RS1922 - Adalimumab (Humira - Alternative brand)

(
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	Arthritis – rheumatoid - CONTINUATION		
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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.

RIBER	PATIENT:
	NHI:
uma	b (Humira - Alternative brand)
essme	Behcet's disease – severe nt required after 6 months s (tick boxes where appropriate)
	scribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health Hospital.
OI	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
0	Patient has received a maximum of 6 months treatment with Amgevita
0	Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication
0	Adalimumab to be administered at doses no greater than 40 mg every 14 days
Pres NZ I	cribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health Hospital. The patient has had a good clinical response to treatment with measurably improved quality of life Adalimumab to be administered at doses no greater than 40 mg every 14 days
	Hidradenitis suppurativa nt required after 6 months
uisites	s (tick boxes where appropriate)
	scribed by, or recommended by a dermatologist or Practitioner on the recommendation of a dermatologist, or in accordance with a protocol uideline that has been endorsed by the Health NZ Hospital.
OI	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
\circ	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
0	Adalimumab to be administered at doses no greater than 40 mg every 7 days. Fortnightly dosing has been considered
	ION – essme uisites Pres NZ I Ond Ond Ond Ond Ond Ond Ond Ond Ond On

 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 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	ry nodules, abscesses, draining fistulae) of 25% or more from baseline		
The patient has a Dermatology Quality of Life Index improven	nent of 4 or more from baseline		
Adalimumab is to be administered at doses no greater than 4	Omg every 7 days. Fortnightly dosing has been considered		
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 or guideline that has been endorsed by the Health NZ Hospital.	on the recommendation of a dermatologist, or in accordance with a protocol		
O The patient has experienced intolerable side effects from	m adalimumab (Amgevita) following a minimum of 4 weeks treatment		
	strol 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	Amgevita		
O Patient has previously had a Special Authority approval for the	e Humira brand of adalimumab for this indication		
Adalimumab to be administered at doses no greater than 40 r	ng every 14 days		

I confirm that the above details are correct:

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PRESCRIE	BER	PATIENT:
Name:		
Nard:		NHI:
Adalimu	mab	o (Humira - Alternative brand) - continued
Re-assess Prerequis	sment sites (Presc	N – Psoriasis - severe chronic plaque t required after 6 months (tick boxes where appropriate) bribed by, or recommended by a dermatologist or Practitioner on the recommendation of a dermatologist, or in accordance with a protocol deline that has been endorsed by the Health NZ Hospital.
		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	
		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 and
		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	\sim	Adalimumab to be administered at doses no greater than 40 mg every 14 days
Re-assess	sment	Pyoderma gangrenosum t required after 6 months (tick boxes where appropriate)
	Presc Hospi	cribed by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ ital.
		O The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment
	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
and Patient has received a maximum of 6 months treatment with Amgevita and		Patient has received a maximum of 6 months treatment with Amgevita
	\circ	Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication
and	O	A maximum 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	dalimumab (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 wi 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 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 Or O The patient has demonstrated an adequate response to the 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:				
Adalimumab (Humira - Alternative brand) - continued					
INITIATION – Crohn's disease - children Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a gastroenterologist or Practitioner on the recommendation of a gastroenterologist, or in accordance with					
protocol or guideline that has been endorsed by the Health NZ Hosp	oital.				
or Patient has developed symptoms of loss of disease con 6 months treatment with Amgevita and clinician attribute	trol following a minimum of 4 weeks treatment, and a maximum of es this loss of disease response to a change in treatment regimen sease destabilisation if there were to be a change to current treatment				
and					
Adalimumab to be administered at doses no greater than 40 r	ng every 14 days				
CONTINUATION – Crohn's disease - children 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 accordant protocol or 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 or O PCDAI score is 15 or less The patient has demonstrated an adequate response to treatment, but PCDAI score cannot be assessed and O Adalimumab 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) O Prescribed by, or recommended by a gastroenterologist or Practitioner on the recommendation of a gastroenterologist, or in accomprotocol or guideline that has been endorsed by the Health NZ Hospital.					
or Patient has developed symptoms of loss of disease con 6 months treatment with Amgevita and clinician attribute					

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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) 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.					
The number of open draining fistulae have decreased There has been a marked reduction in drainage of all a Assessment score, together with less induration and pand Adalimumab to be administered at doses no greater than 40	fistula(e) from baseline as demonstrated by a reduction in the Fistula atient-reported pain				
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 NZ Hospital.	accordance 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 co	ne Humira brand of adalimumab for this indication				
NZ Hospital.	accordance with a protocol or guideline that has been endorsed by the Health				
Uveitis Nomenclature (SUN) criteria < ½+ anterior cha resolution of uveitic cystoid macular oedema)	thas had a sustained reduction in inflammation (Standardisation of imber or vitreous cells, absence of active vitreous or retinal lesions, or thas a sustained steroid sparing effect, allowing reduction in prednisone				
Adalimumab 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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PRESCRIBER	PATIENT:		
Name:	Name:		
Ward:	NHI:		
Adalimumab (Humira - Alternative brand) - continued			
INITIATION – Ocular inflammation – severe Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)			
O Prescribed by, or recommended by any relevant practitioner, or in NZ Hospital.	a accordance with a protocol or guideline that has been endorsed by the Health		
and a maximum of 6 months treatment with Amgevita			
	control following a minimum of 4 weeks treatment with Amgevita, and a clinician attributes this loss of disease response to a change in treatment		
O Patient has uveitis and is considered to be at risk of v	vision loss if they were to change treatment		
Patient has previously had a Special Authority approval for and Adalimumab to be administered at doses no greater than 4	pecial Authority approval for the Humira brand of adalimumab for this indication d at doses no greater than 40 mg every 14 days		
CONTINUATION – Ocular inflammation – severe Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)			
O Prescribed by, or recommended by any relevant practitioner, or in NZ Hospital.	accordance with a protocol or guideline that has been endorsed by the Health		
The patient has had a good clinical response followin	ng 3 initial doses		
	nt has had a sustained reduction in inflammation (Standardisation of namber or vitreous cells, absence of active vitreous or retinal lesions, or		
	nt has a sustained steroid sparing effect, allowing reduction in prednisone if under 18 years old		
Adalimumab to be administered at doses no greater than 40 mg every 14 days			

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PRESCRIBER				PATIENT:	
Name:					
Ward: NHI:					
Adal	imu	ımak	(Hu	mira - Alternative brand) - continued	
INITIATION – ankylosing spondylitis Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance protocol or guideline that has been endorsed by the Health NZ Hospital.				ired after 6 months oxes where appropriate) by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a	
		or	0	The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment	
		J.	0	Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita)	
	and	0	Patie	nt has received a maximum of 6 months treatment with Amgevita	
	and		Patie	nt has previously had a Special Authority approval for the Humira brand of adalimumab for this indication	
		0	Adali	mumab to be administered at doses no greater than 40 mg every 14 days	
CONTINUATION – ankylosing spondylitis Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Or 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 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 Or Adalimumab to be administered at doses no greater than 40 mg every 14 days			ired after 6 months oxes 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 exement in BASDAI of 50%, whichever is less		
INITIATION – Arthritis – oligoarticular course juvenile idiopathic 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 by the Health NZ Hospital.			by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed th NZ Hospital.		
	and	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 clinician attributes this loss of disease response to a change in treatment regimen In the 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 the 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 the 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	

I confirm that the above details are correct:

Signed: Date:

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	dalimumab (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)	Re-assessment required after 6 months					
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.						
	n 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 adalimuma (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 A	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 mg every 14 days						

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PRESCRIBER	l	PATIENT:					
Name:		Name:					
Ward:		NHI:					
Adalimuma	dalimumab (Humira - Alternative brand) - continued						
CONTINUATION Re-assessme Prerequisites Pres	CONTINUATION – Arthritis - psoriatic Re-assessment required after 6 months Prerequisites (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. The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician						
Prerequisites Presprote	nt required after 6 months s (tick boxes where appropriate) scribed by, or recommended by a rheumatologist or Practitioner						
and and and	Patient has developed symptoms of loss of disease con (Amgevita) and clinician attributes this loss of disease repatient has received a maximum of 6 months treatment with A Patient has previously had a Special Authority approval for the Adalimumab to be administered at doses no greater than	trol following a minimum of 4 weeks treatment with adalimumab esponse to a change in treatment regimen amgevita Humira brand of adalimumab for this indication n 40 mg every 14 days					
CONTINUATION – Arthritis – rheumatoid Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O 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 demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician O Adalimumab to be administered at doses no greater than 40 mg every 14 days or O Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response							
INITATION – 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. 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) 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 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 maintair an adequate response CONTINUATION – Arthritis – rheumatoid 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. 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 demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior adalimumab freatment in the opinion of the treating physician 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							

I confirm that the above details are correct:

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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)				
O 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	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 Amgevita and Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication				
CONTINUATION – Still's disease – adult-onset (AOSD) Re-assessment required after 6 months Prerequisites (tick box where appropriate) O 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 inflammatory markers and functional status				

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Zigneg.	i jate:	
Oigilica.	 Duic.	