### RITUXAN (rituximab)

**Plan Limitations:**
- Applies to all Blue Shield of California Medicare Part D plans

**Diagnoses Considered for Coverage:**
- All FDA-approved indications not otherwise excluded from Part D
- Autoimmune Hemolytic Anemia (AIHA)
- Idiopathic Thrombocytopenic Purpura (ITP)
- Primary Central Nervous System Lymphoma

**Coverage Criteria:**

*** PA criteria apply to new-start therapy only***

*** Excluded from Part D if meets coverage criteria under Part B***

1) **Moderate to Severe Rheumatoid Arthritis (RA):**
   - Dose does not exceed FDA label maximum or compendia guidelines, AND
   - Diagnosed by a Rheumatologist, AND
   - Inadequate response or intolerance to one DMARD (auranofin, azathioprine, cyclosporine, hydroxychloroquine, leflunomide, methotrexate, d-penicillamine, sulfasalazine), AND
   - Inadequate response or intolerance to a TNF antagonist

2) **Chronic Lymphocytic Leukemia (CLL):**
   - Dose does not exceed FDA label maximum or compendia guidelines, AND
   - Rituxan is being used alone or in combination with other agents for treatment of CLL

3) **Idiopathic Thrombocytopenic Purpura (ITP):**
   - Dose does not exceed FDA label maximum or compendia guidelines, AND
   - Patient has chronic, refractory ITP, AND
   - Platelet count is less than 30,000/mcl, AND
   - Refractory to or has an intolerance or contraindication to two of the following treatments: corticosteroids, IVIG, anti-D antibody, or splenectomy.

4) **Primary Central Nervous System Lymphoma:**
   - Dose does not exceed FDA label maximum or compendia guidelines, AND
   - Being used as first-line therapy with methotrexate, OR
   - Disease has relapsed, progressed or is refractory following prior systemic anticancer therapy or radiation therapy.

5) **Autoimmune Hemolytic Anemia (AIHA):**
   - Dose does not exceed 375mg/m² weekly for up to 4 weeks (considered one course).
Coverage Duration:
- NHL maintenance: 1 year
- All other diagnoses: 6 months

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