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.

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

Name: .....

Ward: .....

PATIENT:

Name: .....

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: .....