RS2063 - Adalimumab (Amgevita)

Arthritis - oligoarticular course juvenile idiopathic - INITIATION	10
Arthritis - oligoarticular course juvenile idiopathic - CONTINUATION	10
Arthritis - polyarticular course juvenile idiopathic - INITIATION	11
Arthritis - polyarticular course juvenile idiopathic - CONTINUATION	
Arthritis - psoriatic - INITIATION	
Arthritis - psoriatic - CONTINUATION	12
Arthritis - rheumatoid - INITIATION	13
Arthritis - rheumatoid - CONTINUATION	
Behcet's disease - severe - INITIATION	2
Crohn's disease - adults - INITIATION	5
Crohn's disease - adults - CONTINUATION	5
Crohn's disease - children - INITIATION	5
Crohn's disease - children - CONTINUATION	
Crohn's disease - fistulising - INITIATION	6
Crohn's disease - fistulising - CONTINUATION	6
Hidradenitis suppurativa - INITIATION	2
Hidradenitis suppurativa - CONTINUATION	2
Hidradenitis suppurativa - CONTINUATION Ocular inflammation - chronic - INITIATION	7
Ocular inflammation - chronic - CONTINUATION	7
Ocular inflammation - severe - INITIATION	8
Ocular inflammation - severe - CONTINUATION	8
Plaque psoriasis - severe chronic - INITIATION	3
Plaque psoriasis - severe chronic - CONTINUATION	4
Still's disease - adult-onset (AOSD) - INITIATION	14
Ankylosing spondylitis - INITIATION	9
Ankylosing spondylitis - CONTINUATION	9
Inflammatory bowel arthritis – axial - INITIATION	15
Inflammatory bowel arthritis – axial - CONTINUATION	16
Inflammatory bowel arthritis – peripheral - INITIATION	16
Inflammatory bowel arthritis – peripheral - CONTINUATION	16
Pyoderma gangrenosum - INITIATION	4
Ulcerative colitis - INITIATION	14
Ulcerative colitis - CONTINUATION	
Undifferentiated spondyloarthiritis - INITIATION	
Undifferentiated spondyloarthiritis - CONTINUATION	15
Chambion and Sports, San Lines	

May 2025

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	CRIBER			PATIENT:						
Name	e:			Name:						
Ward:	:			NHI:						
Adal	imuma	b (Aı	mgevita)							
			et's disease - severe boxes where appropriate)							
(and		cribed lospita		cordance with a protocol or guideline that has been endorsed by the Health						
una	O and	The	patient has severe Behcet's disease* that is significantly in	mpacting the patient's quality of life						
	OI	0	The patient has severe ocular, neurological, and/or vasc treatment(s) appropriate for the particular symptom(s)	ulitic symptoms and has not responded adequately to one or more						
		0	The patient has severe gastrointestinal, rheumatological and/or mucocutaneous symptoms and has not responded adequately to two or more treatments appropriate for the particular symptom(s)							
Note	: Indicati	ons ma	arked with * are unapproved indications.							
Re-a	ssessme equisites	nt required (tick I (tick I cribed bital. Patie intole patie intole patie intole cribed bital.	ent has hidradenitis suppurativa Hurley Stage II or Hurley S	90 day trial of systemic antibiotics or patient has demonstrated						
Re-a	ssessme equisites	nt requ	Hidradenitis suppurativa uired after 2 years boxes where appropriate)							
and		cribed lospita		cordance with a protocol or guideline that has been endorsed by the Health						
	and		patient has a reduction in active lesions (e.g. inflammator patient has a DLQI improvement of 4 or more from baseling	y nodules, abscesses, draining fistulae) of 25% or more from baseline						
		4								

May 2025

PRES	CRIB	ER		PATIENT:					
Name:	:								
Ward:				NHI:					
Adali	mur	nab	(An	ngevita) - continued					
Re-as	ssess	ment	requ	e psoriasis - severe chronic red after 4 months oxes where appropriate)					
and		Prescr Hospit		by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ					
		and	O	Patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis					
			or	O Patient has experienced intolerable side effects O Patient has received insufficient benefit to meet the renewal criteria for etanercept for severe chronic plaque psoriasis					
	or			O Patient has "whole body" severe chronic plaque psoriasis with a (PASI) score of greater than 10, where lesions have					
			or	been present for at least 6 months from the time of initial diagnosis Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis					
			OI .	O Patient has severe chronic localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and with a Dermatology Life Quality Index (DLQI) score greater than 10					
	and Patient has tried, but had an inadequate response to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin and								
			\bigcirc	A PASI assessment or (DLQI) assessment has been completed for at least the most recent prior treatment course but no longer than 1 month following cessation of each prior treatment course and is no more than 1 month old at the time of application					

PRESCRIBER	PATIENT:								
Name:	Name:								
Ward: NHI:									
Adalimumab (Amgevita) - continued									
CONTINUATION – Plaque psoriasis - severe chronic Re-assessment required after 2 years Prerequisites (tick boxes where appropriate)									
Patient had "whole body" severe chronic plaque psoriasi The patient has experienced a 75% or more reduce the pre-treatment baseline value	etion in PASI score, or is sustained at this level, when compared with								
O The patient has a DLQI improvement of 5 or more.	, when compared with the pre-treatment baseline value								
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								
slight or better, or sustained at this level, as compa	SI symptom subscores for all 3 of erythema, thickness and scaling, to ared to the treatment course baseline values r more in the skin area affected, or sustained at this level, as								
or compared to the pre-treatment baseline value	laque psoriasis at the start of treatment r more in the skin area affected, or sustained at this level, as LQI) improvement of 5 or more, as compared to baseline DLQI prior								
INITIATION – pyoderma gangrenosum Prerequisites (tick boxes where appropriate)									
O Prescribed by, or recommended by a dermatologist, or in accordance Hospital.	e with a protocol or guideline that has been endorsed by the Health NZ								
Patient has pyoderma gangrenosum* Patient has received three months of conventional therapy incl azathioprine, or methotrexate) and not received an adequate re	uding a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, esponse								
Note: Indications marked with * are unapproved indications.									

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.

PRES	CRII	BER	PATIENT:
Name	:		
Ward:			NHI:
Adal	imu	mal	b (Amgevita) - continued
Re-a	ssess equis	smer sites Prese	Crohn's disease - adults nt required after 6 months (tick boxes where appropriate) cribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health Hospital.
	and	0	Patient has severe active Crohn's disease
		or or	O Patient has extensive small intestine disease affecting more than 50 cm of the small intestine
		or	
	and	0	Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids
Re-a	ssess equis	smer sites Prese	ON – Crohn's disease - adults nt required after 2 years (tick boxes where appropriate) cribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health Hospital. CDAI score has reduced by 100 points from the CDAI score, or HBI score has reduced 3 points, from when the patient was initiated on adalimumab CDAI score is 150 or less, or HBI is 4 or less The patient has demonstrated an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed
			Crohn's disease - children nt required after 6 months
Prer	equis	sites Prese	(tick boxes where appropriate) cribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health dospital.
and	and	O	Paediatric patient has active Crohn's disease
		or	O Patient has a PCDAI score of greater than or equal to 30 O Patient has extensive small intestine disease
	and		Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids

May 2025

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	CRIBER		PATIENT:
Name	:		Name:
Ward:			NHI:
Adal	imuma	b (Amgevita) - continued	
Re-a	ssessmei	DN – Crohn's disease - children nt required after 2 years (tick boxes where appropriate)	
and		cribed by, or recommended by any relevant practitioner, or in ac dospital.	cordance with a protocol or guideline that has been endorsed by the Health
	or O	PCDAI score has reduced by 10 points from the PCDAI score PCDAI score is 15 or less The patient has demonstrated an adequate response to treatr	
Re-a	ssessmer equisites Pres	Patient has confirmed Crohn's disease O Patient has one or more complex externally draining ent O Patient has one or more rectovaginal fistula(e)	
Re-a	ssessmer equisites Pres	DN – Crohn's disease - fistulising nt required after 2 years (tick boxes where appropriate) cribed by, or recommended by any relevant practitioner, or in action of the commended by any relevant practitioner.	cordance with a protocol or guideline that has been endorsed by the Health
	or O	The number of open draining fistulae have decreased from bathere has been a marked reduction in drainage of all fistula(e score, together with less induration and patient-reported pain	seline by at least 50%) from baseline as demonstrated by a reduction in the Fistula Assessment

