RS1922 - Adalimumab (Humira - Alternative brand)

Arthritis - polyarticular course juvenile idiopathic - INITIATION
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

PRESCRIBER	PATIENT:								
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. and	accordance with a protocol or guideline that has been endorsed by the Health								
or	om adalimumab (Amgevita) following a minimum of 4 weeks treatment ontrol following a minimum of 4 weeks treatment with adalimumab response to a change in treatment regimen								
 Patient has received a maximum of 6 months treatment with and Patient has previously had a Special Authority approval for the and 	 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 								
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 NZ Hospital. and	accordance with a protocol or guideline that has been endorsed by the Health								
O The patient has had a good clinical response to treatment w and O Adalimumab to be administered at doses no greater than 40									
INITIATION – Hidradenitis suppurativa Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O 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								
or	Amgevita								
Adalimumab to be administered at doses no greater than 40	mg every 7 days. Fortnightly dosing has been considered								

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)										
O Prescribed by, or recommended by a dermatologist or Practitioner or or guideline that has been endorsed by the Health NZ Hospital.	n the recommendation of a dermatologist, or in accordance with a protocol									
The patient has a reduction in active lesions (e.g. inflammato and The patient has a Dermatology Quality of Life Index improvem	ry nodules, abscesses, draining fistulae) of 25% or more from baseline									
and O Adalimumab is to be administered at doses no greater than 40										
INITIATION – Psoriasis - severe chronic plaque Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	n the recommendation of a dermatologist, or in accordance with a protocol									
or guideline that has been endorsed by the Health NZ Hospital.	In the recommendation of a dermatologist, of in accordance with a protocor									
or	n 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									
and O Patient has received a maximum of 6 months treatment with A and	Amgevita									
 Patient has previously had a Special Authority approval for the and Adalimumab to be administered at doses no greater than 40 r 										

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Adalimumab (Humira - Alternative brand) - continued	
CONTINUATION – Psoriasis - severe chronic plaque Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	on the recommendation of a dermatologist, or in accordance with a protocol
more, or is sustained at this level, when co	t course the patient has a PASI score which is reduced by 75% or mpared with the pre-adalimumab treatment baseline value t course the patient has a Dermatology Quality of Life Index (DLQI)
and Following each prior adalimumab treatmen for all 3 of erythema, thickness and scaling treatment course baseline values O Following each prior adalimumab treatmen	e face, or palm of a hand or sole of a foot at the start of treatment t course the patient has a reduction in the PASI symptom subscores g, to slight or better, or sustained at this level, as compared to the t course the patient has a reduction of 75% or more in the skin area bared to the pre-adalimumab treatment baseline value
Hospital.	mg every 14 days
or	
and O Patient has previously had a Special Authority approval for th and O A maximum of 8 doses	

PRESCRIBER	PATIENT:								
Name:	Name:								
Ward:	NHI:								
Adalimumab (Humira - Alternative brand) - continued									
	e with a protocol or guideline that has been endorsed by the Health NZ								
And Hospital.									
protocol or guideline that has been endorsed by the Health NZ Hos	her on the recommendation of a gastroenterologist, or in accordance with a bital.								
and a maximum of 6 months treatment with Amgevita or O Patient has developed symptoms of loss of disease con 6 months treatment with Amgevita and clinician attribute O Patient has Crohn's and is considered to be at risk of disease and O Patient has previously had a Special Authority approval for the	n adalimumab (Amgevita) following a minimum of 4 weeks treatment, trol following a minimum of 4 weeks treatment, and a maximum of so this loss of disease response to a change in treatment regimen sease destabilisation if there were to be a change to current treatment e Humira brand of adalimumab for this indication								
Adalimumab to be administered at doses no greater than 40 n	ng every 14 days								
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 protocol or guideline that has been endorsed by the Health NZ Hosp or O CDAI score has reduced by 100 points from the CDAI score is 150 or less	pital.								
or O The patient has demonstrated an adequate response to	treatment, but CDAI score cannot be assessed								
Adalimumab to be administered at doses no greater than 40 m	ng every 14 days								

PRES	CRIE	BER		PATIENT:					
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 O Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication and								
		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	CRI	BER		PATIENT:
Name	:			Name:
Ward:				NHI:
Adal	imu	mat) (Hu	mira - Alternative brand) - continued
CON Re-a	TINL sses	JATIC smen	N – C t requ	rohn'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	0	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 Prero	sses equi:	smen sites Presc	t requ (tick b	r inflammation – chronic ired after 12 months 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 I.
and	and	or	0 0 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 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 Patient has uveitis and is considered to be at risk of vision loss if they were to change treatment
	and			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 Prero	sses equis	smen sites Presc	t requ (tick b	bcular inflammation – chronic ired after 12 months 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 I.
and	and	or	0 0	The patient has had a good clinical response following 12 weeks' initial treatment 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) 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
		\smile	Audii	mumab to be administered at doses no greater than 40 mg every 14 days

Signed: Date:

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PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Adalimumab (Humira - Alternative brand) - continued	
NZ Hospital. and O The patient has experienced intolerable side effer and a maximum of 6 months treatment with Amgr O Patient has developed symptoms of loss of disea	se control following a minimum of 4 weeks treatment with Amgevita, and a and clinician attributes this loss of disease response to a change in treatment
NZ Hospital.	
Uveitis Nomenclature (SUN) criteria < ½+ anterior resolution of uveitic cystoid macular oedema) or	atient has had a sustained reduction in inflammation (Standardisation of or chamber or vitreous cells, absence of active vitreous or retinal lesions, or atient has a sustained steroid sparing effect, allowing reduction in prednisone
Adalimumab to be administered at doses no greater that	

Signed: Date:

PRE	SCF	RIBE	R																			P	PA	١T	ſIE	ENT	Г:																				
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Ward	I:								•••••											•••••		Ν	١H	HI :	1: .																						
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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	has	s de										effec										-						7								eatm nab	ent			
	(Amgevita) and O Patient has received a maximum of 6 months treatment with Amgevita and O Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication and O Adalimumab to be administered at doses no greater than 40 mg every 14 days																																														
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	jist,	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	
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PRESCRIBER	PATIENT:								
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)									
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.									
O For patients that demonstrate at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline									
INITIATION – Arthritis - polyarticular course juvenile idiopathic Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)									
	ogist, or in accordance with a protocol or guideline that has been endorsed								
or	adalimumab (Amgevita) following a minimum of 4 weeks treatment rol following a minimum of 4 weeks treatment with adalimumab								
and O Patient has received a maximum of 6 months treatment with A and O 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.	gist, or in accordance with a protocol or guideline that has been endorsed								
\sim	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)									
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								
or	n adalimumab (Amgevita) following a minimum of 4 weeks treatment rol following a minimum of 4 weeks treatment with adalimumab								
(Amgevita) and clinician attributes this loss of disease re	sponse to a change in treatment regimen								
O Patient has received a maximum of 6 months treatment with A and O Patient has previously had a Special Authority approval for the									
Adalimumab to be administered at doses no greater than 40 m									
)								

PRESCRIBER	PATIENT:							
Name:	Name:							
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 rheumate by the Health NZ Hospital.	plogist, or in accordance with a protocol or guideline that has been endorsed							
and O 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								
INITIATION – Arthritis – rheumatoid Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)								
O Prescribed by, or recommended by a rheumatologist or Practitione protocol or guideline that has been endorsed by the Health NZ Host	r on the recommendation of a rheumatologist, or in accordance with a spital.							
or	om 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	Amgevita							
O Patient has previously had a Special Authority approval for the and	e Humira brand of adalimumab for this indication							
Adalimumab to be administered at doses no greater th	an 40 mg every 14 days							
O Patient cannot take concomitant methotrexate and req an adequate response	uires doses of adalimumab higher than 40 mg every 14 days to maintain							
CONTINUATION – Arthritis – rheumatoid Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)								
O Prescribed by, or recommended by a rheumatologist or Practitione protocol or guideline that has been endorsed by the Health NZ Host and	r on the recommendation of a rheumatologist, or in accordance with a spital.							
O The patient demonstrates at least a continuing 30% improve response to prior adalimumab treatment in the opinion of the and	ment in active joint count from baseline and a clinically significant treating physician							
O Adalimumab to be administered at doses no greater the or O Patient cannot take concomitant methotrexate and req an adequate response	an 40 mg every 14 days uires doses of adalimumab higher than 40 mg every 14 days to maintain							

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.

PRESCRIBE	3	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 on the recommendation of a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. and		
	or C	n 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
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 – Still's disease – adult-onset (AOSD)		

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

and

Frerequisites (lick 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:

Signed: Date: