RS2063 - Adalimumab (Amgevita)

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Chambion and Sports, San Lines	

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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	SCRIBER	PATIENT:			
Name	E	Name:			
Ward:		NHI:			
Adal	imumab (Amgevita)				
	ATION – Behcet's disease - severe equisites (tick boxes where appropriate)				
(and	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			
	The patient has severe Behcet's disease* that is significantly and	impacting the patient's quality of life			
	The patient has severe ocular, neurological, and/or vas treatment(s) appropriate for the particular symptom(s)	sculitic symptoms and has not responded adequately to one or more			
		al and/or mucocutaneous symptoms and has not responded adequately r symptom(s)			
Note	: Indications marked with * are unapproved indications.				
Re-a	Hospital. O Patient has hidradenitis suppurativa Hurley Stage II or Hurley and	a 90 day trial of systemic antibiotics or patient has demonstrated s			
CONTINUATION – Hidradenitis suppurativa 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. and O The patient has a reduction in active lesions (e.g. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline					
	The patient has a PLQI improvement of 4 or more from base	,			

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PRES	CRIB	ER		PATIENT:
Name:	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)
O Prescribed by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Heal Hospital.				
		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 Patient has "whole body" sovere chronic plague provincis with a (PASI) seem of gree				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
			0	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
			\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

PRES	CRIB	ER		PATIENT:				
Name	:			Name:				
Ward:				NHI:				
Adali	dalimumab (Amgevita) - continued							
CON	TINU	ATION –	Plaque	e psoriasis - severe chronic ufter 2 years				
				where appropriate)				
		and	Patie	ent had "whole body" severe chronic plaque psoriasis at the start of treatment				
			, O	The patient has experienced a 75% or more reduction in PASI score, or is sustained at this level, when compared with the pre-treatment baseline value				
			0	The patient has a DLQI improvement of 5 or more, when compared with the pre-treatment baseline value				
	or							
		and	Patie	ent had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment				
			0	The patient has experienced 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				
		C	' O	The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value				
	or							
		and	Patie	ent had severe chronic localised genital or flexural plaque psoriasis at the start of treatment				
			0	The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value				
		C	' О	Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing adalimumab				
				gangrenosum where appropriate)				
(`	`						
	 Prescribed by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. 							
and	(O Pat	ent ha	s pyoderma gangrenosum*				
	and (s received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, ne, or methotrexate) and not received an adequate response				
Note:	Indic	ations n	arked	with * are unapproved indications.				

I confirm that the above details are correct:	
Signed:	Date:

July 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	CRIB	BER	PATIENT:			
Name	:					
Ward: NHI:						
Adali	imur	mak	o (Amgevita) - continued			
Re-as	ssess equis	men ites Preso	Crohn's disease - adults at 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 ospital.			
	and	0	Patient has severe active Crohn's disease			
		or	O Patient has a CDAI score of greater than or equal to 300 or HBI score of greater than or equal to 10 O Patient has extensive small intestine disease affecting more than 50 cm of the small intestine			
		or	O Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection			
		01	O Patient has an ileostomy or colostomy and has intestinal inflammation			
	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-as	ssess equis Э	men ites Preso	ON – Crohn's disease - adults It 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 lospital. 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			
Re-as	ssess	men	Crohn's disease - children It required after 6 months (tick boxes where appropriate)			
and			cribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health ospital.			
	and	0	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	0	Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids			

I confirm that the above details are correct:

July 2025

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PRES	SCRI	BER		PATIENT:		
Name	e:			Name:		
Ward	:			NHI:		
Adal	imu	ımak	o (Amgevita) - continued			
Re-a	sses	smen	DN – Crohn's disease - children at required after 2 years (tick boxes where appropriate)			
and	О —		cribed by, or recommended by any relevant practitioner, or in ac ospital.	ecordance with a protocol or guideline that has been endorsed by the Health		
		\circ	PCDAI score has reduced by 10 points from the PCDAI score	when the patient was initiated on adalimumab		
	or	0	PCDAI score is 15 or less			
	or	0	The patient has demonstrated an adequate response to treatn	nent but PCDAI score cannot be assessed		
		Preson NZ H	trequired after 6 months (tick boxes where appropriate) cribed by, or recommended by any relevant practitioner, or in actospital. 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) O Patient has complex peri-anal fistula A Baseline Fistula Assessment has been completed and is no			
Re-a	CONTINUATION – Crohn's disease - fistulising Re-assessment required after 2 years Prerequisites (tick boxes where appropriate)					
and	O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Heal NZ Hospital.					
		0	The number of open draining fistulae have decreased from ba	seline by at least 50%		
	or	0	There has been a marked reduction in drainage of all fistula(e score, together with less induration and patient-reported pain) from baseline as demonstrated by a reduction in the Fistula Assessment		

I confirm that the above details are correct:

PATIENT:	PRESCRIBER						
	Name:						
NHI:	Ward:						
1	Adalimun						
	INITIATION Re-assessi Prerequisi						
reitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision ars or older and treatment with at least two other immunomodulatory agents has proven ineffective r 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose r 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a	The patient has had an initial Special Authority approval for infliximab for chronic ocular inflammation 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 or 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						
CONTINUATION – Ocular inflammation - chronic 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 the Health NZ Hospital.							
clinical response following 12 weeks' initial treatment timent period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis a < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of ema) ment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg han twice daily if under 18 years old	or (
reitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision ars or older and treatment with at least two other immunomodulatory agents has proven ineffective or 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose of 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a e; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of chronic by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Following and treatment the priod, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis a < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of ema) ment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mm.	CONTINUA Re-assessi Prerequisi Or						

I confirm that the above details are correct:	
Signed:	Date:

July 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	PATIENT:				
Name	e:		Name:				
Ward	:		NHI:				
Adal	limu	ımab	o (Amgevita) - continued				
Re-a	equi	sment sites (Presci	Ocular inflammation - severe It required after 4 months (tick boxes where appropriate) cribed by, or recommended by any relevant practitioner, or in accordance w ospital.	ith a protocol or guideline that has been endorsed by the Health			
unu	or	O	Patient has had an initial Special Authority approval for infliximab for sever	re ocular inflammation			
		and	O Patient has severe, vision-threatening ocular inflammation requiring	rapid control			
			or O Patient is aged under 8 years and treatment with high dose or ineffective at controlling symptoms O Patient developed new inflammatory symptoms while receiving or O Patient is aged under 8 years and treatment with high dose or ineffective at controlling symptoms	g high dose steroids			
Re-a	equi	sment sites (Presci	ON – Ocular inflammation - severe It required after 2 years (tick boxes where appropriate) cribed by, or recommended by any relevant practitioner, or in accordance w ospital.	ith a protocol or guideline 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 r Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, abso				
			Following each 2 year treatment period, the patient has a sustained steroid daily, or steroid drops less than twice daily if under 18 years old	d sparing effect, allowing reduction in prednisone to < 10mg			

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2025

PRE	RESCRIBER			PATIENT:	
Nam	e:				
Ward	l:			NHI:	
Ada	limu	ımab	(An	ngevita) - continued	
INIT Re-a	IATIC asses requis	ON – aı sment sites (i	or	Sisting spondylitis ired after 6 months oxes where appropriate) by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Patient 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 Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months Patient has low back pain and stiffness that is relieved by exercise but not by rest Patient has bilateral sacrollilitis demonstrated by radiology imaging Patient has not responded adequately to treatment with two or more NSAIDs, while patient was undergoing at least 3 months of a regular exercise regimen for ankylosing spondylitis spondylitis Patient has limitation of motion of the lumbiar 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 A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment and is no more than 1 month old at the time of application	
Re-a	asses equi:	sment sites (requ ick b	inkylosing spondylitis ired after 2 years ox where appropriate)	
and	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. Ind For applications where treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less				

