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

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Multiple Sclerosis

INITIATION – Multiple Sclerosis - ocrelizumab
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 the Health NZ Hospital.

and

- ○ Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist

and

- ○ Patient has an EDSS score between 0 – 6.0

and

- ○ Patient has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months

and

- ○ 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)

and

- ○ Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s)

and

- ○ 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)

and

- ○ Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever (T> 37.5°C)

and

- ○ 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

or

- ○ Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom)

and

- ○ Evidence of new inflammatory activity on an MRI scan within the past 24 months

and

- ○ A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion

or

- ○ A sign of that new inflammatory activity is a lesion showing diffusion restriction

or

- ○ A sign of that new inflammatory is a T2 lesion with associated local swelling

or

- ○ 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

or

- ○ A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan

or

- ○ Patient has an active Special Authority approval for either dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab or teriflunomide

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

I confirm that the above details are correct:

Signed: ..... Date: .....

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

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Multiple Sclerosis *- continued*

CONTINUATION – Multiple Sclerosis - ocrelizumab

Prerequisites (tick box where appropriate)

❍ Prescribed by, or recommended by any relevant practitioner, or in accordance 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)

❍ Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

❍ Diagnosis of primary progressive multiple sclerosis (PPMS) meets the 2017 McDonald criteria and has been confirmed by a neurologist

and

❍ Patient has an EDSS 2.0 (score equal to or greater than 2 on pyramidal functions) to EDSS 6.5

and

❍ Patient has no history of relapsing remitting multiple sclerosis

CONTINUATION – Primary Progressive Multiple Sclerosis

Prerequisites (tick box where appropriate)

❍ Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

❍ Patient has had an EDSS score of less than or equal to 6.5 at any time in the last six months (ie patient has walked 20 metres with bilateral assistance/aids, without rest in the last six months)

I confirm that the above details are correct:

Signed: ..... Date: .....