## HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

August 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.

PRESCRIBER	R		PATIENT:
Name:			Name:
Ward:			NHI:
Rituximab	(Mabthe	era)	
Prerequisite  Pre Hos	ent requies (tick b	atoid arthritis - prior TNF inhibitor use ired after 4 months oxes where appropriate) by, or recommended by a rheumatologist, or in accordan	ce with a protocol or guideline that has been endorsed by the Health NZ
and	The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis		
	or		ts from a reasonable trial of adalimumab and/or etanercept o and/or etanercept, the patient did not meet the renewal criteria for nritis
and			
c		Rituximab to be used as an adjunct to methotrexate or leave the Patient is contraindicated to both methotrexate and leflur	
and	<b>)</b> Maxir	num of two 1,000 mg infusions of rituximab given two we	peks apart

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

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INTATION – rheumatold arthritis - TNF inhibitors contraindicated te-assessment required after 4 months rerequisites (lick boxes where appropriate)  Prescribed by, or recommended by a rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health Hospital.  Treatment with a Turnour Necrosis Factor alpha inhibitor is contraindicated and Patient has had severe and active erosive rheumatold arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer  Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly-maximum tolerated dose  Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine an hydroxychloroquine sulphate (at maximum tolerated doses)  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  Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramusc gold  Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramusc gold  Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints  Or Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints or  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  Or C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg persistent symptoms of pormore than three months  and  Rituximab to be used as an adjunct to methotrexate or leflunomide therapy  Or Patient is contraindicated to both methotrexate and leflunomide, requiring r	RESCRIBER			PATIENT:
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Hospital.  d	assessi	men	t requ	ired after 4 months
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		or	0	Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used
Maximum of two 1,000 ma infusions of rituring a given two weeks apart	and	$\overline{}$	Maxi	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

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.

e:		
:		NHI:
ximab (	Mabth	era) - continued
		heumatoid arthritis - re-treatment in 'partial responders' to rituximab nired after 4 months
		poxes where appropriate)
Pros	cribad	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 meaniacoegist, or in accordance with a protection of guideline that has been choosed by the meath 142
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	Ritu	rimab re-treatment not to be given within 6 months of the previous course of treatment
1 /	$\bigcirc$	
0.0	. 0	Rituximab to be used as an adjunct to methotrexate or leflunomide therapy
or		Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used
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I confirm that the above details are correct:

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Signed.	Date:	
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