RS1922 - Adalimumab (Humira - Alternative brand)

| Arthritis - polyarticular course juvenile idiopathic - INITIATION |
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| Arthritis - polyarticular course juvenile idiopathic - CONTINUATION |
| Arthritis - psoriatic - INITIATION |
| Arthritis - psoriatic - CONTINUATION |
| Arthritis – oligoarticular course juvenile idiopathic - INITIATION |
| Arthritis – oligoarticular course juvenile idiopathic - CONTINUATION |
| Arthritis – rheumatoid - INITIATION |
| Arthritis – rheumatoid - CONTINUATION |
| Behcet's disease – severe - INITIATION |
| Behcet's disease – severe - CONTINUATION |
| Crohn's disease - adult - INITIATION |
| Crohn's disease - adult - CONTINUATION |
| Crohn's disease - children - INITIATION |
| Crohn's disease - children - CONTINUATION |
| Crohn's disease - fistulising - INITIATION |
| Crohn's disease - fistulising - CONTINUATION |
| Hidradenitis suppurativa - INITIATION |
| Hidradenitis suppurativa - CONTINUATION |
| Ocular inflammation – chronic - INITIATION |
| Ocular inflammation – chronic - CONTINUATION |
| Ocular inflammation – severe - INITIATION |
| Ocular inflammation – severe - CONTINUATION |
| Psoriasis - severe chronic plaque - INITIATION |
| Psoriasis - severe chronic plaque - CONTINUATION |
| Pyoderma gangrenosum - INITIATION |
| Pyoderma gangrenosum - CONTINUATION |
| Still's disease – adult-onset (AOSD) - INITIATION |
| Still's disease – adult-onset (AOSD) - CONTINUATION |
| Ankylosing spondylitis - INITIATION |
| Ankylosing spondylitis - CONTINUATION |
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| PRESCRIBER | PATIENT: | | | | | | | | | | | | |
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| Name: | Name: | | | | | | | | | | | | |
| Ward: | NHI: | | | | | | | | | | | | |
| Adalimumab (Humira - Alternative brand) | | | | | | | | | | | | | |
| INITIATION – Behcet's disease – severe Re-assessment required after 6 months | | | | | | | | | | | | | |
| Prerequisites (tick boxes where appropriate) | | | | | | | | | | | | | |
| O Prescribed by, or recommended by any relevant practitioner, or in a NZ Hospital. | accordance with a protocol or guideline that has been endorsed by the Health | | | | | | | | | | | | |
| or | orm adalimumab (Amgevita) following a minimum of 4 weeks treatment ntrol following a minimum of 4 weeks treatment with adalimumab response to a change in treatment regimen | | | | | | | | | | | | |
| And O Patient has received a maximum of 6 months treatment with and O | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| Adaimumab to be administered at doses no greater than 40 | nig every 14 days | | | | | | | | | | | | |
| CONTINUATION – Behcet's disease – severe Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by any relevant practitioner, or in a NZ Hospital. | ccordance with a protocol or guideline that has been endorsed by the Health | | | | | | | | | | | | |
| \bigcirc The patient has had a good clinical response to treatment wi | th measurably improved quality of life | | | | | | | | | | | | |
| Adalimumab to be administered at doses no greater than 40 | mg every 14 days | | | | | | | | | | | | |
| INITIATION – Hidradenitis suppurativa Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) | | | | | | | | | | | | | |
| or guideline that has been endorsed by the Health NZ Hospital. | on the recommendation of a dermatologist, or in accordance with a protocol | | | | | | | | | | | | |
| or | Amgevita | | | | | | | | | | | | |
| O Adalimumab to be administered at doses no greater than 40 | mg every 7 days. Fortnightly dosing has been considered | | | | | | | | | | | | |

