

SA2623 - Rituximab

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Rituximab (Riximyo)

Initial application — ABO-incompatible organ transplant

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

Prerequisites(tick box where appropriate)

☐ Patient is to undergo an ABO-incompatible solid organ transplant*

Note: Indications marked with * are unapproved indications.

Initial application — ANCA associated vasculitis

Applications from any relevant practitioner. Approvals valid for 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.

Renewal — ANCA associated vasculitis

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

Applications from any relevant practitioner. Approvals valid for 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

Note: Indications marked with * are unapproved indications.

Initial application — Antibody-mediated organ transplant rejection

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

Prerequisites(tick box where appropriate)

☐ Patient has been diagnosed with antibody-mediated organ transplant rejection*

Note: Indications marked with * are unapproved indications.

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Rituximab (Riximyo) - *continued*

Initial application — Chronic lymphocytic leukaemia

Applications from any relevant practitioner. Approvals valid for 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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Rituximab (Riximyo) - *continued*

Renewal — Chronic lymphocytic leukaemia

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

Applications from any relevant practitioner. Approvals valid for 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.

Initial application — neuromyelitis optica spectrum disorder (NMOSD)*

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

Prerequisites(tick boxes where appropriate)

- ☐ Cumulative dose up to 1,500 mg/m² body surface area up to 2,000 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.

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Rituximab (Riximyo) - *continued*

Initial application — Post-transplant

Applications from any relevant practitioner. Approvals valid for 12 months.

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.

Renewal — Post-transplant

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

Applications from any relevant practitioner. Approvals valid for 9 months.

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.

Initial application — refractory myasthenia gravis*

Applications from any relevant practitioner. Approvals valid for 2 years.

Prerequisites(tick boxes where appropriate)

- ☐ Cumulative dose up to 1,500 mg/m² body surface area up to 2,000 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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Rituximab (Riximyo) - *continued*

Renewal — refractory myasthenia gravis*

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

Applications from any relevant practitioner. Approvals valid for 2 years.

Prerequisites(tick boxes where appropriate)

- ☐ Cumulative dose up to 1,500 mg/m² body surface area up to 2,000 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.

Initial application — Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)

Applications from any relevant practitioner. Approvals valid for 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/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with * are unapproved indications.

Renewal — Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)

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

Applications from any relevant practitioner. Approvals valid for 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/m² of body surface area per week for a total of 4 weeks

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Rituximab (Riximyo) - *continued*

Initial application — Steroid resistant nephrotic syndrome (SRNS)

Applications from any relevant practitioner. Approvals valid for 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/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with * are unapproved indications.

Renewal — Steroid resistant nephrotic syndrome (SRNS)

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

Applications only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 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/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with * are unapproved indications.

Initial application — aggressive CD20 positive NHL

Applications from any relevant practitioner. Approvals valid for 12 months.

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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Rituximab (Riximyo) - *continued*

Renewal — aggressive CD20 positive NHL

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

Applications from any relevant practitioner. Approvals valid for 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 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

Initial application — haemophilia with inhibitors

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

Prerequisites(tick boxes where appropriate)

- ☐ 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

Renewal — haemophilia with inhibitors

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

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

Prerequisites(tick boxes where appropriate)

- ☐ 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

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Rituximab (Riximyo) - *continued*

Initial application — immune thrombocytopenic purpura (ITP)

Applications only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 8 weeks.

Prerequisites(tick boxes where appropriate)

- ☐ 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

Note: Indications marked with * are unapproved indications.

Renewal — immune thrombocytopenic purpura (ITP)

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

Applications only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 8 weeks.

Prerequisites(tick boxes where appropriate)

- ☐ 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.

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Rituximab (Riximyo) - *continued*

Initial application — indolent, low-grade lymphomas or hairy cell leukaemia*

Applications from any relevant practitioner. Approvals valid for 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.

Renewal — indolent, low-grade lymphomas or hairy cell leukaemia*

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

Applications from any relevant practitioner. Approvals valid for 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.

Initial application — pure red cell aplasia (PRCA)

Applications only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 weeks.

Prerequisites(tick box where appropriate)

☐ Patient has autoimmune pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder

Note: Indications marked with * are unapproved indications.

Renewal — pure red cell aplasia (PRCA)

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

Applications only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 weeks.

Prerequisites(tick box where appropriate)

☐ 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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Rituximab (Riximyo) - *continued*

Initial application — severe cold haemagglutinin disease (CHAD)

Applications only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 8 weeks.

Prerequisites(tick boxes where appropriate)

- ☐ 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.

Renewal — severe cold haemagglutinin disease (CHAD)

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

Applications only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 8 weeks.

Prerequisites(tick boxes where appropriate)

- ☐ 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.

Initial application — thrombotic thrombocytopenic purpura (TTP)*

Applications only from a haematologist or any relevant practitioner on the recommendation of a haematologist. Approvals valid without further renewal unless notified.

Prerequisites(tick boxes where appropriate)

- ☐ The total rituximab dose per cycle would not exceed the equivalent of 375 mg/m² 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.

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Rituximab (Riximyo) - *continued*

Initial application — treatment refractory systemic lupus erythematosus (SLE)*

Applications only from a rheumatologist, nephrologist or any relevant practitioner on the recommendation of a rheumatologist or nephrologist. Approvals valid without further renewal unless notified.

Prerequisites(tick boxes where appropriate)

- ☐ 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.

Initial application — warm autoimmune haemolytic anaemia (warm AIHA)

Applications only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 8 weeks.

Prerequisites(tick boxes where appropriate)

- ☐ 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.

Renewal — warm autoimmune haemolytic anaemia (warm AIHA)

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

Applications only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 8 weeks.

Prerequisites(tick boxes where appropriate)

- ☐ 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.

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Rituximab (Riximyo) - continued

Initial application — antisynthetase syndrome

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

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 1000mg infusions every 6 months

Initial application — graft versus host disease

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

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

Initial application — chronic inflammatory demyelinating polyneuropathy (CIPD)*

Applications only from a neurologist or any relevant practitioner on the recommendation of a neurologist. Approvals valid without further renewal unless notified.

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) 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/m² 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.

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

Signed: Date:

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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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Rituximab (Riximyo) - *continued*

Initial application — anti-NMDA receptor autoimmune encephalitis*

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

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
- ²
- 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.

Initial application — CD20+ low grade or follicular B-cell NHL

Applications from any relevant practitioner. Approvals valid for 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

Renewal — CD20+ low grade or follicular B-cell NHL

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

Applications from any relevant practitioner. Approvals valid for 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)

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Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

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Fax Number: Fax Number:

Rituximab (Riximyo) - continued

Initial application — Membranous nephropathy

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

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 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 375 mg/m² 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.

Initial application — B-cell acute lymphoblastic leukaemia/lymphoma*

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 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.

Initial application — desensitisation prior to transplant

Applications from any relevant practitioner. Approvals valid for 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.

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Rituximab (Riximyo) - *continued*

Initial application — pemphigus*

Applications only from a dermatologist or relevant specialist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- ☐ 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.

Renewal — pemphigus*

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

Applications only from a dermatologist or relevant specialist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- ☐ 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.

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Rituximab (Riximyo) - *continued*

Initial application — immunoglobulin G4-related disease (IgG4-RD*)

Applications from any relevant practitioner. Approvals valid for 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.

Renewal — immunoglobulin G4-related disease (IgG4-RD*)

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

Applications from any relevant practitioner. Approvals valid for 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.

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