

## RS2204 - Rituximab

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

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: .....

Ward: .....

**PATIENT:**

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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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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

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 and rituximab treatment is to be used in combination with funded venetoclax  
**and**  
☐ The patient has good performance status  
**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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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

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 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
- ☐ 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/m<sup>2</sup> 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/m<sup>2</sup> 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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**PRESCRIBER**

Name: .....

Ward: .....

**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/m<sup>2</sup> 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/m<sup>2</sup> 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/m<sup>2</sup> of body surface area per week for a total of 4 weeks

Note: Indications marked with \* are unapproved indications.

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

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/m<sup>2</sup> 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)**

**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 per cycle would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks  
and  
☐ Each treatment cycle at least 6 months apart

and

- ☐ Patient has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange  
or  
☐ Patient has acute idiopathic TTP\* with neurological or cardiovascular pathology  
or  
☐ Patient has a history of immune-mediated thrombotic thrombocytopenic purpura, currently in clinical remission but has demonstrated a decline in ADAMTS13 levels or equivalent, consistent with high risk of relapse

Note: Indications marked with \* are unapproved indications.

**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.

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Rituximab** (Riximyo) - *continued*

**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/m<sup>2</sup> 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/m<sup>2</sup> of body-surface area per week for a total of 4 weeks

Note: Indications marked with \* are unapproved indications.

**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
- ☐ Patient has severe, immediately life- or organ-threatening SLE\*
- and
- ☐ The condition has been refractory to treatment with corticosteroids at a dose of at least 1 mg/kg unless contraindicated
- and
- ☐ The condition 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
- ☐ Initial treatment maximum of four 1000 mg infusions
- and
- ☐ Treatment for relapse following initial partial response to rituximab up to a maximum of two 1000 mg infusions every 6 months

Note: Indications marked with \* are unapproved indications.

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Rituximab** (Riximyo) - *continued*

**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.

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

Re-assessment required after 8 weeks

**Prerequisites** (tick boxes where appropriate)

- ☐ Patient is a child with SDNS\* or FRNS\*  
**and**  
☐ Treatment with corticosteroids, ciclosporin, and mycophenolate for at least 3 months for each agent has been ineffective, not tolerated, or is contraindicated  
**and**  
☐ The total rituximab dose used would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks

Note: Indications marked with \* 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)

- ☐ 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/m<sup>2</sup> of body surface area per week for a total of 4 weeks

Note: Indications marked with \* are unapproved indications.

**INITIATION – Steroid resistant nephrotic syndrome (SRNS)**

Re-assessment required after 8 weeks

**Prerequisites** (tick boxes where appropriate)

- ☐ Patient is a child with SRNS\* and treatment with corticosteroids, ciclosporin and tacrolimus for at least 3 months for each agent has been ineffective, not tolerated, or is contraindicated  
**and**  
☐ Genetic causes of nephrotic syndrome have been excluded  
**and**  
☐ The total rituximab dose per cycle would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks

Note: Indications marked with \* are unapproved indications.

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Rituximab** (Riximyo) - *continued*

**CONTINUATION – Steroid resistant nephrotic syndrome (SRNS)**

Re-assessment required after 8 weeks

**Prerequisites** (tick boxes where appropriate)

- ☐ 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/m<sup>2</sup> of body surface area per week for a total of 4 weeks

Note: Indications marked with \* are unapproved indications.

**INITIATION – Neuromyelitis Optica Spectrum Disorder (NMOSD)**

**Prerequisites** (tick boxes where appropriate)

- ☐ Cumulative dose up to 1500 mg/m<sup>2</sup> body surface area up to 2000 mg total per cycle
- and
- ☐ Patient has experienced a severe episode or attack of NMOSD (rapidly progressing symptoms with supporting clinical investigations)
- or
- ☐ Patient has experienced a breakthrough attack of NMOSD
- and
- ☐ Patient is receiving treatment with mycophenolate unless contraindicated or not tolerated
- and
- ☐ Patient is receiving treatment with corticosteroids unless contraindicated or not tolerated
- and
- ☐ Each treatment cycle at least 6 months apart

Note: Indications marked with \* are unapproved indications.

**INITIATION – refractory myasthenia gravis\***

Re-assessment required after 2 years

**Prerequisites** (tick boxes where appropriate)

- ☐ Cumulative dose up to 1500 mg/m<sup>2</sup> body surface area up to 2000 mg total per cycle
- and
- ☐ Treatment with corticosteroids and at least one other immunosuppressant for a minimum 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

Note: Indications marked with \* are unapproved indications.

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Signed: ..... Date: .....

