

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

## Multiple Sclerosis

**Initial application — Multiple Sclerosis - dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab and teriflunomide**

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
<b>and</b>
<input type="checkbox"/> Patient has an EDSS score between 0 – 6.0
<b>and</b>
<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
<b>and</b>
<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)
<b>and</b>
<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)
<b>and</b>
<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)
<b>and</b>
<input type="checkbox"/> Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever ( $T > 37.5^{\circ}\text{C}$ )
<b>and</b>
<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
<b>or</b>
<input type="checkbox"/> Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom)
<b>and</b>
<input type="checkbox"/> Evidence of new inflammatory activity on an MRI scan within the past 24 months
<b>and</b>
<input type="checkbox"/> A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion
<b>or</b>
<input type="checkbox"/> A sign of that new inflammatory activity is a lesion showing diffusion restriction
<b>or</b>
<input type="checkbox"/> A sign of that new inflammatory is a T2 lesion with associated local swelling
<b>or</b>
<input type="checkbox"/> 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
<b>or</b>
<input type="checkbox"/> A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan
<b>or</b>
<input type="checkbox"/> Patient has an active approval for ocrelizumab and does not have primary progressive MS

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](mailto:customerservice@health.govt.nz)

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**Multiple Sclerosis** - *continued*

**Renewal — Multiple Sclerosis - dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab and teriflunomide**

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.

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

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

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