

RS2133 - Rituximab

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PRESCRIBER

Name: Name:

Ward: 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

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Name: Name:

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Rituximab (Riximyo) - continued

INITIATION – indolent, low-grade lymphomas or hairy cell leukaemia*

Re-assessment required after 9 months

Prerequisites (tick boxes where appropriate)

and The patient has indolent low grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy
 To be used for a maximum of 6 treatment cycles

or

and The patient has indolent, low grade lymphoma or hairy cell leukaemia* requiring first-line systemic chemotherapy
 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)

and 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
 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)

and The patient has treatment naive aggressive CD20 positive NHL
 and To be used with a multi-agent chemotherapy regimen given with curative intent
 To be used for a maximum of 8 treatment cycles

or

and The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy
 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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Name: Name:

Ward: 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 The patient does not have chromosome 17p deletion CLL
or Rituximab treatment is to be used in combination with funded venetoclax for relapsed/refractory chronic lymphocytic leukaemia
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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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 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
 The patient does not have chromosome 17p deletion CLL
and
 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine

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/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)

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/m² 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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Name: Name:

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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/m² 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/m² 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/m² of body surface area per week for a total of 4 weeks

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Name: Name:

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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/m² 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)

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

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

and

Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange
or
 Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology

Note: Indications marked with * are unapproved indications.

CONTINUATION – thrombotic thrombocytopenic purpura (TTP)

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 was previously treated with rituximab for thrombotic thrombocytopenic purpura*

and

An initial response lasting at least 12 months was demonstrated

and

Patient now requires repeat treatment

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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Name: Name:

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Rituximab (Riximyo) - continued

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.

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/m² 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/m² of body-surface area per week for a total of 4 weeks

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PRESCRIBER

Name: Name:

Ward: NHI:

Rituximab (Riximyo) - *continued*

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

The patient has severe, immediately life- or organ-threatening SLE*
and
 The disease has proved refractory to treatment with steroids at a dose of at least 1 mg/kg
and
 The disease 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
 Maximum of four 1000 mg infusions of rituximab

Note: Indications marked with * are unapproved indications.

CONTINUATION – 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's SLE* achieved at least a partial response to the previous round of prior rituximab treatment
and
 The disease has subsequently relapsed
and
 Maximum of two 1000 mg infusions of rituximab

Note: Indications marked with * are unapproved indications.

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*

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PRESCRIBER

Name: Name:

Ward: NHI:

Rituximab (Riximyo) - continued

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

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a nephrologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient is a child with SDNS* or FRNS*
and
 Treatment 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 has been ineffective and/or discontinued due to unacceptable side effects
and
 Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses
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

Note: Indications marked with a * 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)

Prescribed by, or recommended by a nephrologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

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/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with a * are unapproved indications.

INITIATION – Steroid resistant nephrotic syndrome (SRNS)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a nephrologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient is a child with SRNS* where treatment with steroids and ciclosporin for at least 3 months have been ineffective
and
 Treatment with tacrolimus for at least 3 months has been ineffective
and
 Genetic causes of nephrotic syndrome have been excluded
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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Name: Name:

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Rituximab (Riximyo) - continued

CONTINUATION – Steroid resistant nephrotic syndrome (SRNS)

Re-assessment required after 8 weeks

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a nephrologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

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/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with a * are unapproved indications.

INITIATION – Neuromyelitis Optica Spectrum Disorder (NMOSD)

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m² administered weekly for four weeks

and

The patient has experienced a severe episode or attack of NMOSD (rapidly progressing symptoms and clinical investigations supportive of a severe attack of NMOSD)

or

The patient has experienced a breakthrough attack of NMOSD

and

The patient is receiving treatment with mycophenolate

and

The patient is receiving treatment with corticosteroids

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 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m² administered weekly for four weeks

and

The patient has responded to the most recent course of rituximab

and

The patient has not received rituximab in the previous 6 months

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PRESCRIBER

Name: Name:

Ward: NHI:

