

SA2599 - 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

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 7 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	The individual has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis
and	
<input type="checkbox"/>	The individual has experienced intolerable side effects with adalimumab and/or etanercept
or	
<input type="checkbox"/>	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	
<input type="checkbox"/>	Rituximab is not clinically appropriate
or	
<input type="checkbox"/>	The individual is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor
or	
<input type="checkbox"/>	The individual has been started on rituximab for rheumatoid arthritis in a Health NZ Hospital
and	
<input type="checkbox"/>	The individual has experienced intolerable side effects with rituximab
or	
<input type="checkbox"/>	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)

<input type="checkbox"/>	Following 6 months' initial treatment, the individual has experienced at least a 50% decrease in active joint count from baseline
or	
<input type="checkbox"/>	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

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 - 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

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

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 - 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.

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

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 - *continued*

Initial application — ulcerative colitis

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Individual is currently on treatment with upadacitinib for ulcerative colitis and met all remaining criteria prior to commencing treatment
or	
<input type="checkbox"/>	Individual has active ulcerative colitis
and	
<input type="checkbox"/>	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	
<input type="checkbox"/>	Individual meets the initiation criteria for prior biologic therapies for ulcerative colitis
and	
<input type="checkbox"/>	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)

<input type="checkbox"/>	The SCCAI score has reduced by 2 points or more from the SCCAI score when the individual was initiated on treatment
or	
<input type="checkbox"/>	PUCAI score has reduced by 10 points or more from the PUCAI score when the individual was initiated on treatment

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