

Origination Date: 2/08	Revision Date(s): 3/09, 3/11
Developed By: Medical Criteria Committee	

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Approved: **Robert Neal Mills**

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ODS Rx ^{1.0} <input type="checkbox"/>	ODS Rx ^{2.0} <input checked="" type="checkbox"/>	OEBB <input checked="" type="checkbox"/>	OHP <input type="checkbox"/>
NON-SPECIALTY <input type="checkbox"/>	SPECIALTY <input checked="" type="checkbox"/>		
PA <input checked="" type="checkbox"/>	QLL <input type="checkbox"/>	STEP THERAPY <input type="checkbox"/>	

Rituximab (Rituxan®)

PRODUCT AVAILABILITY:

Rituximab (Rituxan®):

- 10 mg/mL in a 10 mL vial (100 mg)
- 10 mg/mL in a 50 mL vial (500 mg)

INDICATIONS:

NHL:

- For the treatment of patients with relapsed or refractory, low-grade or follicular, CD20-positive, B-cell non-Hodgkin's lymphoma (NHL); for the first-line treatment of follicular, CD20-positive, B-cell NHL in combination with cyclophosphamide, vincristine, and prednisone chemotherapy; for the treatment of low-grade, CD20-positive, B-cell NHL in patients with stable disease or who achieve a partial or complete response following first-line treatment with cyclophosphamide, vincristine, and prednisone chemotherapy; for the first-line treatment of diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, and prednisone, or other anthracycline-based chemotherapy regimens.

Rheumatoid arthritis (RA):

- In combination with methotrexate to reduce signs and symptoms in adult patients with moderately to severely active RA who have had an inadequate response to 1 or more tumor necrosis factor (TNF) antagonist therapies.

GUIDELINES FOR USE:

1) Is the drug prescribed by a rheumatologist?

a) If yes, go to #2

b) If no, forward to clinical for review

2) Is Rituxan being co-prescribed with methotrexate?

a) If yes and initial therapy, go to #3

b) If yes and requesting re-treatment, go to #5

c) If no, forward to clinical for review (Note: Rituxan must be administered in combination with methotrexate for RA.)

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3) Is the patient being treated for moderately- to severely-active rheumatoid arthritis with documented evidence of at least four of the following for at least 6 weeks duration:

- i) Prolonged morning stiffness in the joints (≥ 45 minutes duration)**
 - ii) Arthritis of 3 or more joint areas: wrist, elbow, knee, subtalar, MTP or hands (MCP or PIP)**
 - iii) Arthritis of hand joints**
 - iv) Symmetric arthritis**
 - v) Rheumatoid nodules under the skin**
 - vi) Elevated levels of serum rheumatoid factor**
 - vii) Radiographic changes in the joints**
- a) If yes, go to #4**
b) If no, forward to clinical for review

4) Has the patient failed optimal dosing/adequate duration or does the patient have intolerance/ contraindication to at least one tumor necrosis factor antagonist?

- a) If yes, approve for one month (one course of two-1000 mg IV infusions of Rituxan)**
- b) If no, forward to clinical for review**

5) All retreatment requests will be forward to clinical for review and forwarded to plan for review. Safety and efficacy of retreatment have not been established in controlled trials.

Special Instructions

Clinical Information:

Other FDA approved indications for Rituxan:

First-line treatment of diffuse large B-cell, CD20-positive, non-Hodgkin's lymphoma in combination with CHOP or other anthracycline-based chemotherapy regimens
Treatment of patients with relapsed or refractory, low-grade or follicular, 20-positive, B-cell, non-Hodgkin's lymphoma.

Dosing for RA:

Rituxan is dosed as two-1000 mg infusions, separated by two weeks.
Initial infusion should be administered IV at an initial rate of 50 mg/hr and may be escalated in 50 mg/hr increments every 30 minutes to a max of 400 mg/hr. The infusion may be temporarily slowed or interrupted in a hypersensitivity or infusion reaction occurs. Upon improvement of symptoms, the infusion may continue at ½ the previous rate.

Subsequent infusions can be administered at an initial rate of 100 mg/hr (if initial rate was tolerated) and increased by 100 mg/hr increments at 30-minute intervals to a max of 400 mg/hr.

Rituxan for RA must be administered in combination with methotrexate.

Administration of methylprednisolone 100 mg IV or an equivalent glucocorticoid 30 minutes prior to each infusion reduces infusion reactions.

In trials, pts also received APAP and antihistamines prior to Rituxan infusions.

Safety and efficacy of retreatment have not been established in controlled trials. A

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limited number of patients have received two to five courses in an uncontrolled setting. In trials of patients with RA, retreatment averaged 24 weeks with a second course being no sooner than 16 weeks.

Most patients in trials failed 2.5 DMARDS and 1.5 TNF antagonists before trial of Rituxan.

Adverse Events Seen in Trials:

Acute infusion reactions (27% vs. 19% placebo) – fever, chills, pruritus, rigors, rash, angioedema, throat irritation, w/ or w/o hypertension or hypotension

Serious acute infusion reactions were <1% in either group (Rituxan or placebo)

Pregnancy Category: C

Boxed Warnings:

Fatal Infusion Reactions – Deaths have occurred within 24 hours of the first dose of Rituxan after a complex of reactions including hypoxia, acute respiratory distress syndrome, MI, or cardiogenic shock. Patients who develop severe infusion reactions should have Rituxan infusion discontinued and receive medical treatment.

Tumor Lysis Syndrome (TLS) – Acute renal failure requiring dialysis with instances of fatal outcome has been reported in TLS following treatment of non-Hodgkin's lymphoma.

Severe Mucocutaneous Reactions – Some mucocutaneous reactions have been fatal.

Other Warnings:

Hepatitis B Reactivation with fulminant Hepatitis and infections have occurred in patients receiving Rituxan.

Cardiac events and immunogenicity also occurred