

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....
Fax Number:	Fax Number:	

Ocrelizumab

Initial application — Multiple Sclerosis - ocrelizumab

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites (tick boxes where appropriate)

<input type="checkbox"/> Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist	and	<input type="checkbox"/> Patient has an EDSS score between 0 – 6.0	and	<input type="checkbox"/> Patient has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months																		
<table border="0"><tr><td><input type="checkbox"/> 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)</td><td>and</td><td><input type="checkbox"/> Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptom(s)/sign(s)</td><td>and</td><td><input type="checkbox"/> 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)</td></tr><tr><td colspan="5">and <input type="checkbox"/> Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever ($T > 37.5^{\circ}\text{C}$)</td></tr><tr><td colspan="5">and <table border="0"><tr><td><input type="checkbox"/> 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</td><td>or</td><td><input type="checkbox"/> Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom)</td></tr></table></td></tr></table>					<input type="checkbox"/> 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)	and	<input type="checkbox"/> Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptom(s)/sign(s)	and	<input type="checkbox"/> 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)	and <input type="checkbox"/> Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever ($T > 37.5^{\circ}\text{C}$)					and <table border="0"><tr><td><input type="checkbox"/> 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</td><td>or</td><td><input type="checkbox"/> Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom)</td></tr></table>					<input type="checkbox"/> 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	or	<input type="checkbox"/> Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom)
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and <input type="checkbox"/> Evidence of new inflammatory activity on an MRI scan within the past 24 months																						
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or <input type="checkbox"/> Patient has an active Special Authority approval for either dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab or teriflunomide																						

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Ocrelizumab - *continued*

Renewal — Multiple Sclerosis - ocrelizumab

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick box where appropriate)

Patient has had an EDSS score of 0 to 6.0 (inclusive) with or without the use of unilateral or bilateral aids at any time in the last six months (ie the patient has walked 100 metres or more with or without aids in the last six months)

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Initial application — Primary Progressive Multiple Sclerosis

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

and Diagnosis of primary progressive multiple sclerosis (PPMS) meets the 2017 McDonald criteria and has been confirmed by a neurologist

and Patient has an EDSS 2.0 (score equal to or greater than 2 on pyramidal functions) to EDSS 6.5

and Patient has no history of relapsing remitting multiple sclerosis

Renewal — Primary Progressive Multiple Sclerosis

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick box where appropriate)

Patient has had an EDSS score of less than or equal to 6.5 at any time in the last six months (ie patient has walked 20 metres with bilateral assistance/aids, without rest in the last six months)

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz