Drug Class Prior Authorization Criteria

Rheumatic and Inflammatory Diseases

Line of Business: Medicaid
P & T Approval Date: August 5, 2022 **Effective Date:** September 2, 2022

These criteria have been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutics Subcommittee.

Drugs Requiring Prior Authorization Review: Rituxan (rituximab)

CRITERIA:

RITUXAN (RITUXIMAB)

Covered Uses:	Rheumatoid arthritis
Exclusion Criteria:	N/A
Required Medical Information:	Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: azathioprine, cyclosporine, hydroxychloroquine, leflunomide, methotrexate, OR sulfasalazine b. Failure or clinically significant adverse effects to “1” of the following: **Enbrel** or **Humira**
Age Restrictions:	N/A
Prescriber Restrictions:	Dermatologist, Rheumatologist
Other Criteria:	Reauthorization Criteria: Must meet all of the following requirements: a. Documentation of meeting therapeutic goal (e.g., disease stability, improvement in daily activities and/or reduction in frequency of disease attacks) b. Requested dosage and administration are consistent with the FDA recommendations

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Change Control		
Date	**Change**	**Author**
06/23/2022	• Retired PA criteria for Medi-Cal Rx Benefits o **Enbrel** (etanercept) o **Humira** (adalimumab) o **Otezla** (apremilast)	VM
07/15/2021	• Relocated **Rituxan** (rituximab) PA criteria for RA indication from the PA table	SV
08/28/2020	• Renew with no changes	RR
08/21/2019	• Added an indication table on page 1 for overview purpose • Retired PA criteria for non-preferred agents: o **Actemra, Cimzia, Cosentyx, Entyvio, Kevzara, Kineret, Orencia, Renflexis, Simponi, Simponi Aria, Stelara, Taltz, Tremfya, Tysabri, Xeljanz** • Retired PA criteria for low volume utilization o **Humira**: NIU (non-infectious uveitis) criteria retired • Created PA criteria for high PA volume indication: o **Humira**: HS (hidradenitis suppurativa) criteria added	SV
05/15/2019	• Revise **Xeljanz** criteria: remove trial and failure requirement through Humira, Simponi and Renflexis per new updated 2019 ACG guidelines	ND
08/17/2018	• Post P&T changes: Remove **Inflectra** and **Remicade** from document; **Renflexis** is the preferred infliximab agent	HC
08/06/2018	• Added double lines to all drug names for consistency	IK
07/15/2018	• Added new FDA indication of plaque psoriasis to **Cimzia** • Added new FDA indication of ulcerative colitis to **Xeljanz** • **Remicade**: Documented intolerance or contraindication to an inactive ingredient in **Renflexis** and **Inflectra** • **Inflectra**: Documented intolerance or contraindication to an inactive ingredient in **Renflexis** • Remove **Ilaris** criteria due to rare indications	HC
07/11/2018	• Reformatted document	IK