### RS1922 - Adalimumab (Humira - Alternative brand)

Arthritis - polyarticular course juvenile idiopathic - INITIATION	10
Arthritis - polyarticular course juvenile idiopathic - CONTINUATION	10
Arthritis - psoriatic - INITIATION	
Arthritis - psoriatic - CONTINUATION	11
Arthritis - oligoarticular course juvenile idiopathic - INITIATION	9
Arthritis – oligoarticular course juvenile idiopathic - CONTINUATION	10
Arthritis – rheumatoid - INITIATION	11
Arthritis – rheumatoid - CONTINUATION	
Behcet's disease – severe - INITIATION	
Behcet's disease – severe - CONTINUATION	2
Crohn's disease - adult - INITIATION	
Crohn's disease - adult - CONTINUATION	5
Crohn's disease - children - INITIATION	
Crohn's disease - children - CONTINUATION	
Crohn's disease - fistulising - INITIATION	
Crohn's disease - fistulising - CONTINUATION	7
Hidradenitis suppurativa - INITIATION	2
Hidradenitis suppurativa - CONTINUATION	3
Ocular inflammation – chronic - INITIATION	
Ocular inflammation – chronic - CONTINUATION	
Ocular inflammation – severe - INITIATION	
Ocular inflammation – severe - CONTINUATION	
Psoriasis - severe chronic plaque - INITIATION	3
Psoriasis - severe chronic plaque - CONTINUATION	4
Pyoderma gangrenosum - INITIATION	
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.

NAME:  NHI:  ioner, or in accordance with a protocol or guideline that has been endorsed by the Health de effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment
ioner, or in accordance with a protocol or guideline that has been endorsed by the Health
de effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment
f disease control following a minimum of 4 weeks treatment with adalimumab of disease response to a change in treatment regimen  atment with Amgevita  proval for the Humira brand of adalimumab for this indication  ater than 40 mg every 14 days
ioner, or in accordance with a protocol or guideline that has been endorsed by the Health creatment with measurably improved quality of life ater than 40 mg every 14 days
Practitioner on the recommendation of a dermatologist, or in accordance with a protocol Hospital.  de effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment of disease control following a minimum of 4 weeks treatment with adalimumab of disease response to a change in treatment regimen
atment with Amgevita  oproval for the Humira brand of adalimumab for this indication  ater than 40 mg every 7 days. Fortnightly dosing has been considered

 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 – 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. inflammator	y nodules, abscesses, draining fistulae) of 25% or more from baseline
The patient has a Dermatology Quality of Life Index improvem	ent of 4 or more from baseline
Adalimumab is to be administered at doses no greater than 40	mg 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
	n adalimumab (Amgevita) following a minimum of 4 weeks treatment
Patient has developed symptoms of loss of disease cont (Amgevita) and clinician attributes this loss of disease re	rol following a minimum of 4 weeks treatment with adalimumab sponse to a change in treatment regimen
Patient has received a maximum of 6 months treatment with A and	mgevita
Patient has previously had a Special Authority approval for the and	Humira brand of adalimumab for this indication
Adalimumab to be administered at doses no greater than 40 m	g every 14 days

I confirm that the above details are correct:

0:	D - 1 - 1	

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.

NHI:
o (Humira - Alternative brand) - continued
ON – Psoriasis - severe chronic plaque at 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 ideline that has been endorsed by the Health NZ Hospital.
Patient had "whole body" severe chronic plaque psoriasis at the start of treatment  O 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  O 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
Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment and  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  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
Adalimumab to be administered at doses no greater than 40 mg every 14 days  Pyoderma gangrenosum  It required after 6 months
(tick boxes where appropriate) cribed by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ ital.
O The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment O 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

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:	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 continuand	nues 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	ner on the recommendation of a gastroenterologist, or in accordance with a bital.
or  Patient has developed symptoms of loss of disease con 6 months treatment with Amgevita and clinician attribute	
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
protocol or guideline that has been endorsed by the Health NZ Hosp	
CDAI score has reduced by 100 points from the CDAI soor  CDAI score is 150 or less  The patient has demonstrated an adequate response to and  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:

I confirm that the above details are correct:

Signed: ...... Date: .....

# HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRESCR	IBER		PATIENT:
Name: .			
Ward:			NHI:
Adalim	umal	) (Hu	mira - Alternative brand) - continued
Re-asse	ssmer	t requ	's disease - children ired after 6 months 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.
ar	O	O O Patie	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
aı		Adali	mumab to be administered at doses no greater than 40 mg every 14 days
Re-asse	Prese proto	et requi (tick beribed 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.  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-asse	ssmer iisites Pres	it requ (tick b cribed	o's disease - fistulising 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 guideline that has been endorsed by the Health NZ Hospital.
ar	$\circ$		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  In that 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

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Adalimumab (Humira - Alternative b	rand) - continued
CONTINUATION – Crohn's disease - fistulisi Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)  Prescribed by, or recommended by a protocol or guideline that has been er and	gastroenterologist or Practitioner on the recommendation of a gastroenterologist, or in accordance with a
The number of open drain  There has been a marked Assessment score, together and	ning fistulae have decreased from baseline by at least 50% d reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula ner with less induration and patient-reported pain d at doses no greater than 40 mg every 14 days
INITIATION – Ocular inflammation – chronic Re-assessment required after 12 months  Prerequisites (tick boxes where appropriate)  Prescribed by, or recommended by an NZ Hospital.	ny relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
or  Patient has experient and a maximum of 6 more and a maximum of 6 more and a maximum of 6 more and a maximum of 6 months to regimen  or  Patient has uveitis and is  and  Patient has previously had a Spand	ced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, with streatment with Amgevita mptoms of loss of disease control following a minimum of 4 weeks treatment with Amgevita, and a eatment with Amgevita and clinician attributes this loss of disease response to a change in treatment considered to be at risk of vision loss if they were to change treatment expecial Authority approval for the Humira brand of adalimumab for this indication at doses no greater than 40 mg every 14 days
CONTINUATION – Ocular inflammation – ch Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)  Prescribed by, or recommended by an NZ Hospital.  and	ronic  ny relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
or  Following each 12-month Uveitis Nomenclature (SU resolution of uveitic cysto  Following each 12-month	treatment period, the patient has had a sustained reduction in inflammation (Standardisation of JN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or id macular oedema)  treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone d drops less than twice daily if under 18 years old
	I at doses no greater than 40 mg every 14 days

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	SCRIE	BER			PATIENT:
Name	e:				Name:
Ward	:				NHI:
Adal	imuı	mak	(Hu	ımira - Alternative brand) - continued	
INITI Re-a	IATIO	N – ( smen sites	Ocula t requi(tick t tribed ospita  Patie	r inflammation – severe ired after 12 months oxes where appropriate) by, or recommended by any relevant practitioner, or in actil.  The patient has experienced intolerable side effects from and a maximum of 6 months treatment with Amgevita  Patient has developed symptoms of loss of disease continuous contents.	Humira brand of adalimumab for this indication
Re-a	ssess <b>equis</b>	men i <b>ites</b> Presc	t requ (tick b cribed		cordance with a protocol or guideline that has been endorsed by the Health
and		NZ H	ospita	ıl.	
		or	0		as had a sustained reduction in inflammation (Standardisation of ber or vitreous cells, absence of active vitreous or retinal lesions, or
		or	0	Following each 12-month treatment period, the patient h to < 10mg daily, or steroid drops less than twice daily if $\iota$	as a sustained steroid sparing effect, allowing reduction in prednisone under 18 years old
	and	0	Adali	mumab to be administered at doses no greater than 40 m	ng every 14 days

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	numab (Humira - Alternative brand) - continued
INITI Re-a	TION – ankylosing spondylitis sessment required after 6 months quisites (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.  The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment or Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita)  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	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.  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  Adalimumab to be administered at doses no greater than 40 mg every 14 days
Re-a	TION – Arthritis – oligoarticular course juvenile idiopathic sessment required after 6 months quisites (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.  The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment or 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
	O Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication

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)	
by the Health NZ Hospital.	ogist, or in accordance with a protocol or guideline that has been endorsed
For patients that demonstrate at least a continuing 30% improvement assessment from baseline	t in active joint count and continued improvement in physician's global
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
	n adalimumab (Amgevita) following a minimum of 4 weeks treatment
O Patient has developed symptoms of loss of disease cont (Amgevita) and clinician attributes this loss of disease re	rol following a minimum of 4 weeks treatment with adalimumab sponse 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	
CONTINUATION – Arthritis - polyarticular course juvenile idiopathic Re-assessment required after 6 months  Prerequisites (tick box where appropriate)	
	ogist, or in accordance with a protocol or guideline that has been endorsed
by the Health NZ Hospital.	gist, of in accordance with a protocol of guideline that has been endorsed
	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	
O Patient has received a maximum of 6 months treatment with A and	mgevita
O Patient has previously had a Special Authority approval for the and	Humira brand of adalimumab for this indication
Adalimumab to be administered at doses no greater than 40 m	g every 14 days

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	CRIBI	ER		PATIENT:
Name	:			Name:
Ward:				NHI:
Adal	imun	nab	(Hu	mira - Alternative brand) - continued
Re-a	ssessr <b>equisi</b> D	resc y the	t required to the tree to the tree to the tree tree tree tree tree tree tree	rthritis - psoriatic red after 6 months oxes where appropriate)  oy, or recommended by a named specialist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed h NZ Hospital.  atient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant name to prior adalimumab treatment in the opinion of the treating physician  numab to be administered at doses no greater than 40 mg every 14 days
<u></u>				
Re-a	ssessr equisi	ment <b>tes</b> ( resc	t require (tick book ribed b	is – rheumatoid red after 6 months expected after 6 mo
		or	$\circ$	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 and	$\overline{}$		nt has received a maximum of 6 months treatment with Amgevita  It 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	ssessr <b>equisi</b> P	nent <b>tes</b> ( resc	t requir (tick bo ribed t	rthritis – rheumatoid red after 6 months oxes where appropriate)  oy, or recommended by a rheumatologist or Practitioner on the recommendation of a rheumatologist, or in accordance with a guideline that has been endorsed by the Health NZ Hospital.
anu	and	<b>O</b>	The p	atient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant use 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  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: .....

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)		
Prescribed by, or recommended by a rheumatologist or Practitioner protocol or guideline that has been endorsed by the Health NZ Hosp and	on the recommendation of a rheumatologist, or in accordance with a bital.	
or	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 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)  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		

0:	D - 1 - 1	
Zigneg.	i jate:	
Oigilica.	 Duic.	