Rituximab (Riximyo) - continued

INITIATION – Severe Refractory Myasthenia Gravis

Re-assessment required after 2 years

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
 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
and
 Treatment with corticosteroids and at least one other immunosuppressant for at least a 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

CONTINUATION – Severe Refractory Myasthenia Gravis

Re-assessment required after 2 years

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
 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
and
 An initial response lasting at least 12 months was demonstrated
and
 The patient has relapsed despite treatment with corticosteroids and at least one other immunosuppressant for a period of at least 12 months
or
 The 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

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 disease, including interstitial lung disease
and
 Treatment with at least 3 immunosuppressants (oral steroids, cyclophosphamide, methotrexate, mycophenolate, ciclosporin, azathioprine) has not been effective at controlling active disease
or
 Rapid treatment is required due to life threatening complications
and
 Maximum of four 1,000 mg infusions of rituximab

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PRESCRIBER

Name: Name:

Ward: NHI:

Rituximab (Riximyo) - continued

CONTINUATION – Severe antisynthetase syndrome

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in inflammatory markers, muscle strength and pulmonary function
- and
- The patient has not received rituximab in the previous 6 months
- and
- Maximum of two cycles of 2 x 1,000 mg infusions of rituximab given two weeks apart

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 been 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

INITIATION – severe chronic inflammatory demyelinating polyneuropathy

Re-assessment required after 6 months

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
- Patient has severe chronic inflammatory demyelinating polyneuropathy (CIPD)
 - Treatment with steroids and intravenous immunoglobulin and/or plasma exchange has not been effective at controlling active disease
 - and
 - At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease
- or
- Rapid treatment is required due to life threatening complications
- and
- 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

CONTINUATION – severe chronic inflammatory demyelinating polyneuropathy

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function compared to baseline
- and
- The patient has not received rituximab in the previous 6 months
- and
- 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

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

Name: Name:

Ward: NHI:

Rituximab (Riximyo) - *continued*

INITIATION – anti-NMDA receptor autoimmune encephalitis

Re-assessment required after 6 months

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

Patient has severe anti-NMDA receptor autoimmune encephalitis

and

Treatment with steroids and intravenous immunoglobulin and/or plasma exchange has not been effective at controlling active disease

and

At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease

or

Rapid treatment is required due to life threatening complications

and

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

CONTINUATION – anti-NMDA receptor autoimmune encephalitis

Re-assessment required after 6 months

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

Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function

and

The patient has not received rituximab in the previous 6 months

and

The patient has experienced a relapse and now requires further treatment

and

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

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

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PREScriBER

Name: Name:

Ward: 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/m² every 8 weeks (maximum of 12 cycles)

INITIATION – Membranous nephropathy

Re-assessment required after 6 weeks

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/1.73m²
and
 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

CONTINUATION – Membranous nephropathy

Re-assessment required after 6 weeks

Prerequisites (tick boxes where appropriate)

Patient was previously treated with rituximab for membranous nephropathy*
and
 Treatment with rituximab was previously successful, but the condition has relapsed, and the patient now requires repeat treatment
or
 Patient achieved partial response to treatment and requires repeat treatment (see Note)
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

Note:

- Indications marked with * are unapproved indications.
- High risk of progression to end-stage kidney disease defined as > 5g/day proteinuria.
- Conservative measures include renin-angiotensin system blockade, blood-pressure management, dietary sodium and protein restriction, treatment of dyslipidaemia, and anticoagulation agents unless contraindicated or the patient has experienced intolerable side effects.
- Partial response defined as a reduction of proteinuria of at least 50% from baseline, and between 0.3 grams and 3.5 grams per 24 hours.

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PRESCRIBER

Name: 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*
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/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 requires desensitisation prior to mismatched allogenic stem cell transplant*
and
 Patient would receive no more than two doses at 375 mg/m² of body-surface area

Note: Indications marked with * are unapproved indications.

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.

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Signed: Date:

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PREScriBER

Name: Name:

Ward: NHI:

Rituximab (Riximyo) - *continued*

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.

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: