

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:	
.....		
.....		

Ustekinumab

Initial application — Crohn's disease - adults

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

Prerequisites(tick boxes where appropriate)

☐ Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment

or

☐ Patient has active Crohn's disease

and

☐ Patient 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

☐ Patient meets the initiation criteria for prior biologic therapies for Crohn's disease

and

☐ Other biologics for Crohn's disease are contraindicated

Renewal — Crohn's disease - adults

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

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

☐ CDAI score has reduced by 100 points, or HBI score has reduced by 3 points, from when the patient was initiated on biologic therapy

or

☐ CDAI score is 150 or less, or HBI is 4 or less

or

☐ The patient has experienced an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed

and

☐ Ustekinumab to be administered at a dose no greater than 90 mg every 8 weeks

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

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Ustekinumab - continued

Initial application — Crohn's disease - children*

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

Prerequisites(tick boxes where appropriate)

☐	Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment
or	
☐	Patient has active Crohn's disease
and	
☐	Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria
or	
☐	Patient meets the initiation criteria for prior biologic therapies for Crohn's disease
and	
☐	Other biologics for Crohn's disease are contraindicated

Note: Indication marked with * is an unapproved indication.

Renewal — Crohn's disease - children*

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

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

☐	PCDAI score has reduced by 10 points from when the patient was initiated on biologic therapy
or	
☐	PCDAI score is 15 or less
or	
☐	The patient has experienced an adequate response to treatment, but CDAI score cannot be assessed
and	
☐	Ustekinumab to administered at a dose no greater than 90 mg every 8 weeks

Note: Indication marked with * is an unapproved indication.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

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.....		
.....		

Ustekinumab - continued

Initial application — ulcerative colitis

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

Prerequisites(tick boxes where appropriate)

☐ Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment

or

☐ Patient has active ulcerative colitis

and

☐ Patient 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

☐ Patient meets the initiation criteria for prior biologic therapies for ulcerative colitis

and

☐ Other biologics for ulcerative colitis are contraindicated

Renewal — ulcerative colitis

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

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

☐ The SCCAI score has reduced by 2 points or more from the SCCAI score since initiation on biologic therapy

or

☐ PUCAI score has reduced by 10 points or more from the PUCAI score since initiation on biologic therapy*

and

☐ Ustekinumab will be used at a dose no greater than 90 mg intravenously every 8 weeks

Note: Criterion marked with * is for an unapproved indication.

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