RS1922 - Adalimumab (Humira - Alternative brand)

(
	Arthritis - polyarticular course juvenile idiopathic - INITIATION	10	
	Arthritis - polyarticular course juvenile idiopathic - CONTINUATION	10	
	Arthritis - psoriatic - INITIATION		
	Arthritis - psoriatic - CONTINUATION	11	
	Arthritis – oligoarticular course juvenile idiopathic - INITIATION	9	
	Arthritis – oligoarticular course juvenile idiopathic - CONTINUATION	10	
	Arthritis – rheumatoid - INITIATION	11	
	Arthritis – rheumatoid - CONTINUATION		
	Behcet's disease – severe - INITIATION	2	
	Behcet's disease – severe - CONTINUATION	2	
	Crohn's disease - adult - INITIATION		
	Crohn's disease - adult - CONTINUATION	5	
	Crohn's disease - children - INITIATION	6	
	Crohn's disease - children - CONTINUATION		
	Crohn's disease - fistulising - INITIATION	6	
	Crohn's disease - fistulising - CONTINUATION	7	
	Hidradenitis suppurativa - INITIATION	2	
	Hidradenitis suppurativa - CONTINUATION	3	
	Ocular inflammation – chronic - INITIATION		
	Ocular inflammation – chronic - CONTINUATION		
	Ocular inflammation – severe - INITIATION		
	Ocular inflammation – severe - CONTINUATION		
	Psoriasis - severe chronic plaque - INITIATION	3	
	Psoriasis - severe chronic plaque - CONTINUATION	4	
	Pyoderma gangrenosum - İNITIATION		
	Pyoderma gangrenosum - CONTINUATION		
	Still's disease – adult-onset (AOSD) - INITIATION	12	
	Still's disease – adult-onset (AOSD) - CONTINUATION Ankylosing spondylitis - INITIATION	12	
	Ankylosing spondylitis - INITIATION	9	
	Ankylosing spondylitis - CONTINUATION	9	

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) Orescribed by, or recommended by any relevant practitioner, or in activity and NZ Hospital.	ecordance with a protocol or guideline that has been endorsed by the Health		
O Patient has developed symptoms of loss of disease con (Amgevita) and clinician attributes this loss of disease re	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 Adalimumab to be administered at doses no greater than 40 n			
CONTINUATION – Behcet's disease – severe Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Or Prescribed by, or recommended by any relevant practitioner, or in act NZ Hospital. and Or The patient has had a good clinical response to treatment with and Or Adalimumab to be administered at doses no greater than 40 metals.			
INITIATION – Hidradenitis suppurativa Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a dermatologist or Practitioner or guideline that has been endorsed by the Health NZ Hospital. and	n the recommendation of a dermatologist, or in accordance with a protocol		
or			
and Patient has previously had a Special Authority approval for the and Adalimumab to be administered at doses no greater than 40 n	Humira brand of adalimumab for this indication		

 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) - continued					
CONTINUATION – Hidradenitis suppurativa Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)					
Prescribed by, or recommended by a dermatologist or Practitioner or 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. inflammator	y nodules, abscesses, draining fistulae) of 25% or more from baseline				
The patient has a Dermatology Quality of Life Index improvem	ent of 4 or more from baseline				
Adalimumab is to be administered at doses no greater than 40	mg every 7 days. Fortnightly dosing has been considered				
INITIATION – Psoriasis - severe chronic plaque Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	Re-assessment required after 6 months				
O Prescribed by, or recommended by a dermatologist or Practitioner on the recommendation of a dermatologist, or in accordance with a protoco or guideline that has been endorsed by the Health NZ Hospital.					
O The patient has experienced intolerable side effects from	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				
and O Patient has received a maximum of 6 months treatment with A and	mgevita				
O Patient has previously had a Special Authority approval for the and	Humira brand of adalimumab for this indication				
Adalimumab to be administered at doses no greater than 40 m	ng every 14 days				

I confirm that the above details are correct:

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Signed.	Date:	
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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:		
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	Adalimumab 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 Patient has received a maximum of 6 months treatment with Amgevita and		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	simum of 8 doses		

I confirm that the above details are correct:

C:	D-1	
Signed.	Date:	
Oigilica.	 Daic.	

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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 with a protocol or guideline that has been endorsed by the Health Hospital. and			
The patient has demonstrated clinical improvement and continuand A maximum of 8 doses	ues 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 Practitioner on the recommendation of a gastroenterologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. 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 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 mg every 14 days			
CONTINUATION – Crohn's disease - adult Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a gastroenterologist or Practitioner on the recommendation of a gastroenterologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.			
O CDAI score has reduced by 100 points from the CDAI score or O CDAI score is 150 or less O The patient has demonstrated an adequate response to tended and O Adalimumab to be administered at doses no greater than 40 mg	creatment, but CDAI score cannot be assessed		

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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	mak) (Hu	umira - Alternative brand) - continued
Re-assess	smen	t requ	n's disease - children uired after 6 months poxes 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.
	or or	OOO	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		ent has previously had a Special Authority approval for the Humira brand of adalimumab for this indication imumab to be administered at doses no greater than 40 mg every 14 days
Prerequis	Preso proto or or	cribed col or	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 imumab to be administered at doses no greater than 40 mg every 14 days
INITIATION – Crohn's disease - fistulising Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a gastroenterologist or Practitioner on the recommendation of a gastroenterologist, or in accordance of protocol or guideline that has been endorsed by the Health NZ Hospital.			by, or recommended by a gastroenterologist or Practitioner on the recommendation of a gastroenterologist, or in accordance with a
and	0		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 ent has previously had a Special Authority approval for the Humira brand of adalimumab for this indication imumab to be administered at doses no greater than 40 mg every 14 days
INITIATIO Re-assess Prerequis and	DN - Cossmen	Crohrn t requirement (tick t requirement)	The patient has demonstrated an adequate response to treatment, but PCDAI score cannot be assessed imumab to be administered at doses no greater than 40 mg every 14 days Dis disease - fistulising irred after 6 months coxes where appropriate) By, or recommended by a gastroenterologist or Practitioner on the recommendation of a gastroenterologist, or in accordance we guideline that has been endorsed by the Health NZ Hospital. 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 with has previously had a Special Authority approval for the Humira brand of adalimumab for this indication

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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) - continued				
CONTINUATION – Crohn's disease - fistulising Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	er on the recommendation of a gastroenterologist, or in accordance with a			
protocol or guideline that has been endorsed by the Health NZ Hosp				
The number of open draining fistulae have decreased fro	om baseline by at least 50%			
O There has been a marked reduction in drainage of all fis Assessment score, together with less induration and pat	tula(e) from baseline as demonstrated by a reduction in the Fistula ient-reported pain			
Adalimumab to be administered at doses no greater than 40 m	ng every 14 days			
INITIATION – Ocular inflammation – chronic Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)				
O Prescribed by, or recommended by any relevant practitioner, or in ac NZ Hospital.	cordance with a protocol or guideline that has been endorsed by the Health			
or And a maximum of 6 months treatment with Amgevita Patient has developed symptoms of loss of disease cont	trol following a minimum of 4 weeks treatment, and a nician attributes this loss of disease response to a change in treatment on loss if they were to change treatment			
and O Patient has previously had a Special Authority approval for the and O Adalimumab to be administered at doses no greater than 40 m				
CONTINUATION – Ocular inflammation – chronic 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 NZ Hospital.				
O The patient has had a good clinical response following 1	2 weeks' initial treatment			
Uveitis Nomenclature (SUN) criteria < ½+ anterior cham resolution of uveitic cystoid macular oedema)	as had a sustained reduction in inflammation (Standardisation of ber or vitreous cells, absence of active vitreous or retinal lesions, or as a sustained steroid sparing effect, allowing reduction in prednisone			
to < 10mg daily, or steroid drops less than twice daily if u	under 18 years old			

January 2025

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PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Adalimumab (Humiı	ra - Alternative brand) - continued
INITIATION – Ocular infl Re-assessment required Prerequisites (tick boxes	after 12 months
NZ Hospital.	, and the second
or Or Pat	e patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, if a maximum of 6 months treatment with Amgevita ient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with Amgevita, and a ximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment imen ient has uveitis and is considered to be at risk of vision loss if they were to change treatment
and	as previously had a Special Authority approval for the Humira brand of adalimumab for this indication hab to be administered at doses no greater than 40 mg every 14 days
Re-assessment required Prerequisites (tick boxes	
or O Foll Uve reso	e patient has had a good clinical response following 3 initial doses lowing each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of eitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or colution of uveitic cystoid macular oedema) lowing each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone at 10mg daily, or steroid drops less than twice daily if under 18 years old
Adalimum	nab to be administered at doses no greater than 40 mg every 14 days

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

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PRES	CRIBER PATIENT:
Name	:
Ward	NHI:
Adal	mumab (Humira - Alternative brand) - continued
Re-a	ATION – ankylosing spondylitis seessment required after 6 months equisites (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. The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment or Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) Patient has received a maximum of 6 months treatment with Amgevita 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 mg every 14 days
Re-a	TINUATION – ankylosing spondylitis seessment required after 6 months equisites (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. 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 and Adalimumab to be administered at doses no greater than 40 mg every 14 days
Re-a	ATION – Arthritis – oligoarticular course juvenile idiopathic seessment required after 6 months equisites (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 endorsed by the Health NZ Hospital.
	Or The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment O 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 Patient has received a maximum of 6 months treatment with Amgevita Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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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)	
Prescribed by, or recommended by a named specialist or rheumatolo by the Health NZ Hospital. and	ogist, or in accordance with a protocol or guideline that has been endorsed
	t 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
	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
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)	
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
and	t 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)	
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
or	n adalimumab (Amgevita) following a minimum of 4 weeks treatment
(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
O Patient has received a maximum of 6 months treatment with A and	mgevita
Patient has previously had a Special Authority approval for the and	Humira brand of adalimumab for this indication
Adalimumab to be administered at doses no greater than 40 m	g every 14 days

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	SCRIE	BER		PATIENT:				
Name	e:			Name:				
Ward	:			NHI:				
Adal	imuı	mab	(Hu	umira - Alternative brand) - continued				
CON Re-a Prer	ITINU.	ATIO smen sites Presc by the	t required the second of the s	Arthritis - psoriatic price after 6 months poxes where appropriate) by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed alth NZ Hospital. patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant conse to prior adalimumab treatment in the opinion of the treating physician imumab to be administered at doses no greater than 40 mg every 14 days				
Re-a	ssess equis	smen sites Presc	t requ (tick b	itis – rheumatoid uired after 6 months coxes where appropriate) by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a guideline that has been endorsed by the Health NZ Hospital.				
	and and and	or O	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 Patient has received a maximum of 6 months treatment with Amgevita 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 mg every 14 days					
		or	0	Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response				
CONTINUATION – 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	0		patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant onse to prior adalimumab treatment in the opinion of the treating physician				
		or	0	Adalimumab to be administered at doses no greater than 40 mg every 14 days Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response				

I confirm that the above details are correct:

Signed: Date:

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PRESCR	IBER	PATIENT:							
Name:		Name:							
Ward:		NHI:							
Adalimumab (Humira - Alternative brand) - continued									
INITIATION – Still's disease – adult-onset (AOSD) Re-assessment required after 6 months									
	isites (tick boxes where appropriate)								
and	Prescribed by, or recommended by a rheumatologist or Practitioner protocol or guideline that has been endorsed by the Health NZ Hosp	on the recommendation of a rheumatologist, or in accordance with a bital.							
	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								
an	O Patient has received a maximum of 6 months treatment with A								
CONTINUATION – Still's disease – adult-onset (AOSD) Re-assessment required after 6 months Prerequisites (tick box where appropriate)									
and	Prescribed by, or recommended by a rheumatologist or Practitioner protocol or guideline that has been endorsed by the Health NZ Hosp	on the recommendation of a rheumatologist, or in accordance with a cital.							
О	The patient has demonstrated a sustained improvement in inflammatory markers and functional status								

I confirm that the above details are correct:

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Oigilica.	 Duic.	