### 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)  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  The patient has had a good clinical response to treatment with and  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	

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 or guideline that has been endorsed by the Health NZ Hospital.	on the recommendation of a dermatologist, or in accordance with a protocol	
The patient has a reduction in active lesions (e.g. inflammato and  The patient has a Dermatology Quality of Life Index improver	ry nodules, abscesses, draining fistulae) of 25% or more from baseline	
and O Adalimumab is to be administered at doses no greater than 4		
INITIATION – Psoriasis - severe chronic plaque Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)		
Prescribed by, or recommended by a dermatologist or Practitioner on the recommendation of a dermatologist, or in accordance or guideline that has been endorsed by the Health NZ Hospital.		
or	m adalimumab (Amgevita) following a minimum of 4 weeks treatment atrol 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 and  Patient has previously had a Special Authority approval for the		
Adalimumab to be administered at doses no greater than 40	mg every 14 days	

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Signed.	Date:	
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PRESCRIBER		PATIENT:
Name:		
Ward:		NHI:
Adalimumab	(Humir	a - Alternative brand) - continued
Presco	t required a (tick boxes cribed by, o	where appropriate) r recommended by a dermatologist or Practitioner on the recommendation of a dermatologist, or in accordance with a protocol has been endorsed by the Health NZ Hospital.
	and	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	Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment  O 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
		ab to be administered at doses no greater than 40 mg every 14 days
	t required a (tick boxes cribed by, o	
and	O The	patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment ent has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab gevita) and clinician attributes this loss of disease response to a change in treatment regimen
and and	Patient ha	s received a maximum of 6 months treatment with Amgevita s previously had a Special Authority approval for the Humira brand of adalimumab for this indication m of 8 doses
O	A maximu	n 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 with a protocol or guideline that has been endorsed by the Hospital.				
The patient has demonstrated clinical improvement and contand  A maximum of 8 doses	tinues to require treatment			
INITIATION – Crohn's disease - adult Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)				
O Prescribed by, or recommended by a gastroenterologist or Practitic protocol or guideline that has been endorsed by the Health NZ Hos	oner on the recommendation of a gastroenterologist, or in accordance with a spital.			
or  Patient has developed symptoms of loss of disease conformation of a months treatment with Amgevita and clinician attribution.				
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 protocol or guideline that has been endorsed by the Health NZ Hospital.				
O CDAI score has reduced by 100 points from the CDAI or O CDAI score is 150 or less or O The patient has demonstrated an adequate response				
Adalimumab 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

PRESCRIBER			PATIENT:		
Name: .					
Ward: NHI:					
Adalim	uma	b (Hu	ımira - Alternative brand) - continued		
Re-asse	essmei	nt requ	o's disease - children ired after 6 months poxes 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.		
aı	O	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 on the previously had a Special Authority approval for the Humira brand of adalimumab for this indication		
aı		Adali	mumab to be administered at doses no greater than 40 mg every 14 days		
Re-asse	Pres proto	ocol or	Crohn's disease - children ired after 6 months boxes 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.  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  International or control of the patient was initiated on adalimumab and property a		
Re-asse	essmei uisites Pres	nt 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.		
	or or	Patie	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 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

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)						
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					
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					

PRESCRIBER					PATIENT:
Name:					Name:
Ward:					NHI:
Ada	limu	mak	(Hu	ımira - Alternative brand) - continued	
Re-a	equis	smen sites	t requ (tick t		cordance with a protocol or guideline that has been endorsed by the Health
	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 with Amgevita, 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 uveitis and is considered to be at risk of vision loss if they were to change 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				
Re-a	asses	smen	t requ	Ocular inflammation – severe uired after 12 months oxes where appropriate)	
and		Preso NZ H			cordance with a protocol or guideline that has been endorsed by the Health
		or	<ul><li>O</li><li>O</li><li>O</li></ul>	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
	and	0	Adal	imumab 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	CRIBER		PATIENT:
Name	:		
Ward:			NHI:
Adal	imuma	b (Hu	mira - Alternative brand) - continued
Re-a	ssessme equisites Pres	nt requ (tick b cribed	besing spondylitis ired after 6 months inexposes 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.
	OI	0	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 on and on and on one of the o	Patie	nt has received a maximum of 6 months treatment with Amgevita  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	ssessme equisites Pres	nt requ s (tick b scribed ocol or Treat impro	nkylosing spondylitis ired after 6 months ioxes 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.  ment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an overment in BASDAI of 50%, whichever is less  mumab to be administered at doses no greater than 40 mg every 14 days
Re-a	ssessme equisites Pres	et request (tick becribed the Health	tis – oligoarticular course juvenile idiopathic ired after 6 months oxes where appropriate) by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed th NZ Hospital.  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  In thas received a maximum of 6 months treatment with Amgevita  In thas 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

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 rheumatole 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)					
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 contour (Amgevita) and clinician attributes this loss of disease re	erol following a minimum of 4 weeks treatment with adalimumable sponse 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					
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				
	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)					
O 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.  and					
·	n adalimumab (Amgevita) following a minimum of 4 weeks treatment				
Patient has developed symptoms of loss of disease contour (Amgevita) and clinician attributes this loss of disease re	rrol 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	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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PRESCRIBER				PATIENT:	
Name:				Name:	
Ward:				NHI:	
Adalimı	umal	o (Hu	ımira - Alternative brand) - continued		
CONTIN Re-asses	Preso by the	on - Ant required (tick to the tick to the	Arthritis - psoriatic hired after 6 months boxes where appropriate) by, or recommended by a named specialist or rheumatole hth NZ Hospital.		
Re-asses	isites Prese	nt requ (tick b cribed	tis – rheumatoid  ired after 6 months  poxes where appropriate)  by, or recommended by a rheumatologist or Practitioner of guideline that has been endorsed by the Health NZ Hosp	on the recommendation of a rheumatologist, or in accordance with a ital.	
and and			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	mgevita  Humira brand of adalimumab for this indication	
Re-asses	Preso proto	t requestick to the color or th	guideline that has been endorsed by the Health NZ Hosp patient demonstrates at least a continuing 30% improvem onse to prior adalimumab treatment in the opinion of the treatment at doses no greater than	ent in active joint count from baseline and a clinically significant reating physician	
				res doses of adalimumab higher than 40 mg every 14 days to maintain	

I confirm that the above details are correct:

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Signed.	I Jata:	
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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 on the recommendation of a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.						
or	m adalimumab (Amgevita) following a minimum of 4 weeks treatment atrol 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 th						
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 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 demonstrated a sustained improvement in inflamma	atory markers and functional status					