RS1973 - Rituximab

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Treatment refractory systemic lupus erythematosus (SLE) - CONTINUATION	9	
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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.

RESCRIBER PATIENT:	
ame: Name:	
/ard:NHI:	
ituximab (Riximyo)	
NITIATION – haemophilia with inhibitors Prerequisites (tick boxes where appropriate)	
O Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.	
O Patient has mild congenital haemophilia complicated by inhibitors or	
O Patient has severe congenital haemophilia complicated by inhibitors and has failed immune tolerance therapy or _	
O Patient has acquired haemophilia	
CONTINUATION – haemophilia with inhibitors Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ	
Hospital. O Patient was previously treated with rituximab for haemophilia with inhibitors	
An initial response lasting at least 12 months was demonstrated and	
O Patient now requires repeat treatment	
NITIATION – post-transplant Prerequisites (tick boxes where appropriate)	
The patient has B-cell post-transplant lymphoproliferative disorder*	
O 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)	
O 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.	
)

 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.

PRESCRIBE	ER		PATIENT:
Name:			Name:
Ward:			NHI:
Rituximal	(Riximy	o) - continued	
Re-assessn	nent requ	ent, low-grade lymphomas or hairy cell leukaemia* iired after 9 months poxes where appropriate)	
	and O	The patient has indolent low grade NHL or hairy cell leuk To be used for a maximum of 6 treatment cycles	xaemia* with relapsed disease following prior chemotherapy
or (and O	The patient has indolent, low grade lymphoma or hairy c	
		grade lymphomas includes follicular, mantie, marginal zor I leukaemia' also includes hairy cell leukaemia variant.	ne and lymphoplasmacytic/Waldenstrom macroglobulinaemia. *Unapproved
Re-assessn	nent requ	ndolent, low-grade lymphomas or hairy cell leukaemia pired after 12 months poxes where appropriate)	*
and and	The p	patient has had a rituximab treatment-free interval of 12 monatient has indolent, low-grade NHL or hairy cell leukaeming used for no more than 6 treatment cycles	a* with relapsed disease following prior chemotherapy
		grade lymphomas' includes follicular, mantle, marginal zor I leukaemia' also includes hairy cell leukaemia variant.	ne and lymphoplasmacytic/Waldenstrom macroglobulinaemia. *Unapproved
		ssive CD20 positive NHL poxes where appropriate)	
	and O	The patient has treatment naive aggressive CD20 positive. To be used with a multi-agent chemotherapy regimen give. To be used for a maximum of 8 treatment cycles	
or	and O	The patient has aggressive CD20 positive NHL with relaptor to be used for a maximum of 6 treatment cycles	psed disease following prior chemotherapy
Note: 'Aggr	ressive CI	D20 positive NHL' includes large B-cell lymphoma and Bu	rkitt's lymphoma/leukaemia.

I confirm that the above details are correct:

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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:	
Nard:	NHI:
Rituximab (Rixi	myo) - continued
	- aggressive CD20 positive NHL k boxes where appropriate)
and The and To and	ne patient has had a rituximab treatment-free interval of 12 months or more ne patient has relapsed refractory/aggressive CD20 positive NHL be used with a multi-agent chemotherapy regimen given with curative intent be be used for a maximum of 4 treatment cycles
INITIATION – Chr Re-assessment re	c CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia. ronic lymphocytic leukaemia equired after 12 months ek boxes where appropriate)
O Th	ne patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment
or	The patient is rituximab treatment naive
or	The patient is chemotherapy treatment naive 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
G. C	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	ne patient has good performance status
or	The patient does not have chromosome 17p deletion CLL Rituximab treatment is to be used in combination with funded venetoclax for relapsed/refractory chronic lymphocytic leukaemia
and lt i	tuximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of treatment cycles is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration), endamustine or venetoclax
Note: 'Chronic lyn standard therapeu temporarily debilit	nphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known tic chemotherapy regimen and supportive treatments. 'Good performance status' means ECOG score of 0-1, however, in patients ated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with rituximab is expected to improve prove ECOG score to < 2.

