

Rituxan®

To Initiate a Coverage Review, call 1 800 753-2851

Covered Medication
<ul style="list-style-type: none"> ➤ Rituximab (<i>Rituxan</i>)
What it does and how it's used
<ul style="list-style-type: none"> ➤ Non-Hodgkin's lymphoma (NHL) is the fifth most common cancer in the United States. Approximately 54,000 people will be diagnosed with non-Hodgkin's lymphoma in 2006. ➤ NHL is a cancer that originates in the lymphatic tissue. The lymphatic system is an essential component of the immune system dedicated to fighting infections. Lymphatic tissue makes and stores lymphocytes, the white blood cells responsible for immunity and defense against infections and other foreign invaders. ➤ The main cell type found in lymphatic tissue is the lymphocyte. The two main types of lymphocytes are B lymphocytes (B cells) and T lymphocytes (T cells). B cells normally help protect the body against bacteria and viruses by producing proteins called antibodies. The antibodies attach to the bacteria and viruses and attract other immune system cells, as well as other kinds of white blood cells that surround and digest the antibody-coated invaders. ➤ Normal B and T cells are recognized by the body through specific identifying substances on their surfaces. Certain substances are found only on B cells and others only on T cells. In NHL, infected B cells develop a protein known as the CD-20 antigen on their surfaces. ➤ Rituximab works by binding to this specific protein (the CD-20 antigen) on the surface of B cells. Rituximab elicits the body to attack and kill these marked B cells. This in turn allows healthy B cells that do not have the CD-20 antigen to develop and reproduce successfully. ➤ The recommended dose of rituximab for patients with NHL is 375 mg/m² IV infusion once weekly for 4 to 8 weeks. ➤ Rheumatoid arthritis (RA) is characterized by painful inflammation of the synovial tissue lining the joints. Patients with RA are found to have elevated levels of TNF-α (Tumor Necrosis Factor-alpha) in the joints. Chronic joint inflammation eventually leads to tissue destruction, cellular damage to the bone along with edema (swelling), warmth, redness, joint stiffness and pain. Patients with RA may also experience fatigue, weakness, low-grade fever, and loss of appetite. Use of a TNF-inhibiting drug such as <i>Remicade</i>®, <i>Enbrel</i>®, or <i>Humira</i>® should be considered first-line treatment before using rituximab; however, patients who become intolerant or unresponsive to these agents may benefit from rituximab therapy. Rituximab in combination with methotrexate is indicated for reducing the signs and symptoms in adult patients with moderate to severe RA who have an inadequate response to one or more TNF antagonist therapies. ➤ The recommended dose of rituximab for patients with RA is two 1000-mg IV infusions separated by 2 weeks.
Rationale for prior authorization
To reduce costs associated with the use of rituximab for treatment of conditions other than NHL or for the treatment of moderate to severe rheumatoid arthritis in situations where use of a TNF inhibiting drug (i.e., <i>Remicade</i> , <i>Enbrel</i> , or <i>Humira</i>) is warranted.
Benefit design
Coverage is determined through prior authorization for every claim.
Prior authorization criteria
Coverage for <i>Rituxan</i> is provided in accord with the following: <ul style="list-style-type: none"> 1. For use as monotherapy or in combination for the treatment of non-Hodgkin's lymphomas (NHLs) OR 2. For use in combination with methotrexate for the treatment of moderate to severe rheumatoid arthritis in patients 18 years of age or older who have had an inadequate response to at least one TNF inhibitor or have been intolerant to treatment with ALL TNF-inhibiting drugs (i.e., <i>Remicade</i>, <i>Enbrel</i>, <i>Humira</i>). 3. Coverage is not provided for use of <i>Rituxan</i> in combination with a TNF-inhibiting drug (i.e., <i>Remicade</i>, <i>Enbrel</i>, <i>Humira</i>) or <i>Orencia</i>®. <p>Coverage duration: NHLs – 6 months. Coverage may be renewed for an additional 6 months for retreatment of NHLs. RA - 1 month. Coverage is renewed after at least 6 months have passed from the last course of treatment in situations where retreatment is necessary to control symptoms.</p>

Reference

Product Information: *Rituxan* (Rituximab)—Genentech, Inc., February 2006

National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Non-Hodgkin's Lymphoma. Version 2. Available at: http://www.nccn.org/patients/patient_gls/_english/_non_hodgkins/1_introduction.asp
Accessed last on August 2006.