

## Specialty Pharmacy Program

### Rituxan® (rituximab)

#### DESCRIPTION

Rituxan, in combination with methotrexate, is indicated for the treatment of rheumatoid arthritis (RA) in adult patients with moderately-to-severely active RA who have inadequate response to one or more tumor necrosis factor (TNF) antagonist therapies. Rituxan is also indicated for the treatment of non-Hodgkin's lymphoma (NHL).

#### APPROVAL DURATION

Approval duration: 1 year; unless state regulations require otherwise.

#### APPROVAL CRITERIA

Requests for Rituxan may be approved for the following:

- I. Diagnosis of Rheumatoid Arthritis (adult) – patient must meet all of the following:
  - A. Patient is 18 years of age or older AND
  - B. Patient has a diagnosis of moderately to severely active rheumatoid arthritis AND
  - C. Patient is currently taking methotrexate AND
  - D. Patient has had an inadequate response to at least 2 tumor necrosis factor blockers, or such therapy is contraindicated or not tolerated:
    1. Cimzia (certolizumab pegol)
    2. Enbrel (etanercept)
    3. Humira (adalimumab)
    4. Remicade (infliximab)
    5. Simponi (golimumab)
- II. Diagnosis of CD20-positive, B-cell non-Hodgkin's lymphoma
  - A. Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell non-Hodgkin's lymphoma OR
  - B. Diffuse large B-cell, CD20-positive, non-Hodgkin's lymphoma in combination with CHOP (cyclophosphamide, adriamycin, vincristine and prednisone) or other anthracycline-based chemotherapy regimens.
- III. Medically accepted off-label uses:
  - A. Relapsed/refractory chronic lymphocytic leukemia (CLL) OR
  - B. Relapsed/refractory Waldenstrom's macroglobulinemia OR
  - C. Immune or idiopathic thrombocytopenic purpura