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Rituximab** (Riximyo) - *continued*

**CONTINUATION – refractory myasthenia gravis\***

Re-assessment required after 2 years

**Prerequisites** (tick boxes where appropriate)

- ☐ Cumulative dose up to 1500 mg/m<sup>2</sup> body surface area up to 2000 mg total per cycle
- and ☐ An initial response lasting at least 12 months was demonstrated
- and ☐ Patient has relapsed despite treatment with corticosteroids and at least one other immunosuppressant for a period of at least 12 months
- or ☐ 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

Note: Indications marked with \* are unapproved indications.

**INITIATION – antisynthetase syndrome**

**Prerequisites** (tick boxes where appropriate)

- ☐ Patient has severe, immediately life- or organ-threatening disease, including interstitial lung disease
- and ☐ Treatment with at least 3 immunosuppressants (oral corticosteroids, cyclophosphamide, methotrexate, mycophenolate, ciclosporin, azathioprine) has been ineffective controlling active disease
- or ☐ Rapid treatment is required for life threatening complications
- and ☐ Maximum of two 1000 mg infusions every 6 months

**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 be effective at controlling active disease
- and ☐ The total rituximab dose used would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks

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 – chronic inflammatory demyelinating polyneuropathy (CIPD)\***

**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

- ☐ Treatment with corticosteroids and intravenous immunoglobulin and/or plasma exchange has been ineffective controlling active disease, is not tolerated, or is contraindicated
- and
- ☐ At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) is not tolerated or has been ineffective controlling active disease. If an immunosuppressant is contraindicated, a trial has occurred of one of those which is not contraindicated (unless all are contraindicated)

or

- ☐ Rapid treatment is required for life threatening complications

and

- ☐ Cumulative dose up to 1500 mg/m<sup>2</sup> body surface area up to 2000 mg total per cycle

and

- ☐ Each treatment cycle at least 6 months apart

Note: Indications marked with \* are unapproved indications.

**INITIATION – anti-NMDA receptor autoimmune encephalitis\***

**Prerequisites** (tick boxes where appropriate)

- ☐ Treatment with corticosteroids and intravenous immunoglobulin and/or plasma exchange has been ineffective controlling active disease, is not tolerated or is contraindicated
- and
- ☐ At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has been ineffective controlling active disease, is not tolerated or is contraindicated

or

- ☐ Rapid treatment is required for life threatening complications

and

- ☐ Cumulative dose up to 1500 mg/m<sup>2</sup> body surface area up to 2000 mg total per cycle

and

- ☐ Each treatment cycle at least 6 months apart

Note: Indications marked with \* are unapproved indications.

**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/m<sup>2</sup> every 8 weeks (maximum of 12 cycles)

**INITIATION – Membranous nephropathy**

**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/1.73m<sup>2</sup>
- and
- ☐ Patient remains at high risk of progression to end-stage kidney disease despite more than 3 months of treatment with conservative measures that include (unless contraindicated or the patient has experienced intolerable side effects) renin-angiotensin system blockade, blood-pressure management, dietary sodium and protein restriction, treatment of dyslipidaemia, and anticoagulation agents
- and
- ☐ The total rituximab dose per cycle would not exceed the equivalent of 375mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks
- and
- ☐ Subsequent retreatment only for disease relapse or after partial response

Note: Indications marked with \* are unapproved indications.

**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/m<sup>2</sup> 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 allogeneic stem cell transplant\*
- and
- ☐ Patient would receive no more than two doses at 375 mg/m<sup>2</sup> of body-surface area

Note: Indications marked with \* are unapproved indications.

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Signed: ..... Date: .....

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Rituximab** (Riximyo) - *continued*

**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.

**CONTINUATION – 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 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.

**INITIATION – immunoglobulin G4-related disease (IgG4-RD\*)**

Re-assessment required after 6 weeks

**Prerequisites** (tick boxes where appropriate)

- ☐ Patient has confirmed diagnosis of IgG4-RD\*

and

- ☐ Treatment with corticosteroids and/or disease modifying anti-rheumatic drugs for at least 3 months has been ineffective in lowering corticosteroid dose below 5 mg per day (prednisone equivalent) without relapse  
or  
☐ Treatment with corticosteroids and/or disease modifying anti-rheumatic drugs is contraindicated or associated with evidence of toxicity or intolerance

and

- ☐ Total rituximab dose used should not exceed a maximum of two 1000 mg infusions of rituximab given two weeks apart

Note: Indications marked with \* are unapproved indications.

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Rituximab** (Riximyo) - *continued*

**CONTINUATION – immunoglobulin G4-related disease (IgG4-RD\*)**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

- ☐ Treatment with rituximab for IgG4-RD\* was previously successful and patient's disease has demonstrated sustained response, but the condition has relapsed
- or
- ☐ Patient is receiving maintenance treatment for IgG4-RD\*

and

- ☐ Rituximab re-treatment not to be given within 6 months of previous course of treatment

and

- ☐ Maximum of two 1000 mg infusions of rituximab given two weeks apart

Note: Indications marked with \* are unapproved indications.

I confirm that the above details are correct:

Signed: ..... Date: .....