| PRESCRIBER | PATIENT: |
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| 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 o or guideline that has been endorsed by the Health NZ Hospital. | n the recommendation of a dermatologist, or in accordance with a protocol |
| and | ry 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) | |
| Prescribed by, or recommended by a dermatologist or Practitioner o or guideline that has been endorsed by the Health NZ Hospital. and | n the recommendation of a dermatologist, or in accordance with a protocol |
| O The patient has experienced intolerable side effects from | n adalimumab (Amgevita) following a minimum of 4 weeks treatment |
| 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 |
| 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 | Humira brand of adalimumab for this indication |
| Adalimumab to be administered at doses no greater than 40 n | ng every 14 days |

| Signed: | Date: | |
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| PRES | SCRIE | BER | | PATIENT: |
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| Name | e: | | | Name: |
| Ward | : | | | |
| Adal | imu | mab | (Hu | mira - Alternative brand) - continued |
| Re-a | issess | sment | requi | soriasis - severe chronic plaque red after 6 months oxes where appropriate) |
| (and | | | | by, 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 |
| | | | | O 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 |
| | | | | O 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 |
| | | | | 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 |
| | | | | O 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 | \frown | Adalir | numab to be administered at doses no greater than 40 mg every 14 days |
| Re-a | issess | sment | requi | ma gangrenosum red after 6 months oxes where appropriate) |
| (and | | Presci Hospit | | by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ |
| | | | Ο | 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 |
| | and and | Ο | Patier | t has received a maximum of 6 months treatment with Amgevita |
| | and | \bigcirc | Patier | t has previously had a Special Authority approval for the Humira brand of adalimumab for this indication |
| | | 0 | A max | timum of 8 doses |

| 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 | of the Pharmaceutical |
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| Schedule. For community funding, see the Special Authority Criteria. | | | |

| PRESCRIBER | PATIENT: |
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| Name: | Name: |
| Ward: | NHI: |
| Adalimumab (Humira - Alternative brand) - continued | |
| CONTINUATION – Pyoderma gangrenosum Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) | |
| O Prescribed by, or recommended by a dermatologist, or in accordance Hospital. | ce with a protocol or guideline that has been endorsed by the Health NZ |
| O The patient has demonstrated clinical improvement and conti and O A maximum of 8 doses | nues to require treatment |
| protocol or guideline that has been endorsed by the Health NZ Hos | ner on the recommendation of a gastroenterologist, or in accordance with a pital. |
| or O Patient has developed symptoms of loss of disease cor 6 months treatment with Amgevita and clinician attribute | m adalimumab (Amgevita) following a minimum of 4 weeks treatment, ntrol following a minimum of 4 weeks treatment, and a maximum of es this loss of disease response to a change in treatment regimen isease destabilisation if there were to be a change to current 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 – Crohn's disease - adult Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Prescribed by or recommended by a gastroenterologist or Practition | ner on the recommendation of a gastroenterologist, or in accordance with a |
| and | |
| O CDAI score has reduced by 100 points from the CDAI s or O CDAI score is 150 or less or | |
| Adalimumab to be administered at doses no greater than 40 m | |

| PRES | CRIE | BER | | PATIENT: |
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| Name | : | | | |
| Ward: | | | | |
| Adali | mu | mat |) (Hu | Imira - Alternative brand) - continued |
| Re-as | ses | smen | t requ | i's disease - children ired after 6 months boxes 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. |
| | | or | 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 |
| | | or | 0 | 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 |
| | | | Ο | 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 and | Ο | Patie | ent has previously had a Special Authority approval for the Humira brand of adalimumab for this indication |
| | | Ο | Adali | mumab to be administered at doses no greater than 40 mg every 14 days |
| | equis | or | (tick b cribed col or O | hired 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 mumab to be administered at doses no greater than 40 mg every 14 days |
| Re-as | ses | smen | t requ | a's disease - fistulising hired after 6 months boxes where appropriate) |
| and | | Preso | 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. |
| | | or | 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 |
| | | or | 0 | 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 |
| | and | | \bigcirc | 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 | | | nt has previously had a Special Authority approval for the Humira brand of adalimumab for this indication |
| | | \bigcirc | Adali | mumab to be administered at doses no greater than 40 mg every 14 days |

| 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.

| PRES | CRIE | BER | | PATIENT: |
|----------|----------------|---------------|-------------------|--|
| Name | : | | | Name: |
| Ward: | | | | NHI: |
| Adal | imu | mak |) (Hu | mira - Alternative brand) - continued |
| | | | | crohn's disease - fistulising ired after 6 months |
| Prere | equis | sites | (tick b | oxes 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. |
| | | or | Ο | The number of open draining fistulae have decreased from baseline by at least 50% |
| | | | 0 | There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain |
| | and | 0 | Adali | mumab to be administered at doses no greater than 40 mg every 14 days |
| Re-a | ssess equis | smen sites | t requ (tick b | r inflammation – chronic ired after 12 months ioxes where appropriate) by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health |
| and | | | ospita | |
| | | or | 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 |
| | | or | 0 | 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 |
| | | | Ο | Patient has uveitis and is considered to be at risk of vision loss if they were to change treatment |
| | and and | Ο | 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 |
| Re-a | ssess | smen | t requ | Deular inflammation – chronic ired after 12 months inoxes where appropriate) |
| (and | | | ribed ospita | by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health I. |
| | | or | 0 | The patient has had a good clinical response following 12 weeks' initial treatment |
| | | or | 0 | Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema) |
| | | | 0 | Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old |
| | and | 0 | Adali | mumab to be administered at doses no greater than 40 mg every 14 days |

Signed: Date:

Page 8

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.

| PRE | SCRIB | ER | | PATIENT: |
|------|-----------------|------------------------------|-------------------|---|
| Name | e: | | | |
| Ward | : | | | NHI: |
| Ada | imur | nak |) (Hu | mira - Alternative brand) - continued |
| Re-a | ssess equis | men ites | t requ (tick b | r inflammation – severe ired after 12 months boxes where appropriate) by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health |
| and | | | ospita | |
| | | or | 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 |
| | | | 0 | 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 |
| | | or | Ο | Patient has uveitis and is considered to be at risk of vision loss if they were to change treatment |
| | and (and | С С | | 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 | equis | men i tes Presc | t requ (tick b | Docular inflammation – severe ired after 12 months poxes where appropriate) by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health II. |
| | | | 0 | The patient has had a good clinical response following 3 initial doses |
| | | or | 0 | Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria $< \frac{1}{2}$ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema) |
| | | | 0 | Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old |
| | and (| С | Adali | mumab 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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| Name | e: . | | | | | | | | | | | | | | | | | | | ••••• | | Ν | ٧a | ١ſ | ne | ÷:. | | | | | | | | | | | | | | | | | | | | | |
| Ward | I: | | | | | | | | ••••• | | | | | | | | | | | ••••• | | Ν | ١H | HI : | 1: . | | | | | | | | | | | | | | | | | | | | | | |
| Ada | lim | num | ab | (H | ur | nir | a - | Al | ter | na | tiv | e b | rai | nď |) - (| con | tinı | Jed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Re-a | asse | ION essm uisite | ent | rec | luir | ed a | afte | r 6 I | mor | nths | | te) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| and | 0 | | | | | | | | | | | | | | | | | | racti th N | | | | | | eı | rec | omi | me | nda | atio | on | of | a rh | eur | nate | olog | gist, | or | in a | acc | orc | ance | e wit | ha | | | |
| | | (| or | C C |) | Pati | ent | | s de | | | | | | | | | | effec | | | | | | | | | | - | | | | | | 7 | | | | | | | | eatm nab | ent | | | |
| | a | nd nd nd |) | Pat | ien [:] | t ha t ha | s re | ecei | ved ous | ly h | ad | a Sp | beci | ial A | Auth | norit | ty a | appro | ment roval er tha | for | the | e H | Hui | ım | nir | ra b | | | | dal | lim | nun | nab | for | this | inc | lica | tion | 1 | | | | | | | | |
| Re-a | asse | | ent es (| rec tick ribe | luir bo d b | ed a xes y, o | afte wh r re | r 6 ı ere con | mor app nme | nths prop ende | oriat ed k | te) by a | | | | | | | Practi th N2 | | | | | | eı | rec | :om | me | nda | atio | on | of | a rh | eur | nate | olog | gist, | ori | in a | acc | ord | ance | e wit | ha | | | |
| | a | nd C | | imp | rov | em | ent | in E | BAS | DA | l of | 50% | 6, W | vhic | chev | er is | s le | ess | OAI o er tha | | | | | | | | | | | e-ti | rea | atn | nen | t ba | seli | ne | on a | a 10 |) p | oin | it so | cale, | or a | IN | | | |
| Re-a | asse | | ent es (| rec tick ribe | luir bo d b | ed a xes y, o | afte wh r re | r 6 ı ere | mor app nme | nths orop ende | s oriat | te) | | | | | | | | uma | atol | og | jis | st, | , 0 | or in | 1 ac | cor | dar | nce | e v | vith | nap | orot | oco | l or | gui | deli | ne | tha | at h | as b | been | end | ors | sed | |
| | | | | |) ₍ | Pati Am t ha | ent gev s re | has rita) ecei [,] | and and ved | d cl | ope inici nax | d sy ian a imu | mp attri m o | otom ibut of 6 | ns or tes t mor | of los this nths | ss c los: s tre | of di s of eatn | effec iseas f dise ment | se c ease | cont e re | tro esp | ol f po nge | fo on ev | ollo nse vita | owii e to ta | ing a | a m cha | ninir | mu ə ir | ım n ti | of | 4 v atme | vee ent i | ks t regi | rea mei | tme n | nt v | vith | | | | eatm nab | ent | | | |

