

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To provide prior authorization criteria for Rituxan as it applies to Rheumatoid Arthritis treatment

STATEMENT OF THE POLICY

Health Alliance will cover Rituxan as it applies to Rheumatoid Arthritis for new starts only if the below criteria are met:

PROCEDURES

1. Inclusion Criteria

- 1.1 Prescribed by a rheumatologist, oncologist
- 1.2 Approval for six months at a time
- 1.3 Prior TB screening

2. Exclusion Criteria

- 2.1 Patients with clinically important infections (e.g. Cellulitis, pneumonia, abscesses, sepsis, bronchitis, gastroenteritis, aseptic meningitis, Legionnaire's, osteomyelitis)
- 2.2 Patients receiving other immunosuppressive agents
- 2.3 Patients with Congestive Heart Failure, or COPD