RS2120 - Upadacitinib

Atopic dermatitis - INITIATION	2
Atopic dermatitis - CONTINUATION	
Crohn's disease - adult - INITIATION	
Crohn's disease - adult - CONTINUATION	
Crohn's disease - children - INITIATION	4
Crohn's disease - children - CONTINUATION	
Rheumatoid Arthritis - CONTINUATION	2
Rheumatoid Arthritis (patients previously treated with adalimumab or etanercept) - INITIATION	2
Ulcerative colitis - INITIATION	
Ulcerative colitis - CONTINUATION	

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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.

PRESCRIBER	PATIENT:	
Name:	Name:	
Ward:	NHI:	

Upadacitinib

quis	itoo /	tick haven where appropriate)
(tick boxes where appropriate) The individual has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis
and		O The individual has experienced intolerable side effects with adalimumab and/or etanercept
	or	O 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	\square	
	or	 Rituximab is not clinically appropriate The individual is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor
	or	O The individual has been started on rituximab for rheumatoid arthritis in a Health NZ Hospital
		and O 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
(or (\sim	Following 6 months' initial treatment, the individual has experienced at least a 50% decrease in active joint count from baseline On subsequent reapplications, the individual has experienced at least a continuing 30% improvement in active joint count from baseline
sess	ment	topic dermatitis required after 6 months
sess	ment	
sess quis	ment	required after 6 months tick boxes where appropriate)
sess	mentites (required after 6 months tick boxes where appropriate) Individual is currently on treatment with upadacitinib for atopic dermatitis and met all remaining criteria prior to commencing treatmer O Individual has moderate to severe atopic dermatitis, severity as defined by an Eczema Area and Severity Index (EASI) score o greater than or equal to 16 or a Dermatology Life Quality Index (DLQI) score of greater than or equal to 10
sess quis	ment	Individual is currently on treatment with upadacitinib for atopic dermatitis and met all remaining criteria prior to commencing treatmer O Individual has moderate to severe atopic dermatitis, severity as defined by an Eczema Area and Severity Index (EASI) score o greater than or equal to 16 or a Dermatology Life Quality Index (DLQI) score of greater than or equal to 10
sess quis	mentites (required after 6 months tick boxes where appropriate) Individual is currently on treatment with upadacitinib for atopic dermatitis and met all remaining criteria prior to commencing treatmer Individual has moderate to severe atopic dermatitis, severity as defined by an Eczema Area and Severity Index (EASI) score o greater than or equal to 16 or a Dermatology Life Quality Index (DLQI) score of greater than or equal to 10 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 Individual has trialled and received insufficient benefit from at least one systemic therapy for a minimum of three months (eg
ssess equis	ites (Individual is currently on treatment with upadacitinib for atopic dermatitis and met all remaining criteria prior to commencing treatment 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 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 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

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PRESCRIBER PATI	ENT:			
Name: Nam	9:			
Ward: NHI:				
Upadacitinib - continued				
CONTINUATION – Atopic dermatitis Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)				
INITIATION – Crohn's disease – adult Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)				
 Individual is currently on treatment with upadacitinib for Crohn's dises Individual has active Crohn's disease Individual has had an initial approval for prior biologic th benefit to meet renewal criteria Individual meets the initiation criteria for prior biologic Individual meets the initiation criteria for prior biologic Other biologic therapies for Crohn's disease are c 	erapy and has experienced intolerable side effects or insufficient gic therapies for Crohn's disease			
CONTINUATION – Crohn's disease – adult Re-assessment required after 2 years Prerequisites (tick boxes where appropriate)				
O CDAI score has reduced by 100 points from the CDAI score when the O or O or O or O cDAI score has reduced by 3 points from when individual was initiated or O or O cDAI score is 150 or less or O HBI score is 4 or less or O The individual has experienced an adequate response to treatment,	l on biologic therapy			

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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RESCRI	BER	PATIENT:		
lame:				
Vard:				
padaci	itinib	- continued		
Re-asses	sment	r ohn's disease – children required after 6 months ick boxes where appropriate)		
or	0	ndividual is currently on treatment with upadacitinib for Crohn's disease and met	all remaining criteria prior to commencing treatment	
	and	O Child has active Crohn's disease		
		O Child has had an initial approval for prior biologic therapy for Crohn's effects or insufficient benefit to meet renewal criteria	disease and has experienced intolerable side	
Child meets the initiation criteria for prior biologic therapies for Crohn's disease				
		O Other biologic therapies for Crohn's disease are contraindicated		
Re-asses	sment	I – Crohn's disease – children required after 2 years ick boxes where appropriate)		
or	O f	PCDAI score has reduced by 10 points from when the child was initiated on treatm	nent	
or	or O PCDAI score is 15 or less			
	От	The child has experienced an adequate response to treatment, but PCDAI score of	cannot be assessed	
lote: Ind	lications	s marked with * are unapproved indications.		
Re-asses	sment	cerative colitis required after 6 months ick boxes where appropriate)		
or	0 1	ndividual is currently on treatment with upadacitinib for ulcerative colitis and met	all remaining criteria prior to commencing treatment	
	and	O Individual has active ulcerative colitis		
		O Individual has had an initial approval for prior biologic therapy for ulce	arative colitic and has experienced intolerable side	

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

 and
 Other biologic therapies for ulcerative colitis are contraindicated

 CONTINUATION – Ulcerative colitis

 Re-assessment required after 2 years

 Prerequisites (tick boxes where appropriate)

O The SCCAI score has reduced by 2 points or more from the SCCAI score when the individual was initiated on treatment
 O PUCAI score has reduced by 10 points or more from the PUCAI score when the individual was initiated on treatment

I confirm that the above details are correct:

or

Signed:	 Date:
- 5	

effects or insufficient benefit to meet renewal criteria