

RS1890 - Rituximab

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PRESCRIBER

PATIENT:

Name:

Name:

Ward:

NHI:

Rituximab (Riximyo)

INITIATION – haemophilia with inhibitors

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has mild congenital haemophilia complicated by inhibitors

or

Patient has severe congenital haemophilia complicated by inhibitors and has failed immune tolerance therapy

or

Patient has acquired haemophilia

CONTINUATION – haemophilia with inhibitors

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient was previously treated with rituximab for haemophilia with inhibitors

and

An initial response lasting at least 12 months was demonstrated

and

Patient now requires repeat treatment

INITIATION – post-transplant

Prerequisites (tick boxes where appropriate)

The patient has B-cell post-transplant lymphoproliferative disorder*

and

To be used for a maximum of 8 treatment cycles

Note: Indications marked with * are unapproved indications.

CONTINUATION – post-transplant

Prerequisites (tick boxes where appropriate)

The patient has had a rituximab treatment-free interval of 12 months or more

and

The patient has B-cell post-transplant lymphoproliferative disorder*

and

To be used for no more than 6 treatment cycles

Note: Indications marked with * are unapproved indications.

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PRESCRIBER

Name:

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NHI:

Rituximab (Riximyo) - continued

INITIATION – indolent, low-grade lymphomas or hairy cell leukaemia*

Re-assessment required after 9 months

Prerequisites (tick boxes where appropriate)

- The patient has indolent low grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy
and
 To be used for a maximum of 6 treatment cycles

or

- The patient has indolent, low grade lymphoma or hairy cell leukaemia* requiring first-line systemic chemotherapy
and
 To be used for a maximum of 6 treatment cycles

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

CONTINUATION – indolent, low-grade lymphomas or hairy cell leukaemia*

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- The patient has had a rituximab treatment-free interval of 12 months or more
and
 The patient has indolent, low-grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy
and
 To be used for no more than 6 treatment cycles

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

INITIATION – aggressive CD20 positive NHL

Prerequisites (tick boxes where appropriate)

- The patient has treatment naive aggressive CD20 positive NHL
and
 To be used with a multi-agent chemotherapy regimen given with curative intent
and
 To be used for a maximum of 8 treatment cycles

or

- The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy
and
 To be used for a maximum of 6 treatment cycles

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

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Name:

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NHI:

Rituximab (Riximyo) - continued

CONTINUATION – aggressive CD20 positive NHL

Prerequisites (tick boxes where appropriate)

- The patient has had a rituximab treatment-free interval of 12 months or more
- and The patient has relapsed refractory/aggressive CD20 positive NHL
- and To be used with a multi-agent chemotherapy regimen given with curative intent
- and To be used for a maximum of 4 treatment cycles

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

INITIATION – Chronic lymphocytic leukaemia

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment
- and The patient is rituximab treatment naive
- or The patient is chemotherapy treatment naive
- or The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment
- and The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy
- or The patient's disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax
- and The patient has good performance status
- and The patient does not have chromosome 17p deletion CLL
- or Rituximab treatment is to be used in combination with funded venetoclax for relapsed/refractory chronic lymphocytic leukaemia
- and Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles
- and It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration), bendamustine or venetoclax

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with rituximab is expected to improve symptoms and improve ECOG score to < 2.

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NHI:

Rituximab (Riximyo) - continued

CONTINUATION – Chronic lymphocytic leukaemia

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

The patient's disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax

or

The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL

and

The patient has had an interval of 36 months or more since commencement of initial rituximab treatment

and

The patient does not have chromosome 17p deletion CLL

and

It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustin

and

Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

INITIATION – severe cold haemagglutinin disease (CHAD)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has cold haemagglutinin disease*

and

Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms

and

The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with * are unapproved indications.

CONTINUATION – severe cold haemagglutinin disease (CHAD)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned

or

Patient was previously treated with rituximab for severe cold haemagglutinin disease*

and

An initial response lasting at least 12 months was demonstrated

and

Patient now requires repeat treatment

Note: Indications marked with * are unapproved indications.

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Name:

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PATIENT:

Name:

NHI:

Rituximab (Riximyo) - continued

INITIATION – warm autoimmune haemolytic anaemia (warm AIHA)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has warm autoimmune haemolytic anaemia*

and

One of the following treatments has been ineffective: steroids (including if patient requires ongoing steroids at doses equivalent to > 5 mg prednisone daily), cytotoxic agents (e.g. cyclophosphamide monotherapy or in combination), intravenous immunoglobulin

and

The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with * are unapproved indications.

CONTINUATION – warm autoimmune haemolytic anaemia (warm AIHA)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned

or

Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*

and

An initial response lasting at least 12 months was demonstrated

and

Patient now requires repeat treatment

Note: Indications marked with * are unapproved indications.

INITIATION – immune thrombocytopenic purpura (ITP)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microlitre

or

Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding

and

Treatment with steroids and splenectomy have been ineffective

or

Treatment with steroids has been ineffective and splenectomy is an absolute contraindication

or

Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy)

and

The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

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NHI:

Rituximab (Riximyo) - continued

CONTINUATION – immune thrombocytopenic purpura (ITP)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned

or

Patient was previously treated with rituximab for immune thrombocytopenic purpura*

and

An initial response lasting at least 12 months was demonstrated

and

Patient now requires repeat treatment

Note: Indications marked with * are unapproved indications.

INITIATION – thrombotic thrombocytopenic purpura (TTP)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

and

Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange

or

Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology

Note: Indications marked with * are unapproved indications.

CONTINUATION – thrombotic thrombocytopenic purpura (TTP)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*

and

An initial response lasting at least 12 months was demonstrated

and

Patient now requires repeat treatment

and

The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with * are unapproved indications.

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Name:

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NHI:

Rituximab (Riximyo) - continued

INITIATION – pure red cell aplasia (PRCA)

Re-assessment required after 6 weeks

Prerequisites (tick box where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and Patient has autoimmune pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder

Note: Indications marked with * are unapproved indications.

CONTINUATION – pure red cell aplasia (PRCA)

Re-assessment required after 6 weeks

Prerequisites (tick box where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and Patient was previously treated with rituximab for pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder and demonstrated an initial response lasting at least 12 months

Note: Indications marked with * are unapproved indications.

INITIATION – ANCA associated vasculitis

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Patient has been diagnosed with ANCA associated vasculitis*

and The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks

- and**
- Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months
 - or** Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose > 15 g
 - or** Cyclophosphamide and methotrexate are contraindicated
 - or** Patient is a female of child-bearing potential
 - or** Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy

Note: Indications marked with * are unapproved indications.

CONTINUATION – ANCA associated vasculitis

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Patient has been diagnosed with ANCA associated vasculitis*

and Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis

and The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks

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PRESCRIBER

Name:

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Name:

NHI:

Rituximab (Riximyo) - continued

INITIATION – treatment refractory systemic lupus erythematosus (SLE)

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a rheumatologist or nephrologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- The patient has severe, immediately life- or organ-threatening SLE*
- and
- The disease has proved refractory to treatment with steroids at a dose of at least 1 mg/kg
- and
- The disease has relapsed following prior treatment for at least 6 months with maximal tolerated doses of azathioprine, mycophenolate mofetil and high dose cyclophosphamide, or cyclophosphamide is contraindicated
- and
- Maximum of four 1000 mg infusions of rituximab

Note: Indications marked with * are unapproved indications.

CONTINUATION – treatment refractory systemic lupus erythematosus (SLE)

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a rheumatologist or nephrologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient's SLE* achieved at least a partial response to the previous round of prior rituximab treatment
- and
- The disease has subsequently relapsed
- and
- Maximum of two 1000 mg infusions of rituximab

Note: Indications marked with * are unapproved indications.

INITIATION – Antibody-mediated organ transplant rejection

Prerequisites (tick box where appropriate)

- Patient has been diagnosed with antibody-mediated organ transplant rejection*

Note: Indications marked with * are unapproved indications.

INITIATION – ABO-incompatible organ transplant

Prerequisites (tick box where appropriate)

- Patient is to undergo an ABO-incompatible solid organ transplant*

Note: Indications marked with * are unapproved indications.

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PRESCRIBER

Name:

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PATIENT:

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NHI:

Rituximab (Riximyo) - continued

INITIATION – Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a nephrologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient is a child with SDNS* or FRNS*
- and Treatment with steroids for at least a period of 3 months has been ineffective or associated with evidence of steroid toxicity
- and Treatment with ciclosporin for at least a period of 3 months has been ineffective and/or discontinued due to unacceptable side effects
- and Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses
- and The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with a * are unapproved indications.

CONTINUATION – Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a nephrologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient who was previously treated with rituximab for nephrotic syndrome*
- and Treatment with rituximab was previously successful and has demonstrated sustained response for > 6 months, but the condition has relapsed and the patient now requires repeat treatment
- and The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with a * are unapproved indications.

INITIATION – Steroid resistant nephrotic syndrome (SRNS)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a nephrologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient is a child with SRNS* where treatment with steroids and ciclosporin for at least 3 months have been ineffective
- and Treatment with tacrolimus for at least 3 months has been ineffective
- and Genetic causes of nephrotic syndrome have been excluded
- and The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

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PATIENT:

Name:

Ward: NHI:

Rituximab (Riximyo) - continued

CONTINUATION – Steroid resistant nephrotic syndrome (SRNS)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a nephrologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient who was previously treated with rituximab for nephrotic syndrome*

and

- Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment

and

- The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with a * are unapproved indications.

INITIATION – Neuromyelitis Optica Spectrum Disorder (NMOSD)

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m² administered weekly for four weeks

and

- The patient has experienced a severe episode or attack of NMOSD (rapidly progressing symptoms and clinical investigations supportive of a severe attack of NMOSD)

or

- The patient has experienced a breakthrough attack of NMOSD

and

- The patient is receiving treatment with mycophenolate

and

- The patients is receiving treatment with corticosteroids

CONTINUATION – Neuromyelitis Optica Spectrum Disorder (NMOSD)

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

- One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m² administered weekly for four weeks

and

- The patients has responded to the most recent course of rituximab

and

- The patient has not received rituximab in the previous 6 months

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Rituximab (Riximyo) - continued

INITIATION – Severe Refractory Myasthenia Gravis

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a neurologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart

and

Treatment with corticosteroids and at least one other immunosuppressant for at least a period of 12 months has been ineffective

or

Treatment with at least one other immunosuppressant for a period of at least 12 months

and

Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects

CONTINUATION – Severe Refractory Myasthenia Gravis

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a neurologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart

and

An initial response lasting at least 12 months was demonstrated

and

The patient has relapsed despite treatment with corticosteroids and at least one other immunosuppressant for a period of at least 12 months

or

The patient's myasthenia gravis has relapsed despite treatment with at least one immunosuppressant for a period of at least 12 months

and

Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects

INITIATION – Severe antisynthetase syndrome

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

Patient has confirmed antisynthetase syndrome

and

Patient has severe, immediately life or organ threatening disease, including interstitial lung disease

and

Treatment with at least 3 immunosuppressants (oral steroids, cyclophosphamide, methotrexate, mycophenolate, ciclosporin, azathioprine) has not be effective at controlling active disease

or

Rapid treatment is required due to life threatening complications

and

Maximum of four 1,000 mg infusions of rituximab

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Name:

Ward:

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NHI:

Rituximab (Riximyo) - continued

CONTINUATION – Severe antisynthetase syndrome

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in inflammatory markers, muscle strength and pulmonary function
- and The patient has not received rituximab in the previous 6 months
- and Maximum of two cycles of 2 x 1,000 mg infusions of rituximab given two weeks apart

INITIATION – graft versus host disease

Prerequisites (tick boxes where appropriate)

- Patient has refractory graft versus host disease following transplant
- and Treatment with at least 3 immunosuppressants (oral steroids, ciclosporin, tacrolimus, mycophenolate, sirolimus) has not been effective at controlling active disease
- and The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

INITIATION – severe chronic inflammatory demyelinating polyneuropathy

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a neurologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.
- and Patient has severe chronic inflammatory demyelinating polyneuropathy (CIPD)
- and
 - Treatment with steroids and intravenous immunoglobulin and/or plasma exchange has not been effective at controlling active disease
 - and At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease
- or Rapid treatment is required due to life threatening complications
- and One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart

CONTINUATION – severe chronic inflammatory demyelinating polyneuropathy

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function compared to baseline
- and The patient has not received rituximab in the previous 6 months
- and One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart

I confirm that the above details are correct:

Signed: Date:

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Rituximab (Riximyo) - continued

INITIATION – anti-NMDA receptor autoimmune encephalitis

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a neurologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has severe anti-NMDA receptor autoimmune encephalitis

and

Treatment with steroids and intravenous immunoglobulin and/or plasma exchange has not been effective at controlling active disease

and

At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease

or

Rapid treatment is required due to life threatening complications

and

One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart

CONTINUATION – anti-NMDA receptor autoimmune encephalitis

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a neurologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function

and

The patient has not received rituximab in the previous 6 months

and

The patient has experienced a relapse and now requires further treatment

and

One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart

INITIATION – CD20+ low grade or follicular B-cell NHL

Re-assessment required after 9 months

Prerequisites (tick boxes where appropriate)

The patient has CD20+ low grade or follicular B-cell NHL with relapsed disease following prior chemotherapy

and

To be used for a maximum of 6 treatment cycles

or

The patient has CD20+ low grade or follicular B-cell NHL requiring first-line systemic chemotherapy

and

To be used for a maximum of 6 treatment cycles

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Rituximab (Riximyo) - continued

CONTINUATION – CD20+ low grade or follicular B-cell NHL

Re-assessment required after 24 months

Prerequisites (tick boxes where appropriate)

- Rituximab is to be used for maintenance in CD20+ low grade or follicular B-cell NHL following induction with first-line systemic chemotherapy
- and
- Patient is intended to receive rituximab maintenance therapy for 2 years at a dose of 375 mg/m² every 8 weeks (maximum of 12 cycles)

INITIATION – Membranous nephropathy

Re-assessment required after 6 weeks

Prerequisites (tick boxes where appropriate)

- Patient has biopsy-proven primary/idiopathic membranous nephropathy*
- or
- Patient has PLA2 antibodies with no evidence of secondary cause, and an eGFR of > 60ml/min/1.73m²
- and
- Patient remains at high risk of progression to end-stage kidney disease despite more than 3 months of treatment with conservative measures (see Note)
- and
- The total rituximab dose would not exceed the equivalent of 375mg/m² of body surface area per week for a total of 4 weeks

CONTINUATION – Membranous nephropathy

Re-assessment required after 6 weeks

Prerequisites (tick boxes where appropriate)

- Patient was previously treated with rituximab for membranous nephropathy*
- and
- Treatment with rituximab was previously successful, but the condition has relapsed, and the patient now requires repeat treatment
- or
- Patient achieved partial response to treatment and requires repeat treatment (see Note)
- and
- The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

Note:

- Indications marked with * are unapproved indications.
- High risk of progression to end-stage kidney disease defined as > 5g/day proteinuria.
- Conservative measures include renin-angiotensin system blockade, blood-pressure management, dietary sodium and protein restriction, treatment of dyslipidaemia, and anticoagulation agents unless contraindicated or the patient has experienced intolerable side effects.
- Partial response defined as a reduction of proteinuria of at least 50% from baseline, and between 0.3 grams and 3.5 grams per 24 hours.

I confirm that the above details are correct:

Signed: Date:

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

PATIENT:

Name:

Ward: NHI:

Rituximab (Riximyo) - continued

INITIATION – B-cell acute lymphoblastic leukaemia/lymphoma*

Re-assessment required after 2 years

Prerequisites (tick boxes where appropriate)

- Patient has newly diagnosed B-cell acute lymphoblastic leukaemia/lymphoma*
- and
- Treatment must be in combination with an intensive chemotherapy protocol with curative intent
- and
- The total rituximab dose would not exceed the equivalent of 375 mg/m² per dose for a maximum of 18 doses

Note: Indications marked with * are unapproved indications.

INITIATION – desensitisation prior to transplant

Re-assessment required after 6 weeks

Prerequisites (tick boxes where appropriate)

- Patient requires desensitisation prior to mismatched allogenic stem cell transplant*
- and
- Patient would receive no more than two doses at 375 mg/m² of body-surface area

Note: Indications marked with * are unapproved indications.

INITIATION – pemphigus*

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a dermatologist or relevant specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient has severe rapidly progressive pemphigus
- and
- Is used in combination with systemic corticosteroids (20 mg/day)

and

- Skin involvement is at least 5% body surface area
- or
- Significant mucosal involvement (10 or more mucosal erosions) or diffuse gingivitis or confluent large erosions
- or
- Involvement of two or more mucosal sites

or

- Patient has pemphigus
- and
- Patient has not experienced adequate clinical benefit from systemic corticosteroids (20 mg/day) in combination with a steroid sparing agent, unless contraindicated

Note: Indications marked with * are unapproved indications.

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

PATIENT:

Name:

Ward: NHI:

Rituximab (Riximyo) - *continued*

CONTINUATION – pemiphigus*

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a dermatologist or relevant specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient has experienced adequate clinical benefit from rituximab treatment, with improvement in symptoms and healing of skin ulceration and reduction in corticosteroid requirement

and

- Patient has not received rituximab in the previous 6 months

Note: Indications marked with * are unapproved indications.

I confirm that the above details are correct:

Signed: Date: