RS1922 - Adalimumab (Humira - Alternative brand)

Arthritis - polyarticular course juvenile idiopathic - INITIATION	10
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Behcet's disease – severe - INITIATION	
Behcet's disease – severe - CONTINUATION	2
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Ocular inflammation – chronic - INITIATION	
Ocular inflammation – chronic - CONTINUATION	
Ocular inflammation – severe - INITIATION	
Ocular inflammation – severe - CONTINUATION	
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Pyoderma gangrenosum - CONTINUATION	
Still's disease – adult-onset (AOSD) - INITIATION	12
Still's disease – adult-onset (AOSD) - CONTINUATION Ankylosing spondylitis - INITIATION	12
Ankylosing spondylitis - INITIATION	9
Ankylosing spondylitis - CONTINUATION	9

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	e:			
Ward	Vard:NHI:			
Adal	imumal	(Humira - Alternative brand)		
Re-a	ssessmer equisites Preso	Behcet's disease – severe trequired 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. The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen		
	and O	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 Adalimumab to be administered at doses no greater than 40 mg every 14 days		
Re-a	ssessmer equisites Preso	N - Behcet's disease - severe t 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. The patient has had a good clinical response to treatment with measurably improved quality of life Adalimumab to be administered at doses no greater than 40 mg every 14 days		
Re-a	ssessmer equisites Preso	didradenitis suppurativa t required after 6 months (tick boxes where appropriate) cribed by, or recommended by a dermatologist or Practitioner on the recommendation of a dermatologist, or in accordance with a protocol deline that has been endorsed by the Health NZ Hospital.		
	and and	The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen Patient has received a maximum of 6 months treatment with Amgevita Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication		
	and	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)				
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. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline The patient has a Dermatology Quality of Life Index improvement of 4 or more from baseline Adalimumab is to be administered at doses no greater than 40mg every 7 days. Fortnightly dosing has been considered				
INITIATION – Psoriasis - severe chronic plaque Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)				
Prescribed by, or recommended by a dermatologist or Practitioner or or guideline that has been endorsed by the Health NZ Hospital.	n the recommendation of a dermatologist, or in accordance with a protocol			
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			
Patient has received a maximum of 6 months treatment with A and Patient has previously had a Special Authority approval for the and Adalimumab to be administered at doses no greater than 40 m	Humira brand of adalimumab for this indication			

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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.

PRESCRI	BER		PATIENT:	
Name:			Name:	
Ward:	ard: NHI:			
Adalimu	ımab	(Hui	mira - Alternative brand) - continued	
Re-asses	sites Preso	t requii (tick bo cribed b	soriasis - severe chronic plaque ed after 6 months exes where appropriate) ey, or recommended by a dermatologist or Practitioner on the recommendation of a dermatologist, or in accordance with a protocol that has been endorsed by the Health NZ Hospital.	
		and	O Patient had "whole body" severe chronic plaque psoriasis at the start of treatment	
			Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value Following each prior adalimumab treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value	
	or			
		and	O Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment	
			Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values Or Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area.	
			Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-adalimumab treatment baseline value	
and	O	Adalin	numab to be administered at doses no greater than 40 mg every 14 days	
Re-asses	ssmen	t requi	ma gangrenosum red after 6 months exists where appropriate)	
and		ribed b	by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ	
		0	The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment	
	or	0	Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen	
Patient has received a r		Patien	t has received a maximum of 6 months treatment with Amgevita	
and	0	Patien	t has previously had a Special Authority approval for the Humira brand of adalimumab for this indication	
alle	$\overline{}$	A max	imum of 8 doses	

I confirm that the above details are correct:

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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.

