

## SA2483 - Upadacitinib

Crohn's disease - adult - Initial application .....	3
Crohn's disease - adult - Renewal .....	4
Crohn's disease - children* - Initial application .....	4
Crohn's disease - children* - Renewal .....	4
Rheumatoid Arthritis - Renewal .....	2
Rheumatoid Arthritis (previously treated with adalimumab or etanercept) - Initial application .....	2
Atopic dermatitis - Initial application .....	3
Atopic dermatitis - Renewal .....	3
Ulcerative colitis - Initial application .....	5
Ulcerative colitis - Renewal .....	5

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT</b> NHI: .....	<b>REFERRER</b> Reg No: .....
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Name: .....	Surname: .....	Surname: .....
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## 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 Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto: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 DLQI 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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