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	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 with funded venetoclax	of previous treatment and rituximab treatment is to be used in combination
	o more than one prior line of treatment with rituximab for CLL
	r more since commencement of initial rituximab treatment
The patient does not have chromosome 17p do	eletion CLL
O It is planned that the patient receives full dose administration) or bendamustin	fludarabine and cyclophosphamide (orally or dose equivalent intravenous
and Rituximab to be administered in combination with fludarabin 6 treatment cycles	ne and cyclophosphamide, bendamustine or venetoclax for a maximum of
Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic ly standard therapeutic chemotherapy regimen and supportive treatments.	mphoma. A line of chemotherapy treatment is considered to comprise a known
Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a haematologist, or in accordance Hospital. and O Patient has cold haemagglutinin disease*	ance with a protocol or guideline that has been endorsed by the Health NZ
Patient has severe disease which is characterized by symp symptoms	tomatic anaemia, transfusion dependence or disabling circulatory
The total rituximab dose used would not exceed the equiva	lent 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)	
O Prescribed by, or recommended by a haematologist, or in accordance Hospital.	ance with a protocol or guideline that has been endorsed by the Health NZ
O Previous treatment with lower doses of rituximab (100 mg v doses (375 mg/m² weekly for 4 weeks) is now planned or	weekly for 4 weeks) have proven ineffective and treatment with higher
O Patient was previously treated with rituximab for seve	ere cold haemagglutinin disease*
An initial response lasting at least 12 months was det	monstrated
O Patient now requires repeat treatment	
Note: Indications marked with * are unapproved indications.	

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RESCRI	BER		PATIENT:
ame:			Name:
/ard:			NHI:
ituxima	ab (R	liximy	ro) - continued
			autoimmune haemolytic anaemia (warm AIHA) uired after 8 weeks
			boxes where appropriate)
	Preso Hospi		by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
and		Patie	ent has warm autoimmune haemolytic anaemia*
and	0	One > 5 n	of the following treatments has been ineffective: steroids (including if patient requires ongoing steroids at doses equivalent to mg prednisone daily), cytotoxic agents (e.g. cyclophosphamide monotherapy or in combination), intravenous immunoglobulin
una	\circ	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: Ind	icatio	ns ma	arked with * are unapproved indications.
Re-asses	smen	t requ	warm autoimmune haemolytic anaemia (warm AIHA) uired after 8 weeks boxes where appropriate)
	Preso Hosp		by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
or	0	Previ dose	rious treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher es (375 mg/m² weekly for 4 weeks) is now planned
	and		Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*
	and		An initial response lasting at least 12 months was demonstrated Patient now requires repeat treatment
Note: Ind	icatio	ns ma	arked with * are unapproved indications.
NITIATIO	NN i	mmu	ne thrombocytopenic purpura (ITP)
Re-asses	smen	t requ	uired after 8 weeks
rerequis	sites	(tick t	boxes where appropriate)
	Preso Hosp		by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
		O	Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microlitre
	or	0	Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding
and	I	$\overline{\bigcirc}$	
	or		Treatment with steroids and splenectomy have been ineffective
	or	0	Treatment with steroids has been ineffective and splenectomy is an absolute contraindication
		\cup	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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PRES	CRII	BER PATIENT:
Name	:	Name:
Ward:		NHI:
Ritux	ima	ab (Riximyo) - continued
Re-as	sses	JATION – immune thrombocytopenic purpura (ITP) sment required after 8 weeks sites (tick boxes where appropriate)
and		Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.
	or	O 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
		O Patient was previously treated with rituximab for immune thrombocytopenic purpura*
		An initial response lasting at least 12 months was demonstrated and Patient now requires repeat treatment
Note:	Ind	ications marked with * are unapproved indications.
and	and	sment required after 8 weeks sites (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. 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 Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology ications marked with * are unapproved indications.
		JATION – thrombotic thrombocytopenic purpura (TTP)
		sment required after 8 weeks sites (tick boxes where appropriate)
and		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	
	and	O Patient now requires repeat treatment
Note:	Ind	ications marked with * are unapproved indications.
		· · · · · · · · · · · · · · · · · · ·

I confirm that the above details are correct:

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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:	Name:
Ward:	NHI:
Rituximab (Riximyo) - continued	
INITIATION – pure red cell aplasia (PRCA) Re-assessment required after 6 weeks Prerequisites (tick box where appropriate) O Prescribed by, or recommended by a haematologist, or in accordance Hospital. and O Patient has autoimmune pure red cell aplasia* associated with a den Note: Indications marked with * are unapproved indications.	ne with a protocol or guideline that has been endorsed by the Health NZ monstrable B-cell lymphoproliferative disorder
Hospital.	re with a protocol or guideline that has been endorsed by the Health NZ the same of the sa
INITIATION – ANCA associated vasculitis Re-assessment required after 8 weeks Prerequisites (tick boxes where appropriate)	
or disease after at least 3 months	clophosphamide has failed to achieve significant improvement of osphamide > 15 g or a further repeat 3 month induction course of 5 g
CONTINUATION – ANCA associated vasculitis Re-assessment required after 8 weeks Prerequisites (tick boxes where appropriate)	
Patient has been diagnosed with ANCA associated vasculitis* O Patient has previously responded to treatment with rituximab beand The total rituximab dose would not exceed the equivalent of 37 Note: Indications marked with * are unapproved indications.	

I confirm that the above details are correct:

Cianad.	Doto.	
Siurieu.	 Date.	

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Rituximab (Riximyo) - continued	
INITIATION – treatment refractory systemic lupus erythematosus (SLE) Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a rheumatologist or nephrologist the Health NZ Hospital. and The patient has severe, immediately life- or organ-threatening and The disease has proved refractory to treatment with steroids a and The disease has relapsed following prior treatment for at least mofetil and high dose cyclophosphamide, or cyclophosphamid and Maximum of four 1000 mg infusions of rituximab Note: Indications marked with * are unapproved indications.	at a dose of at least 1 mg/kg t 6 months with maximal tolerated doses of azathioprine, mycophenolate de is contraindicated
CONTINUATION – treatment refractory systemic lupus erythematosus (Since Prerequisites (tick boxes where appropriate) Or Prescribed by, or recommended by a rheumatologist or nephrologist the Health NZ Hospital. and Or Patient's SLE* achieved at least a partial response to the prevand Or The disease has subsequently relapsed and Or Maximum of two 1000 mg infusions of rituximab Note: Indications marked with * are unapproved indications.	t, or in accordance with a protocol or guideline that has been endorsed by
INITIATION – Antibody-mediated organ transplant rejection	
Prerequisites (tick box where appropriate) O Patient has been diagnosed with antibody-mediated organ transplar Note: Indications marked with * are unapproved indications. INITIATION – ABO-incompatible organ transplant Prerequisites (tick box where appropriate) O Patient is to undergo an ABO-incompatible solid organ transplant*	nt rejection*
Note: Indications marked with * are unapproved indications.	

I confirm that the above details are correct:	
Signed:	Date:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

		PATIENT:
lame:		Name:
Vard:		NHI:
R ituximab (F	Riximyo) - continued	
	Steroid dependent nephrotic syndrome (SDNS) or frequent required after 8 weeks	ntly relapsing nephrotic syndrome (FRNS)
	(tick boxes where appropriate)	
Preso Hosp	ital.	ee with a protocol or guideline that has been endorsed by the Health NZ
and	Patient is a child with SDNS* or FRNS* Tractment with storaids for at least a paried of 2 months had	have ineffective as appointed with evidence of stayoid toxicity
and	reatment 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 h	as been ineffective and/or discontinued due to unacceptable side effects
and	Treatment with mycophenolate for at least a period of 3 mon	ths with no reduction in disease relapses
O	The total rituximab dose used would not exceed the equivalent	ent of 375 mg/m ² of body surface area per week for a total of 4 weeks
lote: Indicatio	ns marked with a * are unapproved indications.	
Hosp	na.	
	Patient who was previously treated with rituximab for nephro Treatment with rituximab was previously successful and has relapsed and the patient now requires repeat treatment	tic syndrome* demonstrated sustained response for > 6 months, but the condition has ent of 375 mg/m² of body surface area per week for a total of 4 weeks
and O and O and O	Patient who was previously treated with rituximab for nephro Treatment with rituximab was previously successful and has relapsed and the patient now requires repeat treatment	demonstrated sustained response for > 6 months, but the condition has
and and on and on and on one of the second on the second o	Patient who was previously treated with rituximab for nephro Treatment with rituximab was previously successful and has relapsed and the patient now requires repeat treatment The total rituximab dose used would not exceed the equivalent management in a successful and has relapsed and the patient now requires repeat treatment The total rituximab dose used would not exceed the equivalent management in a successful and has relapsed and treatment in a successful and has relapsed and the patient now requires repeat treatment Steroid resistant nephrotic syndrome (SRNS) it required after 8 weeks (tick boxes where appropriate) cribed by, or recommended by a nephrologist, or in accordance	demonstrated sustained response for > 6 months, but the condition has
and and and and O and O Note: Indicatio NITIATION - S Re-assessmen Prerequisites O Preso Hosp	Patient who was previously treated with rituximab for nephro Treatment with rituximab was previously successful and has relapsed and the patient now requires repeat treatment The total rituximab dose used would not exceed the equivalent management in a successful and has relapsed and the patient now requires repeat treatment The total rituximab dose used would not exceed the equivalent management in a successful and has relapsed and treatment in a successful and has relapsed and the patient now requires repeat treatment Steroid resistant nephrotic syndrome (SRNS) it required after 8 weeks (tick boxes where appropriate) cribed by, or recommended by a nephrologist, or in accordance	demonstrated sustained response for > 6 months, but the condition has ent of 375 mg/m² of body surface area per week for a total of 4 weeks see with a protocol or guideline that has been endorsed by the Health NZ
and and and and O and O NITIATION – S Re-assessmen Prerequisites O Preschool and O and O	Patient who was previously treated with rituximab for nephro Treatment with rituximab was previously successful and has relapsed and the patient now requires repeat treatment The total rituximab dose used would not exceed the equivalent marked with a * are unapproved indications. Steroid resistant nephrotic syndrome (SRNS) it required after 8 weeks (tick boxes where appropriate) cribed by, or recommended by a nephrologist, or in accordance ital.	demonstrated sustained response for > 6 months, but the condition has ent of 375 mg/m² of body surface area per week for a total of 4 weeks be with a protocol or guideline that has been endorsed by the Health NZ and ciclosporin for at least 3 months have been ineffective
and and and O and O NITIATION - S Re-assessmen Prerequisites Hosp	Patient who was previously treated with rituximab for nephro Treatment with rituximab was previously successful and has relapsed and the patient now requires repeat treatment The total rituximab dose used would not exceed the equivalent marked with a * are unapproved indications. Steroid resistant nephrotic syndrome (SRNS) trequired after 8 weeks (tick boxes where appropriate) cribed by, or recommended by a nephrologist, or in accordance ital. Patient is a child with SRNS* where treatment with steroids and the steroids are steroids.	demonstrated sustained response for > 6 months, but the condition has ent of 375 mg/m² of body surface area per week for a total of 4 weeks be with a protocol or guideline that has been endorsed by the Health NZ and ciclosporin for at least 3 months have been ineffective
and and and and O and O NITIATION – S Re-assessmen Prerequisites O Preschool and O and O	Patient who was previously treated with rituximab for nephro Treatment with rituximab was previously successful and has relapsed and the patient now requires repeat treatment The total rituximab dose used would not exceed the equivale ns marked with a * are unapproved indications. Steroid resistant nephrotic syndrome (SRNS) It required after 8 weeks (tick boxes where appropriate) cribed by, or recommended by a nephrologist, or in accordance ital. Patient is a child with SRNS* where treatment with steroids a Treatment with tacrolimus for at least 3 months has been ince Genetic causes of nephrotic syndrome have been excluded	demonstrated sustained response for > 6 months, but the condition has ent of 375 mg/m² of body surface area per week for a total of 4 weeks be with a protocol or guideline that has been endorsed by the Health NZ and ciclosporin for at least 3 months have been ineffective

