## SA2599 - Upadacitinib


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

- ☐ 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**

**APPLICANT** (stamp or sticker acceptable)

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**PATIENT** NHI: .....

First Names: .....

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**REFERRER** Reg No: .....

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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

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

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