

**SA2525 - Adalimumab (Amgevita)**

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**Adalimumab (Amgevita)**

**Initial application — Behcet’s disease - severe**

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/>	The patient has severe Behcet’s disease* that is significantly impacting the patient’s quality of life
<b>and</b>	
<input type="checkbox"/>	The patient has severe ocular, neurological, and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s)
<b>or</b>	
<input type="checkbox"/>	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: Indications marked with \* are unapproved indications.

**Initial application — Hidradenitis suppurativa**

Applications only from a dermatologist. Approvals valid for 4 months.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/>	Patient has hidradenitis suppurativa Hurley Stage II or Hurley Stage III lesions in distinct anatomic areas
<b>and</b>	
<input type="checkbox"/>	Patient has tried, but had an inadequate response to at least a 90 day trial of systemic antibiotics or has demonstrated intolerance to or has contraindications for systemic antibiotics
<b>and</b>	
<input type="checkbox"/>	Patient has 3 or more active lesions
<b>and</b>	
<input type="checkbox"/>	The patient has a DLQI of 10 or more and the assessment is no more than 1 month old at time of application

**Renewal — Hidradenitis suppurativa**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/>	The patient has a reduction in active lesions (e.g. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline
<b>and</b>	
<input type="checkbox"/>	The patient has a DLQI improvement of 4 or more from baseline

**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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**Adalimumab (Amgevita) - continued**

**Initial application — Plaque psoriasis - severe chronic**

Applications only from a dermatologist or any relevant practitioner on the recommendation of a dermatologist. Approvals valid for 4 months.

**Prerequisites**(tick boxes where appropriate)

Patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis

**and**

Patient has experienced intolerable side effects

**or**

Patient has received insufficient benefit to meet the renewal criteria for etanercept for severe chronic plaque psoriasis

**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

**or**

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**

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

**and**

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

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**Adalimumab (Amgevita) - continued**

**Renewal — Plaque psoriasis - severe chronic**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

Patient had "whole body" severe chronic plaque psoriasis at the start of treatment

**and**

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**

The patient has a DLQI improvement of 5 or more, when compared with the pre-treatment baseline value

**or**

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**

The patient has experienced 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

**or**

The patient has experienced reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre treatment baseline value

**or**

Patient had severe chronic localised genital or flexural plaque psoriasis at the start of treatment

**and**

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**

Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing adalimumab

**Initial application — pyoderma gangrenosum**

Applications only from a dermatologist. Approvals valid without further renewal unless notified.

**Prerequisites**(tick boxes where appropriate)

Patient has pyoderma gangrenosum\*

**and**

Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and has not received an adequate response

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**Adalimumab (Amgevita) - continued**

**Initial application — Crohn’s disease - adults**

Applications from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

Patient has active Crohn’s disease

**and**

Patient has a CDAI score of greater than or equal to 300, or HBI score of greater than or equal to 10

**or**

Patient has extensive small intestine disease affecting more than 50 cm of the small intestine

**or**

Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection

**or**

Patient has an ileostomy or colostomy and has intestinal inflammation

**and**

Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids

**Renewal — Crohn’s disease - adults**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

CDAI score has reduced by 100 points from the CDAI score, or HBI score has reduced by 3 points, from when the patient was initiated on adalimumab

**or**

CDAI score is 150 or less, or HBI is 4 or less

**or**

The patient has demonstrated an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed

**Initial application — Crohn’s disease - children**

Applications from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

Paediatric patient has active Crohn’s disease

**and**

Patient has a PCDAI score of greater than or equal to 30

**or**

Patient has extensive small intestine disease

**and**

Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids

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**Adalimumab (Amgevita) - continued**

**Renewal — Crohn’s disease - children**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on adalimumab

or

PCDAI score is 15 or less

or

The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed

**Initial application — Crohn’s disease - fistulising**

Applications from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

Patient has confirmed Crohn’s disease

and

Patient has one or more complex externally draining enterocutaneous fistula(e)

or

Patient has one or more rectovaginal fistula(e)

or

Patient has complex peri-anal fistula

and

A Baseline Fistula Assessment has been completed and is no more than 1 month old at the time of application

**Renewal — Crohn’s disease - fistulising**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

The number of open draining fistulae have decreased from baseline by at least 50%

or

There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain

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**Adalimumab (Amgevita) - continued**

**Initial application — Ocular inflammation - chronic**

Applications from any relevant practitioner. Approvals valid for 4 months.

**Prerequisites**(tick boxes where appropriate)

The patient has had an initial Special Authority approval for infliximab for chronic ocular inflammation

or

Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss

and

Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective

or

Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose

or

Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate

**Renewal — Ocular inflammation - chronic**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

The patient has had a good clinical response following 12 weeks' initial treatment

or

Following each 2 year treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema)

or

Following each 2 year treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old

**Initial application — Ocular inflammation - severe**

Applications from any relevant practitioner. Approvals valid for 4 months.

**Prerequisites**(tick boxes where appropriate)

Patient has had an initial Special Authority approval for infliximab for severe ocular inflammation

or

Patient has severe, vision-threatening ocular inflammation requiring rapid control

and

Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms

or

Patient developed new inflammatory symptoms while receiving high dose steroids

or

Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms

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**Adalimumab (Amgevita) - continued**

**Renewal — Ocular inflammation - severe**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

- The patient has had a good clinical response following 3 initial doses
- or
- Following each 2 year treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema)
- or
- Following each 2 year treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old

**Initial application — ankylosing spondylitis**

Applications only from a rheumatologist. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

- Patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis
  - and
  - The patient has experienced intolerable side effects
  - or
  - The patient has received insufficient benefit to meet the renewal criteria for ankylosing spondylitis
- or
- Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months
  - and
  - Patient has low back pain and stiffness that is relieved by exercise but not by rest
  - and
  - Patient has bilateral sacroiliitis demonstrated by radiology imaging
  - and
  - Patient has not responded adequately to treatment with two or more NSAIDs, while patient was undergoing at least 3 months of a regular exercise regimen for ankylosing spondylitis
  - and
  - 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)
  - or
  - Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender
  - and
  - A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment and is no more than 1 month old at the time of application

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**Adalimumab (Amgevita) - continued**

**Renewal — ankylosing spondylitis**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick box where appropriate)

- 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

**Initial application — Arthritis - oligoarticular course juvenile idiopathic**

Applications only from a named specialist or rheumatologist. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

- The patient has had an initial Special Authority approval for etanercept for oligoarticular course juvenile idiopathic arthritis (JIA)
- and**
- Patient has experienced intolerable side effects
- or**
- Patient has received insufficient benefit to meet the renewal criteria for oligoarticular course JIA

- or**
- To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance
- and**
- Patient has had oligoarticular course JIA for 6 months duration or longer
- and**
- At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose)
- or**
- Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose)

**Renewal — Arthritis - oligoarticular course juvenile idiopathic**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

- Following initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline
- or**
- On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline

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**Adalimumab (Amgevita) - continued**

**Initial application — Arthritis - polyarticular course juvenile idiopathic**

Applications only from a named specialist or rheumatologist. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

Patient has had an initial Special Authority approval for etanercept for polyarticular course juvenile idiopathic arthritis (JIA)

**and**

Patient has experienced intolerable side effects

**or**

Patient has received insufficient benefit to meet the renewal criteria for polyarticular course JIA

**or**

To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance

**and**

Patient has had polyarticular course JIA for 6 months duration or longer

**and**

At 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)

**or**

Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose)

**or**

Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate

**Renewal — Arthritis - polyarticular course juvenile idiopathic**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

Following initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline

**or**

On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline

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**Adalimumab (Amgevita) - continued**

**Initial application — Arthritis - psoriatic**

Applications only from a rheumatologist. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/> Patient has had an initial Special Authority approval for etanercept or secukinumab for psoriatic arthritis <b>and</b> <input type="checkbox"/> The patient has experienced intolerable side effects <b>or</b> <input type="checkbox"/> The patient has received insufficient benefit from to meet the renewal criteria for psoriatic arthritis
<b>or</b>
<input type="checkbox"/> Patient has had active psoriatic arthritis for six months duration or longer <b>and</b> <input type="checkbox"/> Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated) <b>and</b> <input type="checkbox"/> Patient has tried and not responded to at least three months of sulfasalazine or leflunomide at maximum tolerated doses (unless contraindicated) <b>and</b> <input type="checkbox"/> Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints <b>or</b> <input type="checkbox"/> 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 <b>and</b> <input type="checkbox"/> Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application <b>or</b> <input type="checkbox"/> Patient has an ESR greater than 25 mm per hour <b>or</b> <input type="checkbox"/> 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

**Renewal — Arthritis - psoriatic**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/> Following initial treatment, the patient has at least a 50% decrease in swollen joint count from baseline and a clinically significant response in the opinion of the physician <b>or</b> <input type="checkbox"/> Patient demonstrates at least a continuing 30% improvement in swollen joint count from baseline and a clinically significant response in the opinion of the treating physician
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**Adalimumab (Amgevita) - continued**

**Initial application — Arthritis - rheumatoid**

Applications only from a rheumatologist. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis

**and**

The patient has experienced intolerable side effects

**or**

The patient has received insufficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis

**or**

Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is CCP antibody positive) for six months duration or longer

**and**

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)

**and**

Patient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate at maximum tolerated doses (unless contraindicated)

**and**

Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin (unless contraindicated)

**or**

Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide (unless contraindicated) alone or in combination with methotrexate

**and**

Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints

**or**

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

**Renewal — Arthritis - rheumatoid**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

Following initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician

**or**

On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician

**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)

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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Fax Number: .....      Fax Number: .....

**Adalimumab (Amgevita) - continued**

**Initial application — Still's disease - adult-onset (AOSD)**

Applications only from a rheumatologist. Approvals valid without further renewal unless notified.

**Prerequisites**(tick boxes where appropriate)

The patient has had an initial Special Authority approval for etanercept and/or tocilizumab for AOSD

**and**

Patient has experienced intolerable side effects from etanercept and/or tocilizumab

**or**

Patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab

**or**

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

**and**

Patient has persistent symptoms of disabling poorly controlled and active disease

**Initial application — ulcerative colitis**

Applications from any relevant practitioner. Approvals valid for 3 months.

**Prerequisites**(tick boxes where appropriate)

Patient has active ulcerative colitis

**and**

Patient's SCCAI score is greater than or equal to 4

**or**

Patient's PUCAI score is greater than or equal to 20

**and**

Patient has tried but had an inadequate response to, or has experienced intolerable side effects from prior therapy with immunomodulators and systemic corticosteroids

**and**

Surgery (or further surgery) is considered to be clinically inappropriate

**Renewal — ulcerative colitis**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

The SCCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on biologic therapy

**or**

The PUCAI score has reduced by 10 points or more from the PUCAI score when the patient was initiation on biologic therapy

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Fax Number: .....      Fax Number: .....

**Adalimumab (Amgevita) - continued**

**Initial application — undifferentiated spondyloarthritis**

Applications only from a rheumatologist. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

Patient has undifferentiated peripheral spondyloarthritis\* with active peripheral joint arthritis in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip

**and**

Patient has tried and not responded to at least three months of each of methotrexate, sulfasalazine and leflunomide, at maximum tolerated doses (unless contraindicated)

**and**

Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application

**or**

Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application

**or**

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

Note: Indications marked with \* are unapproved indications

**Renewal — undifferentiated spondyloarthritis**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

Following initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician

**or**

The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response in the opinion of the treating physician

**Initial application — inflammatory bowel arthritis – axial**

Applications only from a rheumatologist. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

Patient has a diagnosis of active ulcerative colitis or active Crohn's disease

**and**

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 MRI

**and**

Patient has not responded adequately to prior treatment consisting of at least 3 months of an exercise regime supervised by a physiotherapist

**and**

A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment

**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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Fax Number: .....      Fax Number: .....

**Adalimumab (Amgevita) - continued**

**Renewal — inflammatory bowel arthritis – axial**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick box where appropriate)

- 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

**Initial application — inflammatory bowel arthritis – peripheral**

Applications only from a rheumatologist. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

- Patient has a diagnosis of active ulcerative colitis or active Crohn's disease
- and
- Patient has active arthritis in at least four joints from the following: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder, sternoclavicular
- and
- Patient has tried and not experienced a response to at least three months of methotrexate, or azathioprine at a maximum tolerated dose (unless contraindicated)
- and
- Patient has tried and not experienced a response to at least three months of sulfasalazine at a maximum tolerated dose (unless contraindicated)
- and
- Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application
- or
- Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application
- or
- 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

**Renewal — inflammatory bowel arthritis – peripheral**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

- Following initial treatment, patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician
- or
- Patient has experienced at least a continuing 30% improvement in active joint count from baseline in the opinion of the treating physician

**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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