

Medical Policy Manual **Draft Revision Policy: Do Not Implement**

Rituximab Products (Rituxan®, Rituximab-abbs [Truxima®], Rituximab-arrx [Riabni™] and Rituximab-pvvr [Ruxience®]), ~~Rituximab-cdxx [Zimrixby™]~~

Treatment of Rheumatoid Arthritis and Other Conditions (Non-Oncology Indications)

Some agents on this policy may require step therapy See “Step Therapy Requirements for Provider Administered Specialty Medications” Document at:

https://www.bcbst.com/docs/providers/Comm_BC_PAD_Step_Therapy_Guide.pdf

IMPORTANT REMINDER

We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the medical policy and a health plan or government program (e.g., TennCare), the express terms of the health plan or government program will govern.

**The proposal is to add text/statements in red and to delete text/statements with strikethrough:
POLICY**

INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Rituxan, Riabni, Ruxience, Truxima, and Zimrixby are indicated for:

- Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult and pediatric patients 2 years of age and older* in combination with glucocorticoids (*pediatric indication applies to Rituxan only).
- Rheumatoid Arthritis (RA) in combination with methotrexate in adult patients with moderately-to severely-active RA who have inadequate response to one or more TNF antagonist therapies.
- Non-Hodgkin's lymphoma (NHL):
(Not addressed in this policy – Refer to Rituxan - ~~Riabni~~ - Ruxience-Truxima-~~Riabni~~ **Zimrixby** Oncology Medical Policy)
- Chronic lymphocytic leukemia (CLL):
(Not addressed in this policy – Refer to Rituxan - ~~Riabni~~ - Ruxience-Truxima-~~Riabni~~ **Zimrixby** Oncology Medical Policy)

Rituxan, Riabni, Ruxience, and Truxima are also indicated for:

- Moderate to severe pemphigus vulgaris in adult patients.

Rituxan is also indicated for:

- Mature B-cell acute leukemia (B-AL):
(Not addressed in this policy - Refer to Rituxan - ~~Riabni~~ - Ruxience-Truxima-~~Riabni~~ **Zimrixby** Oncology Medical Policy)

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Compendial Uses

- Sjögren's syndrome
- Multiple sclerosis, relapsing-remitting
- Neuromyelitis optica (i.e., neuromyelitis optica spectrum disorder, NMOSD, Devic disease)
- Autoimmune blistering disease
- Cryoglobulinemia
- Solid organ transplant
- Opsoclonus-myoclonus ataxia
- Systemic lupus erythematosus (SLE)
- Myasthenia gravis ~~refractory~~
- Membranous nephropathy
- **Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis (AAV)**
- ~~Eosinophilic granulomatosis with polyangiitis (EGPA)~~
- Susac syndrome
- **Nephrotic syndrome**
- **Systemic sclerosis**
- For other compendial uses, refer to Rituxan-Riabni-Ruxience-Truxima-**Zimrixby** Oncology Medical Policy.

All other indications are considered experimental/investigational and not medically necessary.

DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

Rheumatoid arthritis (RA)

Initial requests

- Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
- Laboratory results, chart notes, or medical record documentation of biomarker testing (i.e., rheumatoid factor [RF], anti-cyclic citrullinated peptide [anti-CCP], and C-reactive protein [CRP] and/or erythrocyte sedimentation rate [ESR]) (if applicable).

Continuation requests

Chart notes or medical record documentation supporting positive clinical response.

Sjögren's syndrome, cryoglobulinemia, opsoclonus-myoclonus-ataxia, and systemic lupus erythematosus (initial requests only)

Chart notes, medical record documentation, or claims history supporting previous medications tried, including response to therapy.

PRESCRIBER SPECIALITIES

This medication must be prescribed by or in consultation with one of the following:

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- RA, ~~GPA (Wegener's granulomatosis), MPA, EGPA, pauci-immune glomerulonephritis, SLE:~~ rheumatologist, immunologist, nephrologist
- Sjogren's syndrome: rheumatologist, ophthalmologist, immunologist
- Multiple sclerosis, NMOSD, myasthenia gravis, opsoclonus-myoclonus-ataxia, Susac syndrome: neurologist, immunologist, rheumatologist
- Autoimmune blistering disease: dermatologist, immunologist
- Cryoglobulinemia: hematologist, rheumatologist, neurologist, nephrologist
- Solid organ transplant: immunologist, transplant specialist
- Membranous nephropathy, **nephrotic syndrome**: nephrologist, rheumatologist
- **Systemic sclerosis**: rheumatologist, immunologist, dermatologist, pulmonologist
- **AAV**: rheumatologist, immunologist, nephrologist, pulmonologist, or a prescriber specializing in AAV

EXCLUSIONS

- Member will not receive Rituxan, **Riabni**, Ruxience, Truxima, or **Zimrixby Riabni** with any other biologic drug or targeted synthetic drug for RA.
- Member will not receive Rituxan, **Riabni**, Ruxience, Truxima, or **Zimrixby Riabni** with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).
- Member will not use Rituxan, **Riabni**, Ruxience, Truxima, or **Zimrixby Riabni** concomitantly with other biologics for the treatment of neuromyelitis optica.

COVERAGE CRITERIA

Rheumatoid arthritis (RA)

Authorization of 12 months may be granted for adults who have previously received a biologic or targeted synthetic drug (e.g., Rinvoq, Xeljanz) indicated for the treatment of moderately to severely active rheumatoid arthritis. The requested medication must be prescribed in combination with methotrexate (MTX) or leflunomide unless the member has a clinical reason not to use methotrexate or leflunomide (see Appendix).

Authorization of 12 months may be granted for treatment of adults with moderately to severely active RA when all of the following criteria are met:

- The member meets either of the following criteria:
 - The member has been tested for either of the following biomarkers and the test was positive:
 - Rheumatoid factor (RF)
 - Anti-cyclic citrullinated peptide (anti-CCP)
 - The member has been tested for all of the following biomarkers:
 - RF
 - Anti-CCP
 - C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR)
- The member is prescribed the requested medication in combination with methotrexate or leflunomide or has a clinical reason not to use methotrexate or leflunomide (see Appendix).
- The member meets either of the following criteria:
 - The member has experienced an inadequate response to at least a 3-month trial of MTX despite adequate dosing (i.e., titrated to at least 15 mg/week)
 - The member had an intolerable adverse effect or contraindication to MTX (see Appendix), and an inadequate response to another conventional drug (e.g., hydroxychloroquine, leflunomide, sulfasalazine).



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Antineutrophil cytoplasmic antibody (ANCA)–associated vasculitis (AAV)

~~Granulomatosis with polyangiitis (GPA) (Wegener's granulomatosis), microscopic polyangiitis (MPA), eosinophilic granulomatosis with polyangiitis (EGPA), and pauci-immune glomerulonephritis~~

Authorization of 12 months may be granted for treatment of antineutrophil cytoplasmic antibody (ANCA)–associated vasculitis (AAV) (e.g. granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA), eosinophilic granulomatosis with polyangiitis (EGPA), and ~~or~~ pauci-immune glomerulonephritis).

Sjögren's syndrome

Authorization of 12 months may be granted for treatment of Sjögren's syndrome when corticosteroids and other immunosuppressive agents were ineffective.

Multiple sclerosis

Authorization of 12 months may be granted for treatment of relapsing-remitting multiple sclerosis (RRMS).

Neuromyelitis optica (i.e., neuromyelitis optica spectrum disorder [NMOSD], Devic disease)

Authorization of 12 months may be granted for treatment of neuromyelitis optica (i.e., neuromyelitis optica spectrum disorder [NMOSD], Devic disease).

Autoimmune blistering disease

Authorization of 12 months may be granted for treatment of autoimmune blistering disease (e.g., pemphigus vulgaris, pemphigus foliaceus, bullous pemphigoid, cicatricial pemphigoid, epidermolysis bullosa acquisita and paraneoplastic pemphigus).

Cryoglobulinemia

Authorization of 12 months may be granted for treatment of cryoglobulinemia when corticosteroids and other immunosuppressive agents were ineffective.

Solid organ transplant

Authorization of 3 months may be granted for treatment of solid organ transplant and prevention of antibody-mediated rejection in solid organ transplant.

