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| **Request for NCG funding for Rituximab or similar drugs for Neuromyelitis optica and NMO spectrum disorders** | | | | | |
| 1 | Name and contact information and email of Consultant applying for funding |  | | | |
| 2 | Initials of patient, DOB, gender and NHS number |  | | | |
| 3. | Name of GP, Practice Address with Post Code |  | | | |
| 4. | Diagnosis (delete non applicable ones) | NMO (optic neuritis + Long myelitis)  Relapsing TM  Relapsing ON  Brain stem lesion  Other (explain): | | | AQP4 Antibody is |
| Present /Absent |
| 5. | Brief clinical Summary with dates (first episode, relapses, imaging and CSF results)  Attach clinic letter/discharge summary if appropriate | Date | Event | Treatment History: Acute and preventative with approximate dates of starting and stopping and reason why stopped | |
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| 6 |  | CSF Results and date | | MRI Results and date |
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| 7 | Reason for Rituximab/drug |  | | |
| Guidance Notes :  Rituximab may be an effective drug in preventing relapse in some cases of NMO. It’s not proven to be superior to other drugs. That and the high costs prevent its universal first line usage in NMO.  Currently NCG can fund up to 12 patients a year (4 infusions of 1 g each ie day 1 and day 14 , repeated at 6 months). If effective, it is the responsibility of the treating physician to apply to local PCT/funding body for continued funding. The most appropriate usage would be in patients who have failed a first line drug (ie relapse while on Prednisolone 20mg alternate days + therapeutic dose of Azathioprine (2-3mg/kg) or MMF (1—1.5g bd) or MTX 15-20mg/week) for more than 4 months . | | | | |
| Suggestions and comments welcomed : [anu.jacob@thewaltoncentre.nhs.uk](mailto:anu.jacob@thewaltoncentre.nhs.uk)  Return form by email as above or fax /post to 0151529 2027, FAO Jenny Hatton, NMO Service Coordinator, The Walton Centre for Neurology and Neurosurgery , Liverpool, L97LJ | | | | |