Enquiries to Ministry of Health
0800 855 066

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**Form SA1976**
August 2025

| **APPLICANT** (stamp or sticker acceptable) | **PATIENT** NHI: ..... | **REFERRER** Reg No: ..... |
|---|---|---|
| Reg No: ..... | First Names: ..... | First Names: ..... |
| Name: ..... | Surname: ..... | Surname: ..... |
| Address: ..... | DOB: ..... | Address: ..... |
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| Fax Number: ..... | ..... | Fax Number: ..... |

## **Rituximab** (Mabthera)

**Initial application — rheumatoid arthritis - TNF inhibitors contraindicated**
Applications only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months.
**Prerequisites**(tick boxes where appropriate)

- ☐ Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated

**and**

- ☐ Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer

**and**

- ☐ 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 or a maximum tolerated dose

**and**

- ☐ Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses)

**and**

- ☐ Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin

**or**

- ☐ Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold

**or**

- ☐ Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate

**and**

- ☐ 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 four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip

**and**

- ☐ 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 per day and has done so for more 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 rituximab monotherapy to be used

**and**

- ☐ Maximum of two 1,000 mg infusions of rituximab given two weeks apart

**I confirm the above details are correct and that in signing this form I understand I may be audited.**

Signed: ..... Date: .....
**Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz**

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Address: .....

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Fax Number: .....

## **Rituximab** (Mabthera) - *continued*

**Initial application — rheumatoid arthritis - prior TNF inhibitor use**

Applications only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months.

**Prerequisites**(tick boxes where appropriate)

- ☐ The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis

**and**

- ☐ The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept

**or**

- ☐ Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis

**and**

- ☐ 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

**and**

- ☐ Maximum of two 1,000 mg infusions of rituximab given two weeks apart

**Renewal — rheumatoid arthritis - re-treatment in 'partial responders' to rituximab**

Current approval Number (if known):.....

Applications only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months.

**Prerequisites**(tick boxes where appropriate)

- ☐ 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**

- ☐ 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

**or**

- ☐ 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**

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

**and**

- ☐ 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

**and**

- ☐ Maximum of two 1,000 mg infusions of rituximab given two weeks apart

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## **Rituximab** (Mabthera) - *continued*

**Renewal — rheumatoid arthritis - re-treatment in 'responders' to rituximab**

Current approval Number (if known):.....

Applications only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months.

**Prerequisites**(tick boxes where appropriate)

☐ At 4 months following the initial 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

**or**

☐ At 4 months following the second 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**

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

**and**

☐ 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

**and**

☐ Maximum of two 1,000 mg infusions of rituximab given two weeks apart

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