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PRESCRIBER	PATIENT:	
Name:	Name:	
Ward:	NHI:	
Rituximab (Riximyo) - continued		
Hospital. Patient who was previously treated with rituximab for nephrotic and Treatment with rituximab was previously successful and has d condition has relapsed and the patient now requires repeat treatment. The total rituximab dose used would not exceed the equivalent.	emonstrated sustained response for greater than 6 months, but the	
Note: Indications marked with a * are unapproved indications.		
weekly for four weeks	plate	
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 weekly for four weeks and The patients has responded to the most recent course of ritux and The patient has not received rituximab in the previous 6 month		

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRESCRIBER	PATIENT:	
Name:	Name:	
/ard:NHI:		
Rituximab (Riximyo) - continued		
Hospital.	with a protocol or guideline that has been endorsed by the Health NZ 2 of body surface area per week for a total of four weeks, or 500 mg once ks apart	
or ineffective Or Treatment with at least one other immunosuppre	nmunosuppressant for at least a period of 12 months has been essant for a period of at least 12 months months and have been discontinued due to unacceptable side effects	
Hospital.	with a protocol or guideline that has been endorsed by the Health NZ	
One of the following dose regimens is to be used: 375 mg/m weekly for four weeks, or two 1,000 mg doses given two wee and An initial response lasting at least 12 months was demonstra and		
or least 12 months The patient's myasthenia gravis has relapsed de least 12 months	steroids and at least one other immunosuppressant for a period of at spite treatment with at least one immunosuppressant for a period of at 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 dise and	ease, including interstitial lung disease	
Treatment with at least 3 immunosuppressants (oral st azathioprine) has not be effective at controlling active of Application Rapid treatment is required due to life threatening com		
Maximum of four 1,000 mg infusions of rituximab		

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

	Name: NHI:
Ward:	NHI:
Rituximab (Rix	ximyo) - continued
Re-assessment	I – Severe antisynthetase syndrome required after 12 months ick boxes where appropriate)
and T	Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in inflammatory markers, muscle strength and pulmonary function The patient has not received rituximab in the previous 6 months Maximum of two cycles of 2 × 1,000 mg infusions of rituximab given two weeks apart
_	aft versus host disease ick boxes where appropriate)
and T	Patient has refractory graft versus host disease following transplant Treatment with at least 3 immunosuppressants (oral steroids, ciclosporin, tacrolimus, mycophenolate, sirolimus) has not be 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
Prescri Hospita	bed by, or recommended by a neurologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ al. 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 At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease
	Rapid treatment is required due to life threatening complications 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
Re-assessment i	I – severe chronic inflammatory demyelinating polyneuropathy required after 6 months ick boxes where appropriate)
and	Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function compared to baseline The patient has not received rituximab in the previous 6 months
and O	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

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PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Rituximab (Riximyo) - continued	
INITIATION – anti-NMDA receptor autoimmune encep Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a neurologis Hospital. and O Patient has severe anti-NMDA receptor a and Treatment with steroids and is active disease	st, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
or One of the following dose regimens is to weekly for four weeks, or two 1,000 mg d	life threatening complications be used: 375 mg/m2 of body surface area per week for a total of four weeks, or 500 mg once
Hospital. Patient's disease has responded to the prant and The patient has not received rituximab in and The patient has experienced a relapse are and	st, or in accordance with a protocol or guideline that has been endorsed by the Health NZ revious rituximab treatment with demonstrated improvement in neurological function the previous 6 months and now requires further treatment be used: 375 mg/m2 of body surface area per week for a total of four weeks, or 500 mg once
INITIATION – CD20+ low grade or follicular B-cell NHI Re-assessment required after 9 months Prerequisites (tick boxes where appropriate)	-
To be used for a maximum of 6 treat	or follicular B-cell NHL requiring first-line systemic chemotherapy

