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.

PRESCRIB	ER		PATIENT:
Name:			
Ward:			NHI:
Rituxima	b (Ma	abthe	ra)
Re-assessi Prerequisi	ment i tes (1	requitick b	atoid arthritis - prior TNF inhibitor use ired after 4 months oxes where appropriate)
	Prescr		by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for
	and	or	The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept O Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis
and	or	<u></u> О	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 (C	Maxir	num of two 1,000 mg infusions of rituximab given two weeks apart

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.

CRIB	EN		PATIENT:
e:			
:			NHI:
ximal	b (M	labthe	era) - continued
ssessr	ment	t requ	natoid arthritis - TNF inhibitors contraindicated ired after 4 months
equisi	tes ((tick b	oxes where appropriate)
	resc Iospi		by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health Na
and	C	Treat	ment with a Tumour Necrosis Factor alpha inhibitor is contraindicated
and			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	O		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
	or	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	0	Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints
		\cup	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	0	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
	OI .	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		0	Rituximab to be used as an adjunct to methotrexate or leflunomide therapy
	or	0	Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used
and	$\overline{}$	Mavi	mum of two 1,000 mg infusions of rituximab given two weeks apart

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

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

May 2025

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.

		PATIENT:
e:		
d:		NHI:
ximab (I	Mabth	era) - continued
assessmer	nt requ	heumatoid arthritis - re-treatment in 'partial responders' to rituximab uired 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
Hosp		by, or recommended by a medinatologist, or in accordance with a protocor or guideline that has been endorsed by the meaning to
	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	0	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	Ritux	kimab re-treatment not to be given within 6 months of the previous course of treatment
	0	Rituximab to be used as an adjunct to methotrexate or leflunomide therapy
or	\circ	Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used
and	Maxi	mum of two 1,000 mg infusions of rituximab given two weeks apart
assessmer	nt requ	heumatoid arthritis - re-treatment in 'responders' to rituximab uired after 4 months poxes where appropriate)
O Pres Hosp		by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
or	0	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
	0	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 physician
and _	Ritux	kimab re-treatment not to be given within 6 months of the previous course of treatment
	0	Rituximab to be used as an adjunct to methotrexate or leflunomide therapy
or	0	Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used
and		mum of two 1,000 mg infusions of rituximab given two weeks apart

I confirm that the above details are correct:

Signed: Date: