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.

CRIBER	PATIENT:
:	
	NH:
iple Scl	rosis
ssessmen equisites	ultiple Sclerosis - ocrelizumab required after 12 months ick boxes where appropriate) ibed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the
NZ H	spital.
and	O Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist
and	Patient has an EDSS score between 0 – 6.0
and	O Patient has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months
	Each significant attack must be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the attack, but the neurologist/physician must be satisfied that the clinical features were characteristic)
	Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s)
	Each significant attack has lasted at least one week and has started at least one month after the onset of a previous attack (where relevant)
	Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever (T> 37.5°C)
	Each significant attack is severe enough to change either the EDSS or at least one of the Kurtze Functional System scores by at least 1 point
	Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom)
and	O Evidence of new inflammatory activity on an MRI scan within the past 24 months
	A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion
	O A sign of that new inflammatory activity is a lesion showing diffusion restriction or
	O A sign of that new inflammatory is a T2 lesion with associated local swelling or
	A sign of that new inflammatory activity is a prominent T2 lesion that clearly is responsible for the clinical features of a recent attack that occurred within the last 2 years
	A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan
or O	Patient has an active Special Authority approval for either dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alphanterferon beta-1-beta, natalizumab or teriflunomide
: Treatmer	on two or more funded multiple sclerosis treatments simultaneously is not permitted.

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

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:		
	NIII.		
Multiple Sclerosis - continued			
CONTINUATION – Multiple Sclerosis - ocrelizumab Prerequisites (tick box where appropriate)			
O Prescribed by, or recommended by any relevant practitioner, or in ac NZ Hospital.	ecordance with a protocol or guideline that has been endorsed by the Health		
Patient has had an EDSS score of 0 to 6.0 (inclusive) with or withou the patient has walked 100 metres or more with or without aids in the Note: Treatment on two or more funded multiple sclerosis treatments simultan	It the use unilateral or bilateral aids at any time in the last six months (ie e last six months) neously is not permitted.		
INITIATION – Primary Progressive Multiple Sclerosis Re-assessment required after 12 months			
Prerequisites (tick boxes where appropriate)			
Prescribed by, or recommended by any relevant practitioner, or in ac NZ Hospital.	ecordance with a protocol or guideline that has been endorsed by the Health		
O Diagnosis of primary progressive multiple sclerosis (PPMS) meets the 2017 McDonald criteria and has been confirmed by a neurologist and			
O Patient has an EDSS 2.0 (score equal to or greater than 2 on pyramidal functions) to EDSS 6.5 and			
O Patient has no history of relapsing remitting multiple sclerosis			
CONTINUATION – Primary Progressive Multiple Sclerosis			
Prerequisites (tick box 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.			
	me in the last six months (ie patient has walked 20 metres with bilateral		