

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 (Mabthera)

INITIATION – arthritis - rheumatoid - prior TNF inhibitor use

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

- Patient has had a Special Authority approval for etanercept or adalimumab for rheumatoid arthritis
- and
- Patient has experienced intolerable side effects
- or
- Following at least a 4 month trial of adalimumab or etanercept, the renewal criteria for rheumatoid arthritis were not met
- and
- Maximum of two 1000 mg infusions given two weeks apart

INITIATION – arthritis - rheumatoid - TNF inhibitors contraindicated

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

- Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated
- and
- Patient has had rheumatoid arthritis (either confirmed by radiologic imaging, or the patient is CCP antibody positive)
- and
- Disease has not responded to at least three months of methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose, unless contraindicated
- and
- Disease has not responded to at least 3 months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses), unless contraindicated
- and
- Disease has not responded to at least 3 months of methotrexate in combination with the maximum tolerated dose of cyclosporin, unless contraindicated
- or
- Disease has not responded to at least 3 months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate, unless contraindicated
- and
- Patient has persistent symptoms of poorly controlled and active disease in at least 20 joints
- or
- Patient has persistent symptoms of poorly controlled and active disease in at least 4 joints from the following: wrist, elbow, knee, ankle, shoulder, or hip
- and
- Patient has CRP greater than 15 mg/L measured within one month before the application
- or
- CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day received for more than 3 months
- and
- Maximum of two 1000 mg infusions given two weeks apart

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

PATIENT:

Name:

Name:

Ward:

NHI:

Rituximab (Mabthera) - continued

CONTINUATION – arthritis - rheumatoid - re-treatment for people who have experienced a partial response to rituximab

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- Following the initial course of rituximab the patient experienced between a 30% and 50% decrease in active joint count from baseline
- or
- Following the second course of rituximab the patient experienced at least a 50% decrease in active joint count from baseline
- or
- Following the third and subsequent courses of rituximab, the patient experienced at least a continuing 30% improvement in active joint count from baseline

and

- Rituximab re-treatment not to be given within 6 months of the previous course of treatment

and

- Maximum of two 1000 mg infusions given two weeks apart

CONTINUATION – arthritis - rheumatoid - re-treatment for people who experience a response to rituximab

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- Following the initial course of rituximab infusions the patient experienced at least a 50% decrease in active joint count from baseline
- or
- Following the second and subsequent courses of rituximab, the patient experienced at least a continuing 30% improvement in active joint count from baseline

and

- Rituximab re-treatment not to be given within 6 months of the previous course of treatment

and

- Maximum of two 1000 mg infusions per course given two weeks apart

I confirm that the above details are correct:

Signed: Date: