

## RS2181 - Rituximab

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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: .....

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

Note: Indications marked with \* are unapproved indications.

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**PRESCRIBER**

Name: .....

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Name: .....

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**

**PATIENT:**

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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**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
  - 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 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

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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

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**

**PATIENT:**

Name: .....

Name: .....

Ward: .....

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

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**PRESCRIBER**

**PATIENT:**

Name: .....

Ward: ..... 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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**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

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**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: .....

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**

**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 allogenic 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.

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 – 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.

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*

**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: .....