

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Vedolizumab

INITIATION – Crohn's disease - adults

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- ☐ Patient has active Crohn's disease
- and
- ☐ Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria (unless contraindicated)
- or
- ☐ Patient has a CDAI score of greater than or equal to 300, or HBI score of greater than or equal to 10
- or
- ☐ Patient has extensive small intestine disease affecting more than 50 cm of the small intestine
- or
- ☐ Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection
- or
- ☐ Patient has an ileostomy or colostomy, and has intestinal inflammation
- and
- ☐ Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids
- or
- ☐ Patient has experienced intolerable side effects from immunomodulators and corticosteroids
- or
- ☐ Immunomodulators and corticosteroids are contraindicated

CONTINUATION – Crohn's disease - adults

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

- ☐ CDAI score has reduced by 100 points, or HBI score has reduced by 3 points, from when the patient was initiated on biologic therapy
- or
- ☐ CDAI score is 150 or less, or HBI is 4 or less
- or
- ☐ The patient has experienced an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed
- and
- ☐ Vedolizumab to administered at a dose no greater than 300 mg every 8 weeks

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Vedolizumab - continued

INITIATION – Crohn's disease - children*

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- ☐ Paediatric patient has active Crohn's disease
- and
- ☐ Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria (unless contraindicated)
- or
- ☐ Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30
- or
- ☐ Patient has extensive small intestine disease
- and
- ☐ Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids
- or
- ☐ Patient has experienced intolerable side effects from immunomodulators and corticosteroids
- or
- ☐ Immunomodulators and corticosteroids are contraindicated

Note: Indication marked with * is an unapproved indication.

CONTINUATION – Crohn's disease - children*

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

- ☐ PCDAI score has reduced by 10 points from when the patient was initiated on biologic therapy
- or
- ☐ PCDAI score is 15 or less
- or
- ☐ The patient has experienced an adequate response to treatment, but CDAI score cannot be assessed
- and
- ☐ Vedolizumab to administered at a dose no greater than 300mg every 8 weeks

Note: Indication marked with * is an unapproved indication.

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Vedolizumab - continued

INITIATION – ulcerative colitis

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

☐ Patient has active ulcerative colitis

and

☐ Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria (unless contraindicated)

or

☐ Patient has a SCCAI score is greater than or equal to 4

or

☐ Patient's PUCAI score is greater than or equal to 20*

and

☐ Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids

or

☐ Patient has experienced intolerable side effects from immunomodulators and corticosteroids

or

☐ Immunomodulators and corticosteroids are contraindicated

Note: Indication marked with * is an unapproved indication.

CONTINUATION – ulcerative colitis

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

☐ The SCCAI score has reduced by 2 points or more from the SCCAI score since initiation on biologic therapy

or

☐ The PUCAI score has reduced by 10 points or more from the PUCAI score since initiation on biologic therapy *

and

☐ Vedolizumab will be used at a dose no greater than 300 mg intravenously every 8 weeks

Note: Indication marked with * is an unapproved indication.

I confirm that the above details are correct:

Signed: Date: