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: .....

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 *- 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: .....