### RS2140 - Adalimumab (Amgevita)

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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	CRIE	BER									P	PATIENT:
Name	:										Ν	Name:
Ward	Vard:										Ν	NHI:
Adal	imu	mab	(An	ngevi	ta)							
				t's dis								
( and		Presc NZ Ho			ecomm	nended	by any	relevan	nt practition	oner, or in a	ccc	ordance with a protocol or guideline that has been endorsed by the Health
	and	O The patient has severe Behcet's disease* that is significantly impacting the patient's quality of life					pacting the patient's quality of life					
		or	0							and/or vaso mptom(s)	culi	itic symptoms and has not responded adequately to one or more
			O The patient has severe gastrointestinal, rheumatological and/or mucocutaneous symptoms and has not responded adequately to two or more treatments appropriate for the particular symptom(s)									
Note	Indi	icatior	ıs ma	ırked w	th * are	e unapp	oroved i	indicatio	ons.			
Re-a	ssess siupe l	Presc Hospi	requitick bribed tal.  Patie Patie intole	nt has the rance that has the rance that the same that the	er 4 monthere appearance of the communication of th	onths opropria nended enitis su ut had a s contr	by a description by a d	equate tions for	ey Stage response r systemi	II or Hurley to at least c antibiotics	a 9	with a protocol or guideline that has been endorsed by the Health NZ age III lesions in distinct anatomic areas O day trial of systemic antibiotics or patient has demonstrated more than 1 month old at time of application
Re-a	CONTINUATION – Hidradenitis suppurativa  Re-assessment required after 2 years  Prerequisites (tick boxes where appropriate)  Orecommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.  and  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 DLQI improvement of 4 or more from baseline											
			<b>\</b>									

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PRES	CRIE	BER		PATIENT:
Name	:			Name:
Ward:				NHI:
Adali	imuı	mab	(An	ngevita) - continued
Re-as	ssess equis	sment sites (t	requi	e psoriasis - severe chronic red after 4 months oxes where appropriate)
and		-rescr -lospit		by, or recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
		and	0	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			
			or	Patient has "whole body" severe chronic plaque psoriasis with a (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis
			or	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
				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
		and	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  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

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

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PRES	SCRIE	BER		PATIENT:		
Name	ə:					
Ward	:			NHI:		
Ada	limuı	mab (A	Amgev	ita) - continued		
				psoriasis - severe chronic ter 2 years		
1				where appropriate)		
		and	) Patie	nt had "whole body" severe chronic plaque psoriasis at the start of treatment		
			0	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		
			or O	The patient has a DLQI improvement of 5 or more, when compared with the pre-treatment baseline value		
	or					
		and	<b>)</b> Patie	nt had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment		
			or	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		
				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	nt had severe chronic localised genital or flexural plaque psoriasis at the start of treatment		
				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 O	Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing adalimumab		
			_	angrenosum		
Prer	equis	ites (ticl	k boxes v	where appropriate)		
(		Prescribe Hospital.	-	recommended by a dermatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ		
and	·					
	O Patient has pyoderma gangrenosum* and					
				received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, e, or methotrexate) and not received an adequate response		
Note	: Indi	cations r	marked v	vith * are unapproved indications.		

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PRESCRIBER PATIENT:					
Name	:				
Ward:			NHI:		
Adal	imu	mak	o (Amgevita) - continued		
Re-a	ssess equis	smen sites Preso	Crohn's disease - adults It 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		Patient has severe active Crohn's disease  O Patient has a CDAI score of greater than or equal to 300 or HBI score of greater than or equal to 10		
		or or	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 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-a	ssess siupe	smen sites 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 ospital.  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		
INITIATION – Crohn's disease - children Re-assessment required after 6 months 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	and	O	Paediatric patient has active Crohn's disease  O Patient has a PCDAI score of greater than or equal to 30		
	and	or O	O Patient has extensive small intestine disease  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:

Signed: Date:

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PRES	CRIBER	l	PATIENT:
Name	:		Name:
Ward			NHI:
Adal	imuma	b (Amgevita) - continued	
Re-a	ssessme equisites Pres	PCDAI score has reduced by 10 points from the PCDAI score PCDAI score is 15 or less	
		The patient has demonstrated an adequate response to treatn	nent but PCDAI score cannot be assessed
Re-a	ssessme equisites Pres	Patient has confirmed Crohn's disease  Patient has one or more complex externally draining ent Patient has one or more rectovaginal fistula(e)	
Re-a	ssessme equisites Pres	Hospital.  The number of open draining fistulae have decreased from ba	cordance with a protocol or guideline that has been endorsed by the Health seline by at least 50%  from baseline as demonstrated by a reduction in the Fistula Assessment

I confirm that the above details are correct:

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Oigilica.	 Duic.	

PRES	SCRI	BER	PA	PATIENT:		
Name	ə:		Na	ame:		
Ward	:		Ni	H:		
Ada	limu	ımab	(Amgevita) - continued			
INIT Re-a	IATIO	on - Oosment sites (t Prescr NZ Ho	Cocular inflammation - chronic required after 4 months tick boxes where appropriate) ribed by, or recommended by any relevant practitioner, or in according pospital.  The patient has had an initial Special Authority approval for inflixing Patient has severe uveitis uncontrolled with treatment of step loss  Patient is 18 years or older and treatment with at lease	roids and other immunosuppressants with a severe risk of vision t two other immunomodulatory agents has proven ineffective		
CON	ITINI	UATION	O Patient is under 8 years and treatment with steroids of	or methotrexate has proven ineffective or is not tolerated at a therapeutic dose or methotrexate has proven ineffective or is not tolerated at a nt irreversible vision loss prior to achieving a therapeutic dose of		
			required after 2 years tick boxes where appropriate)			
and	O	,	ribed by, or recommended by any relevant practitioner, or in accor	dance with a protocol or guideline that has been endorsed by the Health		
	or	O F	The patient has had a good clinical response following 12 weeks' Following each 2 year treatment period, the patient has had a su: Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous couveitic cystoid macular oedema)			
	or		Following each 2 year treatment period, the patient has a sustained daily, or steroid drops less than twice daily if under 18 years old	ed steroid sparing effect, allowing reduction in prednisone to < 10mg		

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

PRE	SCRI	BER		PATIENT:
Name	e:			Name:
Ward	:			NHI:
Ada	limu	ımab	(Amgevita) - continued	
INIT Re-a	IATIC	ON - Cosmen	Ocular inflammation - severe It required after 4 months (tick boxes where appropriate)  Cribed by, or recommended by any relevant practitioner, or in accompital.  Patient has had an initial Special Authority approval for infliximation of the compital of	thylprednisolone) followed by high dose oral steroids has proven
Re-a	asses equi	Presco NZ Ho	ON – Ocular inflammation - severe at required after 2 years (tick boxes where appropriate)  cribed by, or recommended by any relevant practitioner, or in accospital.  The patient has had a good clinical response following 3 initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following or initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following a initial of the patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient has had a good clinical response following a patient had a good clinical response following a patient ha	sustained reduction in inflammation (Standardisation of Uveitis s cells, absence of active vitreous or retinal lesions, or resolution of ined steroid sparing effect, allowing reduction in prednisone to < 10mg

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PRESCR	IBER		PATIENT:				
Name:			Name:				
Ward:	ırd: NHI:						
Adalim	umab	(An	evita) - continued				
INITIATI Re-asse	ON – are segment isites (	or	In graphondylitis I after 6 months I aft				
	and	or O	Patient has limitation of motion of the lumbar 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  BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous armacological treatment and is no more than 1 month old at the time of application				
Re-asse	ssment isites (i Prescr NZ Ho For ap	requitick bilibed spita	After 2 years where appropriate) or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health s where treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point provement in BASDAI of 50%, whichever is less				

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Signed: Date:

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PRES	SCRI	RIBER PA	TIENT:
Name	e:	Na	me:
Ward	l:	NI	l:
Ada	limu	numab (Amgevita) - continued	
INIT Re-a	IATIC asses equi	Prescribed by, or recommended by a named specialist or rheumatologis by the Health NZ Hospital.  The patient has had an initial Special Authority approval for and  Patient has received insufficient benefit to meet the received and  Patient has had oligoarticular course JIA for 6 months durat and	etanercept for oligoarticular course juvenile idiopathic arthritis (JIA)  newal criteria for oligoarticular course JIA  erapy where use of methotrexate is limited by toxicity or intolerance on or longer
		or maximum tolerated dose)	in or tenderness after a 3-month trial of methotrexate (at the eater than 1.5) with poor prognostic features after a 3-month trial
CON	ITINU	NUATION – Arthritis - oligoarticular course juvenile idiopathic	
Re-a	asses	essment required after 2 years uisites (tick boxes where appropriate)	
and		Prescribed by, or recommended by any relevant practitioner, or in accord NZ Hospital.	lance with a protocol or guideline that has been endorsed by the Health
	or	O Following initial treatment, the patient has at least a 50% decrease assessment from baseline	e in active joint count and an improvement in physician's global
		On subsequent reapplications, the patient demonstrates at least a improvement in physician's global assessment from baseline	continuing 30% improvement in active joint count and continued

PRES	SCRII	BER		PATIENT:				
Name	ə:							
Ward	:			NHI:				
Ada	dalimumab (Amgevita) - continued							
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 by the Health NZ Hospital.  and								
		and	O	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				
CONTINUATION – Arthritis - polyarticular course juvenile idiopathic Re-assessment required after 2 years Prerequisites (tick boxes where appropriate)  Orescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the long NZ Hospital.								
	Following initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physicial assessment from baseline  On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count at improvement in physician's global assessment from baseline							

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

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PRESCRIBER					PATIENT:	
Name:						
Ward:						
Adal	Adalimumab (Amgevita) - continued					
Re-a	sses equi:	sment <b>sites</b> (t	requi ick b bed	red a oxes	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	
		and	$\bigcirc$	Patie	ent has had an initial Special Authority approval for etanercept or secukinumab for psoriatic arthritis	
			or	O O	Patient has experienced intolerable side effects  Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis	
	or		$\overline{}$			
		and		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 ess contraindicated)	
		and	or	0	Patient 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	
		and	or or	O O O	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 <b>sites</b> (t	requi ick b	red a	is - psoriatic fter 2 years where appropriate)	
and		Prescri NZ Ho			recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health	
	or				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	
					nonstrates at least a continuing 30% improvement in swollen joint count from baseline and a clinically significant response on of the treating physician	

I confirm that the above details are correct:

Signed: Date:

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		IVI II.	
nab (	Am	ngevita) - continued	
ment r <b>tes</b> (ti	equi ck bo bed l	is - rheumatoid red 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	
(	C	The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis	
ana	or	O The patient has experienced intolerable side effects	
	<u> </u>	O The patient has received insufficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis	
and (	C	Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer  Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance	
and		Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated)	
Patient has tried and not responded to at least three m sulphate at maximum tolerated doses (unless contrained)		Patient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroque sulphate at maximum tolerated doses (unless contraindicated)	
	or	O Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin (unless contraindicated)	
	٠. 	O Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomid (unless contraindicated) alone or in combination with methotrexate	
and		O Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints	
	or	O 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	
ment r tes (ti	equi ck b	rthritis - rheumatoid red after 2 years exes where appropriate)	
Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has NZ Hospital.			
		ving initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant nse to treatment in the opinion of the physician	
		bsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and cally significant response to treatment in the opinion of the physician	
	and (and and and and and and and and and and	and or and or and or and or and or and tes (tick be rescribed by Tellow response) On su	

I confirm that the above details are correct:

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

# HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRES	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	NZ Hos	escribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health Hospital.					
	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:

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

# HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRES	PRESCRIBER			PATIENT:				
Name	e:		Name:					
Ward	:		NHI:					
Adal	imu	ımal	(Amgevita) - continued					
Re-a	sses equi:	smer sites	ndifferentiated spondyloarthiritis required after 6 months ick boxes where appropriate)					
and		Prescribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health N. Hospital.						
	anc		Patient has undifferentiated peripheral spondyloarthritis* with active periphera wrist, elbow, knee, ankle, and either shoulder or hip	l joint arthritis in at least four joints from the following:				
	and	0	Patient has tried and not responded to at least three months of each of methotrexate, sulphasalazine and leflunomide, at maximum colerated 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 the	an one month prior to the date of this application				
			<ul> <li>ESR and CRP not measured as patient is currently receiving prednison has done so for more than three months</li> </ul>	e therapy at a dose of greater than 5 mg per day and				
Note	: Ind	licatio	s marked with * are unapproved indications.					
Re-a	sses equi:	smer <b>sites</b> Preso	N – undifferentiated spondyloarthiritis required after 2 years ick boxes where appropriate) ibed by, or recommended by any relevant practitioner, or in accordance with spital.					
	or	0	Following initial treatment, the patient has at least a 50% decrease in active joint to treatment in the opinion of the physician  The patient demonstrates at least a continuing 30% improvement in active joint to the principal of the treation physician.					
			response in the opinion of the treating physician					
INITIATION – inflammatory bowel arthritis – axial Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)								
and		Preso Hosp	ibed by, or recommended by a rheumatologist, or in accordance with a protocal.	col or guideline that has been endorsed by the Health NZ				
	anc	$\circ$	Patient has a diagnosis of active ulcerative colitis or active Crohn's disease					
	and	0	Patient has axial inflammatory pain for six months or more					
	and		Patient is unable to take NSAIDs					
	and		Patient has unequivocal sacroiliitis demonstrated by radiological imaging or M					
	and	J	Patient has not responded adequately to prior treatment consisting of at least obysiotherapist	3 months of an exercise regime supervised by a				
		0	A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise reatment	trial, but prior to ceasing any previous pharmacological				

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:					
Adali	muma	b (Amgevita) - continued						
Re-as	sessme	ON – inflammatory bowel arthritis – axial nt required after 2 years						
Prerequisites (tick box where appropriate)  O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorse NZ Hospital.								
and (		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						
Re-as	sessme	inflammatory bowel arthritis – peripheral nt required after 6 months t (tick boxes where appropriate)						
and	Prescribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Her Hospital.							
	and on on	Patient has tried and not experienced a response to at least t dose (unless contraindicated)  Patient has tried and not experienced a response to at least t contraindicated)  O Patient has a CRP level greater than 15 mg/L measured Patient has an ESR greater than 25 mm per hour	ohn's disease  ving: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder,  hree months of methotrexate, or azathioprine at a maximum tolerated  hree months of sulphasalazine at a maximum tolerated dose (unless  d no more than one month prior to the date of this application  eiving prednisone therapy at a dose of greater than 5 mg per day and					
CONTINUATION – inflammatory bowel arthritis – peripheral 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 en NZ Hospital.								
	or O	response to treatment in the opinion of the physician	rease in active joint count from baseline and a clinically significant in active joint count from baseline in the opinion of the treating physician					