
Ward:				NHI:	
Adalir	num	ab (Am	gevita) - continued	
Re-ass	sessm quisite Pre	nent r es (tid	equi ck bo ped l	- rheumatoid ad after 6 months des where appropriate) of, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ	
		(and)	he patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis	
			or	The patient has experienced intolerable side effects	
				The patient has received insufficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis	
(or				
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 methotrexate is limited b			ratient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) intibody positive) for six months duration or longer reatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity intolerance		
and		atient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicate	ed)		
			atient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloro ulphate at maximum tolerated doses (unless contraindicated)	oquin	
			or	Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin	
			<u>.</u>	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	
		and		Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints	
			or	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	
Re-ass	sessm	nent r	equi	hritis - rheumatoid d after 2 years	
Prerec	quisit	es (tid	ck bo	res where appropriate)	
O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol NZ Hospital.				r, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Hea	alth
	or C			ng initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant se to treatment in the opinion of the physician	
				sequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and ally significant response to treatment in the opinion of the physician	

I confirm that the above details are correct:

Signed: Date:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRES	CRI	BER		PATIENT:
Name	e:			
Ward:	·			NHI:
Adal	imu	ımab	(Am	ngevita) - continued
				disease - adult-onset (AOSD) oxes where appropriate)
(and	C	Prescr Hospit		by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
		and	0	The patient has had an initial Special Authority approval for etanercept and/or tocilizumab for (AOSD)
			or	O Patient has experienced intolerable side effects from etanercept and/or tocilizumab
				O Patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab
	or		0	Patient diagnosed with AOSD according to the Yamaguchi criteria
		and	0	Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, NSAIDs and methotrexate
		and	0	Patient has persistent symptoms of disabling poorly controlled and active disease
Prerd (and	C	Prescr NZ Ho	ibed spital	oxes where appropriate) by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health that has active ulcerative colitis
	and		$\overline{}$	Patient's SCCAI score is greater than or equal to 4
		or	0	Patient's PUCAI score is greater than or equal to 20
	and		and s	nt has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators ystemic corticosteroids
			surge	ery (or further surgery) is considered to be clinically inappropriate
Re-a	sses equi	sment sites (t Prescr	requi ick b ibed	cerative colitis red after 2 years oxes where appropriate) oy, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
and		NZ Ho		CCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on biologic therapy
	or	\bigcirc		PUCAI score has reduced by 10 points or more from the PUCAI score when the patient was initiated on biologic therapy

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRES	CRI	BER	PATIENT:	
Name	e:		Name:	
Ward	:		NHI:	
Adal	imu	ımak	(Amgevita) - continued	
Re-a	sses equi:	smen sites	ndifferentiated spondyloarthiritis required after 6 months tick boxes where appropriate)	
and		Preso	ribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorse tal.	ed by the Health NZ
	anc		Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints frow wrist, elbow, knee, ankle, and either shoulder or hip	om the following:
	and	O 1	Patient has tried and not responded to at least three months of each of methotrexate, sulphasalazine and leflunom tolerated doses (unless contraindicated)	de, at maximum
		or	O Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this app	olication
		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
			ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 has done so for more than three months	mg per day and
Note	: Ind	licatio	s marked with * are unapproved indications.	
Re-a	sses equi:	smen sites Preso	N – undifferentiated spondyloarthiritis required after 2 years tick boxes where appropriate) ribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been espital.	
	or	0	Following initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinical response to treatment in the opinion of the physician The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically	
			response in the opinion of the treating physician	oigrimourit
Re-a	sses equi:	smen sites	Inflammatory bowel arthritis – axial required after 6 months tick boxes where appropriate) Tribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorse	ed by the Health NZ
and		Hosp		
	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 Patient is unable to take NSAIDs	
	and	0	Patient has unequivocal sacroiliitis demonstrated by radiological imaging or MRI	
	and	0	Patient has not responded adequately to prior treatment consisting of at least 3 months of an exercise regime supphysiotherapist	ervised by a
	and	O	A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous treatment	s pharmacological

PRESCI	RIBER		PATIENT:
Name:			Name:
Vard: .			NHI:
dalim	numal	b (Amgevita) - continued	
Re-asse	essmer	ON – inflammatory bowel arthritis – axial nt required after 2 years (tick box where appropriate)	
0	Pres	. ,	or in accordance with a protocol or guideline that has been endorsed by the Health
	Whe	ere treatment has resulted in an improvement in BASDAI rovement in BASDAI of 50%, whichever is less	of 4 or more points from pre-treatment baseline on a 10 point scale, or an
Re-asse	essmer	inflammatory bowel arthritis – peripheral nt required after 6 months	
0			ccordance with a protocol or guideline that has been endorsed by the Health NZ
an	nd O	Patient has a diagnosis of active ulcerative colitis or active that has active arthritis in at least four joints from the sternoclavicular	ctive Crohn's disease ne following: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder,
	nd O		t least three months of methotrexate, or azathioprine at a maximum tolerated
aı	 nd	Patient has tried and not experienced a response to at contraindicated)	t least three months of sulphasalazine at a maximum tolerated dose (unless
	or	Patient has an ESR greater than 25 mm per hou	easured no more than one month prior to the date of this application
			ntly receiving prednisone therapy at a dose of greater than 5 mg per day and
Re-asse	essmer	ON – inflammatory bowel arthritis – peripheral nt required after 2 years s (tick boxes where appropriate)	
		scribed by, or recommended by any relevant practitioner, Hospital.	or in accordance with a protocol or guideline that has been endorsed by the Health
o	, O	Following initial treatment, the patient has at least a 50 response to treatment in the opinion of the physician	0% decrease in active joint count from baseline and a clinically significant
	\circ	Patient demonstrates at least a continuing 30% improv	vement in active joint count from baseline in the opinion of the treating physician

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