

## **SA2599 - Upadacitinib**

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**APPLICANT** (stamp or sticker acceptable)

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

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

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

..... Address: .....

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

**Upadacitinib**

**Initial application — Rheumatoid Arthritis (previously treated with adalimumab or etanercept)**

Applications from any relevant practitioner. Approvals valid for 7 months.

**Prerequisites**(tick boxes where appropriate)

The individual has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis  
and  
 The individual has experienced intolerable side effects with adalimumab and/or etanercept  
or  
 The individual has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis

and  
 Rituximab is not clinically appropriate  
or  
 The individual is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor  
or  
 The individual has been started on rituximab for rheumatoid arthritis in a Health NZ Hospital  
and  
 The individual has experienced intolerable side effects with rituximab  
or  
 At four months following the initial course of rituximab the individual has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis

**Renewal — Rheumatoid Arthritis**

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

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

**Prerequisites**(tick boxes where appropriate)

Following 6 months' initial treatment, the individual has experienced at least a 50% decrease in active joint count from baseline  
or  
 On subsequent reapplications, the individual has experienced at least a continuing 30% improvement in active joint count from baseline

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

**Upadacitinib** - *continued*

**Initial application — atopic dermatitis**

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

**Prerequisites**(tick boxes where appropriate)

or

- Individual is currently on treatment with upadacitinib for atopic dermatitis and met all remaining criteria prior to commencing treatment
- Individual has moderate to severe atopic dermatitis, severity as defined by an Eczema Area and Severity Index (EASI) score of greater than or equal to 16 or a Dermatology Life Quality Index (DLQI) score of greater than or equal to 10
  - and
  - Individual has received insufficient benefit from topical therapy (including topical corticosteroids or topical calcineurin inhibitors) for a 28-day trial within the last 6 months, unless contraindicated to all
  - and
  - Individual has trialled and received insufficient benefit from at least one systemic therapy for a minimum of three months (eg ciclosporin, azathioprine, methotrexate or mycophenolate mofetil), unless contraindicated to all
  - and
  - An EASI assessment or DLQI assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course
  - and
  - The most recent EASI or DLQI assessment is no more than 1 month old at the time of application

**Renewal — atopic dermatitis**

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

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

**Prerequisites**(tick boxes where appropriate)

or

- Individual has received a 75% or greater reduction in EASI score (EASI 75) as compared to baseline EASI prior to commencing upadacitinib
- Individual has received a DLQI improvement of 4 or more as compared to baseline DLQI prior to commencing upadacitinib

**Initial application — Crohn's disease - adult**

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

**Prerequisites**(tick boxes where appropriate)

or

- Individual is currently on treatment with upadacitinib for Crohn's disease and met all remaining criteria prior to commencing treatment
- Individual has active Crohn's disease
  - and
  - Individual has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria
    - or
    - Individual meets the initiation criteria for prior biologic therapies for Crohn's disease
      - and
      - Other biologic therapies for Crohn's disease are contraindicated

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

**Upadacitinib** - *continued*

**Renewal — Crohn's disease - adult**

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

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

**Prerequisites**(tick boxes where appropriate)

or  CDAI score has reduced by 100 points from the CDAI score when the individual was initiated on biologic therapy  
or  HBI score has reduced by 3 points from when individual was initiated on biologic therapy  
or  CDAI score is 150 or less  
or  HBI score is 4 or less  
or  The individual has experienced an adequate response to treatment, but CDAI 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)

or  Individual is currently on treatment with upadacitinib for Crohn's disease and met all remaining criteria prior to commencing treatment  
and  Child has active Crohn's disease  
or  Child has had an initial approval for prior biologic therapy for Crohn's disease and has experienced intolerable side effects or insufficient benefit to meet renewal criteria  
and  Child meets the initiation criteria for prior biologic therapies for Crohn's disease  
and  Other biologic therapies for Crohn's disease are contraindicated

**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)

or  PCDAI score has reduced by 10 points from the child was initiated on treatment  
or  PCDAI score is 15 or less  
or  The child has experienced an adequate response to treatment, but PCDAI score cannot be assessed

Note: Indications marked with \* are unapproved indications.

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Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
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Fax Number: .....	.....	Fax Number: .....

**Upadacitinib** - *continued*

**Initial application — ulcerative colitis**

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

**Prerequisites**(tick boxes where appropriate)

Individual is currently on treatment with upadacitinib for ulcerative colitis and met all remaining criteria prior to commencing treatment

**or**

Individual has active ulcerative colitis

**and**

Individual has had an initial approval for prior biologic therapy for ulcerative colitis and has experienced intolerable side effects or insufficient benefit to meet renewal criteria

**or**

Individual meets the initiation criteria for prior biologic therapies for ulcerative colitis

**and**

Other biologic therapies for ulcerative colitis are contraindicated

**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 individual was initiated on treatment

**or**

PUCAI score has reduced by 10 points or more from the PUCAI score when the individual was initiated on treatment

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