May 2025 RESTRICTIONS CHECKI

PRES	SCRI	BER	PATIENT:
Name	e:		Name:
Ward	:		NHI:
Adal	limu	ımab	(Amgevita) - continued
Re-a	sses	sment sites (†	cular inflammation - chronic required after 4 months tick boxes where appropriate) ribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health spital.
and	or	O .	The patient has had an initial Special Authority approval for infliximab for chronic ocular inflammation
		and	O Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss
			Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate
Re-a	equi	sment sites (1	N – Ocular inflammation - chronic required after 2 years tick boxes where appropriate) ribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health spital.
	or or	0	The patient has had a good clinical response following 12 weeks' initial treatment Following each 2 year 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) Following each 2 year 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

May 2025

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	SCRI	BER	R PATIENT:	
Name	e:		Name:	
Ward	:		NHI:	
Adal	imu	ımab	ab (Amgevita) - continued	
Re-a	sses equi	sites (Presci	- Ocular inflammation - severe ent required after 4 months es (tick boxes where appropriate) escribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideli Hospital.	ne that has been endorsed by the Health
	or	and	Patient has had an initial Special Authority approval for infliximab for severe ocular inflammation Patient has severe, vision-threatening ocular inflammation requiring rapid control Treatment with high-dose steroids (intravenous methylprednisolone) followed by high ineffective at controlling symptoms Patient developed new inflammatory symptoms while receiving high dose steroids or Patient is aged under 8 years and treatment with high dose oral steroids and other in ineffective at controlling symptoms	
Re-a	sses equi	sment sites (Presci	CION – Ocular inflammation - severe ent required after 2 years es (tick boxes where appropriate) escribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideli Hospital.	ne that has been endorsed by the Health
und	or	0	 The patient has had a good clinical response following 3 initial doses Following each 2 year treatment period, the patient has had a sustained reduction in inflammatic Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous uveitic cystoid macular oedema) Following each 2 year treatment period, the patient has a sustained steroid sparing effect, allowing daily, or steroid drops less than twice daily if under 18 years old 	or retinal lesions, or resolution of

I confirm that the above details are correct:

May 2025

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.

PRESCR	IBER		PATIENT:
Name:			Name:
Ward:			NHI:
Adalim	umab (A	ımgev	ita) - continued
INITIATI Re-asse	ON – anky ssment recisites (tick Prescribe Hospital.	Patie	spondylitis ter 6 months where appropriate) recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ int has had an initial Special Authority approval for etanercept for ankylosing spondylitis The patient has experienced intolerable side effects The patient has received insufficient benefit to meet the renewal criteria for ankylosing spondylitis Int has a confirmed diagnosis of ankylosing spondylitis for more than six months Int has low back pain and stiffness that is relieved by exercise but not by rest Int has not responded adequately to treatment with two or more NSAIDs, while patient was undergoing at least 3 months of ular exercise regimen for ankylosing spondylitis Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following BASMI measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right) Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender
			SDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous macological treatment and is no more than 1 month old at the time of application
Re-asse	ssment red iisites (tick Prescribe NZ Hospi For applid	quired a box whed by, or ital.	sing spondylitis iter 2 years ere appropriate) recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health where treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point overnent in BASDAI of 50%, whichever is less

I confirm that the above details are correct:

•

PRES	SCRII	BER												PATIENT:
Name	e:													Name:
Ward	:													NHI:
Adal	imu	ımak	A) (Aı	nge	vita	- con	tinued							
Re-a	ssess equis	smen sites Preso	t requ (tick l cribed	ired boxes by, o	after s whe	6 mont re appr ommer	hs opriate	,		-			olo	gist, or in accordance with a protocol or guideline that has been endorsed
	or	The patient has had an initial Special Authority approval for etanercept for oligoarticular course juvenile idiopathic arthritis (JIA) Patient has experienced intolerable side effects Patient has received insufficient benefit to meet the renewal criteria for oligoarticular course JIA To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance and Patient has had oligoarticular course JIA for 6 months duration or longer At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose)										e renewal criteria for oligoarticular course JIA notherapy where use of methotrexate is limited by toxicity or intolerance cration or longer		
												ed dose		
													5	
Re-a	sses:	smen sites	t requ (tick l	iired ooxes	after s whe	2 years re appr	opriate						acc	cordance with a protocol or guideline that has been endorsed by the Health
and		NZ H	ospita	al.										
	or	0	asse On s	ssme ubse	ent fro equen	m base reapp	eline licatior	ns, the	patier	nt dem	nonstra		eas	ase in active joint count and an improvement in physician's global st a continuing 30% improvement in active joint count and continued

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					PATIENT:		
Name	ə:						
Ward	:				NHI:		
Ada	limuı	mab	(An	ngev	ita) - continued		
Re-a	assess equis	sment s ites (t Prescri	requick b	ired af oxes v by, or	olyarticular course juvenile idiopathic ter 6 months where appropriate) recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed Hospital.		
		and	С	Patie	nt has had an initial Special Authority approval for etanercept for polyarticular course juvenile idiopathic arthritis (JIA)		
			or	O O	Patient has experienced intolerable side effects Patient has received insufficient benefit to meet the renewal criteria for polyarticular course JIA		
	or	and	O or or		At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose) Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose) Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate		
Re-a	CONTINUATION – Arthritis - polyarticular course juvenile idiopathic Re-assessment required after 2 years 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 NZ Hospital.				recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health			
	or (nitial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global t from baseline		
		On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline					

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	SCRI	BER			PATIENT:
Name:					
Ward	:				NHI:
Adal	imι	ımab	(An	nge	vita) - continued
INITI Re-a	ATIO	ON – Anssment sites (t	Patient has had an initial Special Authority approval for end Patient has experienced intolerable side effects Patient has received insufficient benefit to meet the Patient has had active psoriatic arthritis for six months denoted Patient has tried and not responded to at least three more		posoriatic after 6 months where appropriate) r recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ ent has had an initial Special Authority approval for etanercept or secukinumab for psoriatic arthritis Patient has experienced intolerable side effects Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis ent has had active psoriatic arthritis for six months duration or longer ent has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated)
	aı	and	O or or		Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip Patient has CRP level greater than 15 mg/L measured no more than one month prior to the date of this application Patient has an elevated ESR greater than 25 mm per hour ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months
Re-a	sses	sment sites (t	requ ick b ibed	ired oxe by,	tis - psoriatic after 2 years where appropriate) r recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
	or		espo	nse nt d	initial treatment, the patient has at least a 50% decrease in swollen joint count from baseline and a clinically significant in the opinion of the physician monstrates at least a continuing 30% improvement in swollen joint count from baseline and a clinically significant response ion of the treating physician

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.

PATIENT:					
NHI:					
(Amgevita) - continued					
Arthritis - rheumatoid It required after 6 months (tick boxes where appropriate) cribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ ital.					
O The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis					
O The patient has experienced intolerable side effects					
The patient has received insufficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis					
Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated) Patient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate at maximum tolerated doses (unless contraindicated) Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip					
IUATION – Arthritis - rheumatoid ssment required after 2 years iisites (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. Following initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician					

I confirm that the above details are correct:

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRES	CRI	BER		PATIENT:
Name	:			
Ward:				NHI:
Adali	imu	ımab	(Am	ngevita) - continued
				disease - adult-onset (AOSD) oxes where appropriate)
and	C	Prescr Hospit		by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
		and		The patient has had an initial Special Authority approval for etanercept and/or tocilizumab for (AOSD)
			or	O Patient has experienced intolerable side effects from etanercept and/or tocilizumab
				O Patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab
	or			Patient diagnosed with AOSD according to the Yamaguchi criteria
		and	0	Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, NSAIDs and methotrexate
		and	O	Patient has persistent symptoms of disabling poorly controlled and active disease
Prere	C	Prescr NZ Ho	ribed espital	by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health. In thas active ulcerative colitis
	and			Patient's SCCAI score is greater than or equal to 4
		or	0	Patient's PUCAI score is greater than or equal to 20
	and		and s	nt has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators ystemic corticosteroids
	_		Surge	ery (or further surgery) is considered to be clinically inappropriate
Re-as	sses equi	ssment sites (i	requitick be	cerative colitis red after 2 years oxes 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		NZ Ho		
	or	\bigcirc		CCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on biologic therapy PUCAI score has reduced by 10 points or more from the PUCAI score when the patient was initiated on biologic therapy

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRES	CRI	BER	PATIENT:	PATIENT:			
Name	e:						
Ward	:		NHI:				
Adal	imu	ımak	(Amgevita) - continued				
Re-a	sses equi:	smen sites	ndifferentiated spondyloarthiritis required after 6 months tick boxes where appropriate)				
and		Preso	ibed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorse al.	d by the Health NZ			
	anc	O Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the foll wrist, elbow, knee, ankle, and either shoulder or hip					
	and	O 1	Patient has tried and not responded to at least three months of each of methotrexate, sulphasalazine and leflunomic tolerated doses (unless contraindicated)	de, at maximum			
		or	O Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this app	lication			
		or	O Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this	application			
			ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 has done so for more than three months	mg per day and			
Note	: Ind	licatio	s marked with * are unapproved indications.				
Re-a	ITINUATION – undifferentiated spondyloarthiritis assessment required after 2 years requisites (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 HNZ Hospital.						
	or	0	Following initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically response to treatment in the opinion of the physician The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically				
			response in the opinion of the treating physician				
INITIATION – inflammatory bowel arthritis – axial Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)							
and		Preso Hosp	ibed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorse al.	d by the Health NZ			
	anc	\circ	Patient has a diagnosis of active ulcerative colitis or active Crohn's disease				
	and	0	Patient has axial inflammatory pain for six months or more				
	anc		Patient is unable to take NSAIDs				
	and		Patient has unequivocal sacroiliitis demonstrated by radiological imaging or MRI				
	and	<u>ا</u>	Patient has not responded adequately to prior treatment consisting of at least 3 months of an exercise regime supe ohysiotherapist	rvised by a			
		0	A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous treatment	s pharmacological			

May 2025

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 (Amgevita) - continued							
CONTINUATION – inflammatory bowel arthritis – axial Re-assessment required after 2 years Prerequisites (tick box where appropriate)							
Prescribed by, or recommended by any relevant property NZ Hospital.	ractitioner, or in accordance with a protocol or guideline that has been endorsed by the Health						
O Where treatment has resulted in an improvement i improvement in BASDAI of 50%, whichever is less	in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an						
Hospital. Patient has a diagnosis of active ulcerative of and Patient has active arthritis in at least four join sternoclavicular Patient has tried and not experienced a response (unless contraindicated) Patient has tried and not experienced a response contraindicated) Patient has tried and not experienced a response contraindicated) Patient has a CRP level greater than 10 or Patient has an ESR greater than 25 more	onse to at least three months of methotrexate, or azathioprine at a maximum tolerated conse to at least three months of sulphasalazine at a maximum tolerated dose (unless 15 mg/L measured no more than one month prior to the date of this application am per hour						
CONTINUATION – inflammatory bowel arthritis – peripheral Re-assessment required after 2 years Prerequisites (tick boxes where appropriate) O 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.							
response to treatment in the opinion of the p	t least a 50% decrease in active joint count from baseline and a clinically significant obysician 0% improvement in active joint count from baseline in the opinion of the treating physician						

I confirm that the above details are correct: