

## RS2120 - Upadacitinib

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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**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Upadacitinib**

**INITIATION – Rheumatoid Arthritis (patients previously treated with adalimumab or etanercept)**

Re-assessment required after 6 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

**CONTINUATION – Rheumatoid Arthritis**

Re-assessment required after 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

**INITIATION – Atopic dermatitis**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

- ☐ Individual is currently on treatment with upadacitinib for atopic dermatitis and met all remaining criteria prior to commencing treatment
- or
- ☐ 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 DQLI assessment is no more than 1 month old at the time of application

I confirm that the above details are correct:

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

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Upadacitinib - continued**

**CONTINUATION – Atopic dermatitis**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

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

**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 disease and met all remaining criteria prior to commencing treatment
- or
- ☐ 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

**CONTINUATION – Crohn's disease – adult**

Re-assessment required after 2 years

**Prerequisites** (tick boxes where appropriate)

- ☐ 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

I confirm that the above details are correct:

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

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Upadacitinib - continued**

**INITIATION – Crohn's disease – children**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

- ☐ Individual is currently on treatment with upadacitinib for Crohn's disease and met all remaining criteria prior to commencing treatment
- or
- ☐ Child has active Crohn's disease
- and
- ☐ 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
- or
- ☐ Child meets the initiation criteria for prior biologic therapies for Crohn's disease
- and
- ☐ Other biologic therapies for Crohn's disease are contraindicated

**CONTINUATION – Crohn's disease – children**

Re-assessment required after 2 years

**Prerequisites** (tick boxes where appropriate)

- ☐ PCDAI score has reduced by 10 points from when 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.

**INITIATION – Ulcerative colitis**

Re-assessment required after 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

**CONTINUATION – Ulcerative colitis**

Re-assessment required after 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

I confirm that the above details are correct:

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