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Adalimumab (Humira - Alternative brand) - continued	
CONTINUATION – Pyoderma gangrenosum Re-assessment required after 6 months	
Prerequisites (tick boxes where appropriate)	
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
The patient has demonstrated clinical improvement and contin	ues to require treatment
O A maximum of 8 doses	
INITIATION – Crohn's disease - adult Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	
Prescribed by, or recommended by a gastroenterologist or Practition protocol or guideline that has been endorsed by the Health NZ Hosp and	er on the recommendation of a gastroenterologist, or in accordance with a ital.
or Patient has developed symptoms of loss of disease cont 6 months treatment with Amgevita and clinician attribute	trol following a minimum of 4 weeks treatment, and a maximum of s this loss of disease response to a change in treatment regimen sease destabilisation if there were to be a change to current treatment
Patient has previously had a Special Authority approval for the and Adalimumab to be administered at doses no greater than 40 m	
CONTINUATION – Crohn's disease - adult Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	
Prescribed by, or recommended by a gastroenterologist or Practition protocol or guideline that has been endorsed by the Health NZ Hosp and	er on the recommendation of a gastroenterologist, or in accordance with a ital.
O CDAI score has reduced by 100 points from the CDAI score O CDAI score is 150 or less Or O The patient has demonstrated an adequate response to and O Adalimumab to be administered at doses no greater than 40 m	treatment, but CDAI score cannot be assessed

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

August 2025

PRES	CRIE	BER		PATIENT:
Name	:			Name:
Ward:				NHI:
Adal	imu	mak	Hı	mira - Alternative brand) - continued
Re-a	equis	smen sites	t requ (tick b	's disease - children ired after 6 months oxes where appropriate) by, or recommended by a gastroenterologist or Practitioner on the recommendation of a gastroenterologist, or in accordance with a
and	ا	proto	col or	guideline that has been endorsed by the Health NZ Hospital.
	and	or	OOO	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, 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 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
		\cup	Adali	mumab to be administered at doses no greater than 40 mg every 14 days
Re-a	ssess equis	Preso proto or or	t required trick be cribed col or	crohn's disease - children ired after 6 months inoxes 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
INITIATION – Crohn's disease - fistulising Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a gastroenterologist or Practitioner on the recommendation of a gastroenterologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.				
and	and	\circ		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, 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 Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment on the 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

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

August 2025

PRESCRIBER	RESCRIBER PATIENT:			
Name:	me: Name:			
Ward:	/ard:NHI:			
Adalimumab (Humir	ra - Alternative brand) - continued			
	after 6 months			
or O The Ass	e number of open draining fistulae have decreased from baseline by at least 50% ere has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula sessment score, together with less induration and patient-reported pain nab to be administered at doses no greater than 40 mg every 14 days			
INITIATION – Ocular infl Re-assessment required Prerequisites (tick boxes	after 12 months s where appropriate)			
NZ Hospital.	or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health			
or Patimax region Patient has and	e patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, I a maximum of 6 months treatment with Amgevita ient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with Amgevita, and a kimum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment imen ient has uveitis and is considered to be at risk of vision loss if they were to change treatment as previously had a Special Authority approval for the Humira brand of adalimumab for this indication hab to be administered at doses no greater than 40 mg every 14 days			
CONTINUATION - Ocula	ar inflammation – chronic			
Re-assessment required Prerequisites (tick boxes				
	or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health			
or O Foll Uve resc	e patient has had a good clinical response following 12 weeks' initial treatment lowing each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of seitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or colution of uveitic cystoid macular oedema) lowing each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone			
and Adalimumab to be administered at doses no greater than 40 mg every 14 days				

August 2025

PRESCRIBER	PATIENT:			
Name:	Name:			
Ward:	NHI:			
Adalimumab (Humira - Alternative brand) - continued				
INITIATION – Ocular inflammation – severe Re-assessment required after 12 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by any relevant practitioner, or NZ Hospital. and The patient has experienced intolerable side effects and a maximum of 6 months treatment with Amgev				
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 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication and Adalimumab to be administered at doses no greater than 40 mg every 14 days				
CONTINUATION – Ocular inflammation – severe Re-assessment required after 12 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by any relevant practitioner, or NZ Hospital. and	in accordance with a protocol or guideline that has been endorsed by the Health			
The patient has had a good clinical response follow or Following each 12-month treatment period, the pati Uveitis Nomenclature (SUN) criteria < ½+ anterior or resolution of uveitic cystoid macular oedema) Following each 12-month treatment period, the pati to < 10mg daily, or steroid drops less than twice dail	ent has had a sustained reduction in inflammation (Standardisation of chamber or vitreous cells, absence of active vitreous or retinal lesions, or ent has a sustained steroid sparing effect, allowing reduction in prednisone ily if under 18 years old			
Adalimumab to be administered at doses no greater than	40 mg every 14 days			

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

August 2025

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PRES	SCRIBER PAT	IENT:		
Name	e:Nar	ne:		
Ward	:NH	:		
Adal	imumab (Humira - Alternative brand) - continued			
Re-a	ATION – ankylosing spondylitis assessment required after 6 months equisites (tick boxes where appropriate) Prescribed by, or recommended by a rheumatologist or Practitioner on the protocol or guideline that has been endorsed by the Health NZ Hospital.	e recommendation of a rheumatologist, or in accordance with a		
	Or Patient has developed symptoms of loss of disease control for (Amgevita)	limumab (Amgevita) following a minimum of 4 weeks treatment sillowing a minimum of 4 weeks treatment with adalimumab		
	Patient has received a maximum of 6 months treatment with Amge and Patient has previously had a Special Authority approval for the Hur and Adalimumab to be administered at doses no greater than 40 mg ev	nira brand of adalimumab for this indication		
Re-a	ITINUATION – ankylosing spondylitis assessment required after 6 months equisites (tick boxes where appropriate) Prescribed by, or recommended by a rheumatologist or Practitioner on the protocol or guideline that has been endorsed by the Health NZ Hospital. Treatment has resulted in an improvement in BASDAI of 4 or more improvement in BASDAI of 50%, whichever is less and	points from pre-treatment baseline on a 10 point scale, or an		
	Adalimumab to be administered at doses no greater than 40 mg ev	ery 14 days		
INITIATION – Arthritis – oligoarticular course juvenile idiopathic Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. and				
	O The patient has experienced intolerable side effects from add O Patient has developed symptoms of loss of disease control for (Amgevita) and clinician attributes this loss of disease response.			
	Patient has received a maximum of 6 months treatment with Amge and Patient has previously had a Special Authority approval for the Hur			

I confirm that the above details are correct:

Signed: Date:

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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)						
Prescribed by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline by the Health NZ Hospital.	that has been endorsed					
O For patients that demonstrate at least a continuing 30% improvement in active joint count and continued improvement in assessment from baseline	n physician's global					
INITIATION – Arthritis - polyarticular course juvenile idiopathic Re-assessment required after 6 months						
Prerequisites (tick boxes where appropriate)						
O Prescribed by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endors by the Health NZ Hospital.						
O The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 or	weeks treatment					
O Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen	adalimumab					
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 – Arthritis - polyarticular course juvenile idiopathic						
Re-assessment required after 6 months Prerequisites (tick box where appropriate)						
O Prescribed by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endoby the Health NZ Hospital.						
For patients that demonstrate at least a continuing 30% improvement in active joint count and continued improvement in assessment from baseline	n 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 rheumatologist, or in accordance with a protocol or guideline by the Health NZ Hospital.	that has been endorsed					
O The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 or	weeks treatment					
O Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen	adalimumab					
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 and						
Adalimumab to be administered at doses no greater than 40 mg every 14 days						

August 2025

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PRES	CRIE	BER		PATIENT:		
Name	:			Name:		
Ward:				NHI:		
Adal	imuı	mab	(Hu	mira - Alternative brand) - continued		
Re-a	CONTINUATION – Arthritis - psoriatic Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.					
	and		respo	patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant onse to prior adalimumab treatment in the opinion of the treating physician mumab 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) Prescribed by, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.						
and	and	or	O O	The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen		
	and and	\circ		nt has received a maximum of 6 months treatment with Amgevita nt has previously had a Special Authority approval for the Humira brand of adalimumab for this indication		
		or	0	Adalimumab to be administered at doses no greater than 40 mg every 14 days Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response		
Re-a	ssess	smen	t requ	orthritis – rheumatoid ired after 6 months oxes where appropriate)		
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			patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant onse to prior adalimumab treatment in the opinion of the treating physician		
		or	0	Adalimumab to be administered at doses no greater than 40 mg every 14 days		
			0	Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response		

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER	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.					
or	m adalimumab (Amgevita) following a minimum of 4 weeks treatment introl 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 and O Patient has previously had a Special Authority approval for the					
CONTINUATION – Still's disease – adult-onset (AOSD) Re-assessment required after 6 months Prerequisites (tick box where appropriate)					
Prescribed by, or recommended by a rheumatologist or Practitioner protocol or guideline that has been endorsed by the Health NZ Hos	on the recommendation of a rheumatologist, or in accordance with a pital.				
The patient has demonstrated a sustained improvement in inflamm	atory markers and functional status				