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 (Mabthera)	
INITIATION – rheumatoid arthritis - prior TNF inhibitor use Re-assessment required after 4 months Prerequisites (tick boxes where appropriate)  Orescribed by, or recommended by a rheumatologist, or in accordant Hospital.	nce with a protocol or guideline that has been endorsed by the Health NZ
The patient has had an initial community Special Author rheumatoid arthritis  The patient has experienced intolerable side effector	city approval for at least one of etanercept and/or adalimumab for etas from a reasonable trial of adalimumab and/or etanercept b and/or etanercept, the patient did not meet the renewal criteria for hritis
and  Rituximab to be used as an adjunct to methotrexate or loop  Patient is contraindicated to both methotrexate and leflut  and  Maximum of two 1,000 mg infusions of rituximab given two we	nomide, requiring rituximab monotherapy to be used

C:	D-1	
Signed.	Date:	
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## HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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.

	ER		PATIENT:
e:			Name:
:			NHI:
ximab	<b>)</b> (M	labthe	era) - continued
			natoid arthritis - TNF inhibitors contraindicated ired after 4 months
			poxes where appropriate)
	esc ospi		by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
and	)	Treat	ment with a Tumour Necrosis Factor alpha inhibitor is contraindicated
			nt has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic linated peptide (CCP) antibody positive) for six months duration or longer
and	)		nt has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a mum tolerated dose
and			nt has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and oxychloroquine sulphate (at maximum tolerated doses)
		0	Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin
	or	0	Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold
	OI.	0	Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate
and			
	or	$\circ$	Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints
	OI.	0	Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip
and			
	or	O	Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application
		0	C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months
and		$\overline{\bigcirc}$	Distriction of the last world on an additional to make the property and of the control of the co
	or	$\circ$	Rituximab to be used as an adjunct to methotrexate or leflunomide therapy  Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used
and			

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

## HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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e:		
:		NHI:
ximab (I	Mabth	era) - continued
		heumatoid arthritis - re-treatment in 'partial responders' to rituximab ired after 4 months
		poxes where appropriate)
Pres	cribed	by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
Hosp		sy, or resemble as a fine material system as a first a process of galesians that has seen shades by the result in
or	0	At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician
or	$\circ$	At 4 months following the second course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician
	0	At 4 months following the third and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician
and and	Ritu	rimab re-treatment not to be given within 6 months of the previous course of treatment
	$\bigcirc$	Rituximab to be used as an adjunct to methotrexate or leflunomide therapy
0.0	,	nituximab to be used as an adjunct to methotrexate or tenunomiae therapy
or		Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used
and		
	0	
and O	Maxi ON - r nt requ s (tick t	Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used  mum of two 1,000 mg infusions of rituximab given two weeks apart  heumatoid arthritis - re-treatment in 'responders' to rituximab  irred after 4 months  poxes where appropriate)
and O ITINUATIO assessment equisites Press Hosp	Maxi ON - r nt requ s (tick t	Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used  mum of two 1,000 mg infusions of rituximab given two weeks apart  heumatoid arthritis - re-treatment in 'responders' to rituximab  irred after 4 months  poxes where appropriate)
and O ITINUATION ISSESSMENT Equisites O Pres	Maxi ON - r nt requ s (tick t	Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used  mum of two 1,000 mg infusions of rituximab given two weeks apart  heumatoid arthritis - re-treatment in 'responders' to rituximab given two weeks apart  becomes where appropriate)  by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health Na  At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician
and O ITINUATIO assessment equisites Press Hosp	Maxi ON - r nt requ s (tick to scribed pital.	Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used  mum of two 1,000 mg infusions of rituximab given two weeks apart  heumatoid arthritis - re-treatment in 'responders' to rituximab irred after 4 months poxes where appropriate)  by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ  At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician  At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the
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I confirm that the above details are correct:

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