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRESCRIBER	PATIEN	Т:
Name:	Name:	
Ward:	NHI:	
Rituximab (Bixi	iximyo) - continued	
CONTINUATION Re-assessment re Prerequisites (tid	N – CD20+ low grade or follicular B-cell NHL required after 24 months tick boxes where appropriate) Rituximab is to be used for maintenance in CD20+ low grade or follicular chemotherapy Patient is intended to receive rituximab maintenance therapy for 2 year	
	12 cycles)	o at a doct of one figure overly of whome (maximum or
Re-assessment re	lembranous nephropathy required after 6 weeks tick boxes where appropriate)	
or (O Patient has biopsy-proven primary/idiopathic membranous nephro O Patient has PLA2 antibodies with no evidence of secondary caus	
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		
Re-assessment re	N – Membranous nephropathy required after 6 weeks tick boxes where appropriate)	
and	Patient was previously treated with rituximab for membranous nephropa	athy*
or _	O Treatment with rituximab was previously successful, but the cond treatment	ition has relapsed, and the patient now requires repeat
	O Patient achieved partial response to treatment and requires repeat	at treatment (see Note)
and TI	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
b) High risk of prc) Conservative dyslipidaemia.	narked with * are unapproved indications. progression to end-stage kidney disease defined as > 5g/day proteinuria e measures include renin-angiotensin system blockade, blood-pressure a, and anticoagulation agents unless contraindicated or the patient has ense defined as a reduction of proteinuria of at least 50% from baseline,	management, dietary sodium and protein restriction, treatment of experienced intolerable side effects.

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.

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* 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 would receive no more than two doses at 375 mg/m2 of body-surface area Note: Indications marked with * are unapproved indications. INITIATION — pemiphigus* Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)		
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INITIATION – pemiphigus* Re-assessment required after 6 months		
Re-assessment required after 6 months	Note: Indications marked with * are unapproved indications.	
O Prescribed by, or recommended by a dermatologist or relevant specialist, or in accordance with a protocol or guideline that has been endor by the Health NZ Hospital.	ed	
O Patient has severe rapidly progressive pemphigus		
and		
Is used in combination with systemic corticosteroids (20 mg/day) and	_	
O 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		
O Involvement of two or more mucosal sites		
or		
O Patient has pemphigus		
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:	Name:	
Ward:	NHI:	
Rituximab (Riximyo) - continued		
by the Health NZ Hospital. O Patient has experienced adequate clinical benefit from rituxin	cialist, or in accordance with a protocol or guideline that has been endorsed hab treatment, with improvement in symptoms and healing of skin	
ulceration and reduction in corticosteroid requirement O Patient has not received rituximab in the previous 6 months Note: Indications marked with * are unapproved indications.		
INITIATION – immunoglobulin G4-related disease (IgG4-RD*) Re-assessment required after 6 weeks Prerequisites (tick boxes where appropriate)		
or lowering corticosteroid dose below 5 mg per day (predi	g anti-rheumatic drugs is contraindicated or associated with evidence of	
Note: Indications marked with * are unapproved indications.		
CONTINUATION – immunoglobulin G4-related disease (IgG4-RD*) Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)		
or Treatment with rituximab for IgG4-RD* was previously so but the condition has relapsed Patient is receiving maintenance treatment for IgG4-RI	successful and patient's disease has demonstrated sustained response,	
and Rituximab re-treatment not to be given within 6 months of pre and Maximum of two 1000 mg infusions of rituximab given two we		
Note: Indications marked with * are unapproved indications.		

I confirm that the above details are correct:

Signed: Date: