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.

SCRIBER	PATIENT:
9:	Name:
:	NHI:
iple Sclerosis	
assessment required a requisites (tick boxes	
and Pati and	gnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a rologist ent has an EDSS score between 0 – 6.0
and and and and and and and o	ent has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months 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) Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s) 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) Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever (T> 37.5°C) C 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 C Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom)
and O Evic and or or or or or	dence of new inflammatory activity on an MRI scan within the past 24 months A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion A sign of that new inflammatory activity is a lesion showing diffusion restriction A sign of that new inflammatory is a T2 lesion with associated local swelling 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 A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan

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PRESCRIBER	PATIENT:				
Name:	Name:				
Ward:	NHI:				
Multiple Sclerosis - continued					
CONTINUATION – Multiple Sclerosis - ocrelizumab Prerequisites (tick box where appropriate) O Prescribed by, or recommended by any relevant practitioner, or in ac	cordance 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.					
INITIATION – Primary Progressive Multiple Sclerosis 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. and	cordance with a protocol or guideline that has been endorsed by the Health				
Diagnosis of primary progressive multiple sclerosis (PPMS) m neurologist and	eets the 2017 McDonald criteria and has been confirmed by a				
O Patient has an EDSS 2.0 (score equal to or greater than 2 on	oyramidal functions) to EDSS 6.5				
Patient has no history of relapsing remitting multiple sclerosis					
CONTINUATION – Primary Progressive Multiple Sclerosis Prerequisites (tick box 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 Patient has had an EDSS score of less than or equal to 6.5 at any ti assistance/aids, without rest in the last six months)	me in the last six months (ie patient has walked 20 metres with bilateral				

Signed:	 Date:	