

BLUE CROSS/FIRST PRIORITY HEALTH UTILIZATION MANAGEMENT CRITERIA	MANUAL: PHARMACY UTILIZATION MANAGEMENT CRITERIA
[] PROPOSED [X] FINAL	REFERENCE NO.: UMC-530-0056
	SECTION: PHARMACY MANAGEMENT DEPARTMENT
	SUBJECT: RITUXAN CRITERIA
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Prior Authorization Criteria for the Use of Rituxan (rituximab)

Rituxan is an anti-CD20 monoclonal antibody approved for use concurrently with methotrexate to treat moderate to severe Rheumatoid Arthritis in patients who have had an inadequate response to one or more tumor necrosis factor (TNF) inhibitors. Rituxan selectively depletes CD20+ B cells which apparently play a role in the autoimmune response and in the chronic synovitis associated with rheumatoid arthritis. Rituxan has already been available and approved for the treatment of B-cell non-Hodgkin's lymphoma.

For the treatment of rheumatoid arthritis, Rituxan is given as two 1 gm IV infusions, 2 weeks apart. A glucocorticoid such as methylprednisolone, 100 mg or its equivalent, should be given 30 minutes before each infusion to reduce the incidence and severity of reactions.

Criteria for Approval of Rituxan for RA

- ❖ Prescribed by a rheumatologist
- ❖ Documented presence of moderate to severe rheumatoid arthritis
- ❖ Documented trial and failure to one or more TNF inhibitors (etanercept—Enbrel, infliximab---Remicade, adalimumab---Humira)
- ❖ Must be given in conjunction with Methotrexate (MTX)
- ❖ Safety and efficacy of retreatment have not been established in controlled trials. A limited number of patients have received up to three courses (two infusions per course) of treatment in an uncontrolled setting. In clinical trials in patients with RA, most of the patients who received additional courses did so 24 weeks after the previous course, and none were retreated sooner than 16 weeks.