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PRESCRIBER						PATIENT:		
Name:						Name:		
Ward	:					NHI:		
Ada	limu	ımal	(Ar	nge	evita) - continued			
Re-a	sses	ssmer i sites Prese	t requ (tick t cribed	ired ooxe: by, (oligoarticular course juvenile idiopathic after 6 months s where appropriate) or recommended by a named specialist or rheumato IZ Hospital.	logist, or in accordance with a protocol or guideline that has been endorsed		
or Patient has experienced intolerable side effect Patient has received insufficient benefit to mee or To be used as an adjunct to methotrexate therapy or and				То	Patient has experienced intolerable side effects Patient has received insufficient benefit to meet the property of the used as an adjunct to methotrexate therapy or most tient has had oligoarticular course JIA for 6 months of the property of the propert	onotherapy where use of methotrexate is limited by toxicity or intolerance		
					or	C	maximum tolerated dose)	n, pain or tenderness after a 3-month trial of methotrexate (at the are greater than 1.5) with poor prognostic features after a 3-month trial
Re-a	sses	ssmer i sites	t requ (tick t cribed	ired ooxe: by, (ritis - oligoarticular course juvenile idiopathic after 2 years s where appropriate) or recommended by any relevant practitioner, or in a	ccordance with a protocol or guideline that has been endorsed by the Health		
	or	O O	asse On s	ssm ubse	ent from baseline	rease in active joint count and an improvement in physician's global ast a continuing 30% improvement in active joint count and continued		

July 2025

PRES	SCRII	BER		PATIENT:				
Name	ə:							
Ward	:			NHI:				
Ada	limu	ımab	(An	ngevita) - continued				
Re-a	equis	sment sites (Presc	requ tick b ribed	tis - polyarticular course juvenile idiopathic uired after 6 months poxes where appropriate) by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed lth NZ Hospital.				
		and	0	Patient has had an initial Special Authority approval for etanercept for polyarticular course juvenile idiopathic arthritis (JIA)				
			or	O Patient has experienced intolerable side effects O Patient has received insufficient benefit to meet the renewal criteria for polyarticular course JIA				
	or	and	\circ	To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance Patient has had polyarticular course JIA for 6 months duration or longer Ohat 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	equis	sment sites (requ tick b ribed	Arthritis - polyarticular course juvenile idiopathic uired after 2 years 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 al.				
	or	Following initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment 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						

I confirm that the above details are correct:	
Signed:	Date:

July 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	CRI	BER			PATIENT:
Name	:				Name:
Ward:					NHI:
Adal	imu	ımab	(An	ngev	rita) - continued
INITI Re-a	ATIC sses equi:	DN – Anssend	Arthritis - psoriatic ent required after 6 months so (tick boxes where appropriate) scribed by, or recommended by a rheumatologist, or in accordance epital. Patient has had an initial Special Authority approval for etcond		soriatic fter 6 months where appropriate) 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
	or	and and and	O or or	Patie Patie	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) ent has tried and not responded to at least three months of sulfasalazine or leflunomide at maximum tolerated doses ent 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 equi:	sment sites (t	requ ick b ibed	ired a oxes by, oi	is - psoriatic fter 2 years where appropriate) recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
	or		espo	onse i nt dei	nitial 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

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Adalimumab (Amgevita) - continued	
INITIATION – Arthritis - rheumatoid Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a rheumatolo Hospital. and	ogist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
The patient has had an initial Special	Al Authority approval for etanercept for rheumatoid arthritis
O The patient has experienced in	ntolerable side effects ficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis
or	
and Treatment is to be used as an adjunct or intolerance and Patient has tried and not responded and Patient has tried and not responded sulphate at maximum tolerated dose	to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquine
or dose of ciclosporin	onded to at least three months of methotrexate in combination with the maximum tolerated onded to at least three months of therapy at the maximum tolerated dose of leflunomide nethotrexate
O Patient has persistent symptor	ms of poorly controlled and active disease in at least 15 swollen joints ms of poorly controlled and active disease in at least four joints from the following: wrist, shoulder or hip
NZ Hospital. O Following initial treatment, the patient has response to treatment in the opinion of the	demonstrates at least a continuing 30% improvement in active joint count from baseline and

I confirm that the above details are correct:

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PRES	CRI	BER		PATIENT:
Name	:			
Ward:				NHI:
Adal	imu	mab (Am	gevita) - continued
				lisease - adult-onset (AOSD) oxes where appropriate)
(and		Prescrib Hospital		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	and)	Patient diagnosed with AOSD according to the Yamaguchi criteria
		and		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
)	Patient has persistent symptoms of disabling poorly controlled and active disease
(and	C	Prescrib NZ Hosp	ed k	
	and		atien	t has active ulcerative colitis
		or)	Patient's SCCAI score is greater than or equal to 4
)	Patient's PUCAI score is greater than or equal to 20
	and	O Pa		It has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators ystemic corticosteroids
		\sim	urge	ry (or further surgery) is considered to be clinically inappropriate
Re-a	sses equi:	sment re sites (tic	equii ck bo ed b	cerative colitis red after 2 years exposes where appropriate) by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
	or	От	ne S	CCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on biologic therapy
		От	ne P	UCAI 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:

Cianad.	Doto.	
Siurieu.	 Date.	

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRESCRIBER			PATIENT:
Name	:		
Ward			NHI:
Adal	imu	mak	o (Amgevita) - continued
Re-a	sses	smen	undifferentiated spondyloarthiritis It required after 6 months (tick boxes where appropriate)
and		Preso Hosp	cribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ ital.
	and		Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip
	and		Patient has tried and not responded to at least three months of each of methotrexate, sulphasalazine and leflunomide, at maximum tolerated doses (unless contraindicated)
		or	O Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application
		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 mg per day and has done so for more than three months
Note	: Indi	icatio	ns marked with * are unapproved indications.
	equis	sites Preso	trequired 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 ospital. 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 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response in the opinion of the treating physician
Re-a	sses: equis	smen sites	nflammatory bowel arthritis – axial t required after 6 months (tick boxes where appropriate)
and	<u> </u>	Preso Hosp	cribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ ital.
	and	\circ	Patient has a diagnosis of active ulcerative colitis or active Crohn's disease
	and	\circ	Patient has axial inflammatory pain for six months or more
		\circ	Patient is unable to take NSAIDs
	and	\circ	Patient has unequivocal sacroiliitis demonstrated by radiological imaging or MRI
	and	0	Patient has not responded adequately to prior treatment consisting of at least 3 months of an exercise regime supervised by a physiotherapist
		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 pharmacological treatment

PRESCRI	BER		PATIENT:
Name:			Name:
Vard:			NHI:
dalimu	ımab	b (Amgevita) - continued	
CONTINU Re-asses	JATIO smen	ON – inflammatory bowel arthritis – axial nt required after 2 years s (tick box where appropriate)	
		scribed by, or recommended by any relevant practitions	er, or in accordance with a protocol or guideline that has been endorsed by the Health
		ere treatment has resulted in an improvement in BASD ovement in BASDAI of 50%, whichever is less	Al of 4 or more points from pre-treatment baseline on a 10 point scale, or an
		inflammatory bowel arthritis – peripheral nt required after 6 months	
Prerequis	sites	(tick boxes where appropriate)	
	Preso Hosp		accordance with a protocol or guideline that has been endorsed by the Health NZ
and	0	Patient has a diagnosis of active ulcerative colitis or Patient has active arthritis in at least four joints from sternoclavicular	active Crohn's disease the following: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder,
and	0	Patient has tried and not experienced a response to dose (unless contraindicated)	at least three months of methotrexate, or azathioprine at a maximum tolerated
and	0	Patient has tried and not experienced a response to contraindicated)	at least three months of sulphasalazine at a maximum tolerated dose (unless
	or		measured no more than one month prior to the date of this application
	or	Patient has an ESR greater than 25 mm per ho	our
	or		ently receiving prednisone therapy at a dose of greater than 5 mg per day and
		ON – inflammatory bowel arthritis – peripheral nt required after 2 years	
Prerequis	sites	(tick boxes where appropriate)	
		scribed by, or recommended by any relevant practitions Hospital.	er, or in accordance with a protocol or guideline that has been endorsed by the Health
	0	Following initial treatment, the patient has at least a seresponse to treatment in the opinion of the physician	50% decrease in active joint count from baseline and a clinically significant
or	\bigcirc	Patient demonstrates at least a continuing 30% impr	ovement in active joint count from baseline in the opinion of the treating physician

I confirm that the above details are correct:	
Cignod	Data