

**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 trialed 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: .....