| PRESCRIBER | PATIENT: | | | | | |
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| 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) | | | | | | |
| | | | | | | |
| 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 - polyarticular course juvenile idiopathic Re-assessment required after 6 months | | | | | | |
| Prerequisites (tick boxes where appropriate) | | | | | | |
| Prescribed by, or recommended by a named specialist or rheumatole by the Health NZ Hospital. and | ogist, or in accordance with a protocol or guideline that has been endorsed | | | | | |
| O The patient has experienced intolerable side effects from | n adalimumab (Amgevita) following a minimum of 4 weeks treatment | | | | | |
| O Patient has developed symptoms of loss of disease cont (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 | | | | | |
| and 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 – 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 rheumatologist, or in accordance with a protocol or guideline that h by the Health NZ Hospital. | | | | | | |
| And For patients that demonstrate at least a continuing 30% improvement assessment from baseline | it 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 rheumatole 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 | n adalimumab (Amgevita) following a minimum of 4 weeks treatment | | | | | |
| (Amgevita) and clinician attributes this loss of disease re | trol 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 | | | | | |

| PRES | SCRIE | BER | PATIENT: | | | | |
|--|--|-------|---|--|--|--|--|
| Name | e: | | | | | | |
| Ward | : | | NHI: | | | | |
| Adalimumab (Humira - Alternative brand) - continued | | | | | | | |
| CONTINUATION – 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 | 0 | 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 Adalimumab to be administered at doses no greater than 40 mg every 14 days | | | | |
| Re-a | INITIATION – 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. | | | | | | | |
| | | or | O 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 | | | | |
| | and and | 0 | 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 | | | | |
| | and | or | 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 | | | | |
| CONTINUATION – Arthritis – rheumatoid Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) | | | | | | | |
| (and | I C | Presc | ribed by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a color guideline that has been endorsed by the Health NZ Hospital. | | | | |
| | and | 0 | 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 | | | | |
| | | or | 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 | | | | |

| 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.

| PRESC | RIBE | R | | | PATIENT: |
|---|------------|----|-----|---|---|
| Name: | | | | | Name: |
| Ward: | | | | | NHI: |
| Adalir | num | ab | (Hu | mira - 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 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 and | or | 0 | | 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 |
| | | ` | | nt has received a maximum of 6 months treatment with A nt has previously had a Special Authority approval for the | |
| CONTINUATION – Still's disease – adult-onset (AOSD) | | | | | |

Re-assessment required after 6 months **Prerequisites** (tick box where appropriate)

and

rerequisites (liek box 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 has demonstrated a sustained improvement in inflammatory markers and functional status

I confirm that the above details are correct: