

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Rituximab (Mabthera)

Initial application — arthritis - rheumatoid - TNF inhibitors contraindicated

Applications from any relevant practitioner. Approvals valid for 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 3 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 ciclosporin, 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

Initial application — arthritis - rheumatoid - prior TNF inhibitor use

Applications from any relevant practitioner. Approvals valid for 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

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

Signed: Date:

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Rituximab (Mabthera) - *continued*

Renewal — arthritis - rheumatoid - re-treatment for people who have experienced a partial response to rituximab

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

Applications from any relevant practitioner. Approvals valid for 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

Renewal — arthritis - rheumatoid - re-treatment for people who experience a response to rituximab

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

Applications from any relevant practitioner. Approvals valid for 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 the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

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