SA2483 - Upadacitinib

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
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 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

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 Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Upadacitinib *- continued*

Initial application — atopic dermatitis
Applications from any relevant practitioner. Approvals valid for 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

Renewal — atopic dermatitis

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

Applications from any relevant practitioner. Approvals valid for 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

Initial application — Crohn's disease - adult
Applications from any relevant practitioner. Approvals valid for 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

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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)

- ☐ 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)

- ☐ 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

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)

- ☐ 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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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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