

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: .....

Ward: ..... NHI: .....

**Multiple Sclerosis**

**INITIATION – Multiple Sclerosis - dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab and teriflunomide**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

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

and

- Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist
- and  Patient has an EDSS score between 0 – 6.0
- and  Patient has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months
- and

Each significant attack must be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the attack, but the neurologist/physician must be satisfied that the clinical features were characteristic)

and

Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s)

and

Each significant attack has lasted at least one week and has started at least one month after the onset of a previous attack (where relevant)

and

Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever ( $T > 37.5^{\circ}\text{C}$ )

and

Each significant attack is severe enough to change either the EDSS or at least one of the Kurtze Functional System scores by at least 1 point

or

Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom)

and

Evidence of new inflammatory activity on an MRI scan within the past 24 months

and

A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion

or

A sign of that new inflammatory activity is a lesion showing diffusion restriction

or

A sign of that new inflammatory activity is a T2 lesion with associated local swelling

or

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

or

A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan

or

Patient has an active approval for ocrelizumab and does not have primary progressive MS

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

I confirm that the above details are correct:

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

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**PRESCRIBER**

**PATIENT:**

Name: .....

Name: .....

Ward: .....

NHI: .....

**Multiple Sclerosis** - *continued*

**CONTINUATION – Multiple Sclerosis - dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab and teriflunomide**

**Prerequisites** (tick box where appropriate)

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

**and**  Patient has had an EDSS score of 0 to 6.0 (inclusive) with or without the use unilateral or bilateral aids at any time in the last six months (ie the patient has walked 100 metres or more with or without aids in the last six months)

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.



I confirm that the above details are correct:

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