Opsoclonus-myoclonus-ataxia

Authorization of 12 months may be granted for treatment of opsoclonus-myoclonus-ataxia associated with neuroblastoma when the member is refractory to steroids and chemotherapy.

Systemic lupus erythematosus

Authorization of 12 months may be granted for the treatment of systemic lupus erythematosus that is refractory to immunosuppressive therapy.

Myasthenia gravis

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Authorization of 12 months may be granted for treatment of ~~refractory~~ myasthenia gravis.

Membranous nephropathy

Authorization of 12 months may be granted for treatment of membranous nephropathy when the member is at moderate to high risk for disease progression.

Susac syndrome

Authorization of 12 months may be granted for treatment of Susac Syndrome.

Nephrotic syndrome

Authorization of 12 months may be granted for treatment of nephrotic syndrome (e.g., minimal change disease) that is refractory to standard therapy (e.g., corticosteroids, immunosuppressants) or if there is a clinical reason to avoid standard therapy.

Systemic sclerosis

Authorization of 12 months may be granted for adults for the treatment of skin fibrosis or interstitial lung disease with systemic sclerosis.

CONTINUATION OF THERAPY

Rheumatoid arthritis

Authorization of 12 months may be granted for continued treatment in all adult members (including new members) who are using the requested medication for moderately to severely active rheumatoid arthritis and who achieve or maintain a positive clinical response after at least two doses of therapy with Rituxan, ~~Riabni~~, Ruxience, Truxima, or ~~Zimrixby Riabni~~ as evidenced by disease activity improvement of at least 20% from baseline in tender joint count, swollen joint count, pain, or disability.

Multiple Sclerosis

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for relapsing-remitting multiple sclerosis who are experiencing disease stability or improvement while receiving Rituxan, ~~Riabni~~, Ruxience, Truxima, or ~~Zimrixby Riabni~~.

Other indications

Authorization of 12 months may be granted for continued treatment in all members (including new members) requesting reauthorization who are receiving benefit from therapy.

APPENDIX

Examples of clinical reasons to avoid pharmacologic treatment with methotrexate or leflunomide

- Clinical diagnosis of alcohol use disorder, alcoholic liver disease or other chronic liver disease
- Drug interaction



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- Risk of treatment-related toxicity
- Pregnancy or currently planning pregnancy
- Breastfeeding
- Significant comorbidity prohibits use of systemic agents (e.g., liver or kidney disease, blood dyscrasias, uncontrolled hypertension)
- Hypersensitivity
- History of intolerance or adverse event

MEDICATION QUANTITY LIMITS

Drug Name	Diagnosis	Maximum Dosing Regimen
Rituxan (Rituximab)	Cryoglobulinemia	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every weeks
Rituxan (Rituximab)	Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA)	Route of Administration: Intravenous <u>≥18 year(s)</u> 375mg/m ² every week for 4 weeks, followed by 500 mg every 2 weeks for 2 doses (start no sooner than 16 to 24 weeks after last induction dose), followed by 500 mg every 6 months based on clinical evaluation 1000mg every 2 weeks for 2 doses, followed by 1000 mg every 4 to 6 months <u>≥2 to <18 year(s)</u> 375mg/m ² every week for 4 weeks, followed by 250 mg/m ² every 2 weeks for 2 doses (start no sooner than 16 to 24 weeks after last induction dose), followed by 250 mg/m ² every 6 months based on clinical evaluation 750mg/m ² (max 1000 mg/dose) every 2 weeks for 2 doses, followed by 750 mg/m ² (max 1000 mg/dose) every 4 to 6 months
Rituxan (Rituximab)	Membranous Nephropathy	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Rituxan (Rituximab)	Multiple Sclerosis	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Rituxan (Rituximab)	Myasthenia Gravis	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week



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Rituxan (Rituximab)	Neuromyelitis Optica (i.e. Neuromyelitis Optica Spectrum Disorder, NMOSD, or Devic Disease)	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Rituxan (Rituximab)	Opsoclonus-Myoclonus Ataxia	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Rituxan (Rituximab)	Pemphigus Vulgaris (PV) and other Autoimmune Blistering Disease (e.g., Pemphigus Foliaceus, Bullous Pemphigoid, Cicatricial Pemphigoid, Epidermolysis Bullosa Acquisita and Paraneoplastic Pemphigus)	Route of Administration: Intravenous <u>≥18 year(s)</u> 375mg/m ² every week for 4 doses per treatment course; may repeat treatment after at least 6 months if necessary Initial: 1000mg every 2 weeks for 2 doses Maintenance: 500mg at month 12 and every 6 months thereafter 1000mg on relapse; subsequent infusions no sooner than 16 weeks following previous infusion
Rituxan (Rituximab)	Rheumatoid Arthritis	Route of Administration: Intravenous ≥18 year(s) 1000mg x 2 doses given 2 weeks apart (one course); Subsequent courses may be given every 24 weeks or based on clinical evaluation, but not sooner than every 16 weeks
Rituxan (Rituximab)	Sjögren's Syndrome	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Rituxan (Rituximab)	Solid Organ Transplant	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Rituxan (Rituximab)	Systemic Lupus Erythematosus	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every weeks
Truxima (Rituximab-abbs)	Cryoglobulinemia	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Truxima (Rituximab-abbs)	Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA)	Route of Administration: Intravenous ≥18 year(s) 375mg/m ² every week for 4 weeks, followed by 500 mg every 2 weeks for 2 doses (start no sooner than 16 to 24 weeks after last induction dose), followed by 500 mg every 6 months based on clinical evaluation 1000mg every 2 weeks for 2 doses, followed by 1000 mg every 4 to 6 months



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Truxima (Rituximab-abbs)	Membranous Nephropathy	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Truxima (Rituximab-abbs)	Multiple Sclerosis	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Truxima (Rituximab-abbs)	Myasthenia Gravis	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Truxima (Rituximab-abbs)	Neuromyelitis Optica (i.e. Neuromyelitis Optica Spectrum Disorder, NMOSD, or Devic Disease)	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Truxima (Rituximab-abbs)	Opsoclonus-Myoclonus Ataxia	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Truxima (Rituximab-abbs)	Pemphigus Vulgaris (PV) and other Autoimmune Blistering Disease (e.g., Pemphigus Foliaceus, Bullous Pemphigoid, Cicatricial Pemphigoid, Epidermolysis Bullosa Acquisita and Paraneoplastic Pemphigus)	Route of Administration: Intravenous ≥18 year(s) 375mg/m ² every week for 4 doses per treatment course; may repeat treatment after at least 6 months if necessary Initial: 1000mg every 2 weeks for 2 doses Maintenance: 500mg at month 12 and every 6 months thereafter 1000mg on relapse; subsequent infusions no sooner than 16 weeks following previous infusion
Truxima (Rituximab-abbs)	Rheumatoid Arthritis	Route of Administration: Intravenous ≥18 year(s) 1000mg x 2 doses given 2 weeks apart (one course); Subsequent courses may be given every 24 weeks or based on clinical evaluation, but not sooner than every 16 weeks
Truxima (Rituximab-abbs)	Sjögren's Syndrome	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Truxima (Rituximab-abbs)	Solid Organ Transplant	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Truxima (Rituximab-abbs)	Systemic Lupus Erythematosus	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Riabni (Rituximab-arrx)	Cryoglobulinemia	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week



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Riabni (Rituximab-arrx)	Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA)	Route of Administration: Intravenous ≥18 year(s) 375mg/m ² every week for 4 weeks, followed by 500 mg every 2 weeks for 2 doses (start no sooner than 16 to 24 weeks after last induction dose), followed by 500 mg every 6 months based on clinical evaluation 1000mg every 2 weeks for 2 doses, followed by 1000 mg every 4 to 6 months
Riabni (Rituximab-arrx)	Membranous Nephropathy	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Riabni (Rituximab-arrx)	Multiple Sclerosis	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Riabni (Rituximab-arrx)	Myasthenia Gravis	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Riabni (Rituximab-arrx)	Neuromyelitis Optica (i.e. Neuromyelitis Optica Spectrum Disorder, NMOSD, or Devic Disease)	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Riabni (Rituximab-arrx)	Opsoclonus-Myoclonus Ataxia	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Riabni (Rituximab-arrx)	Pemphigus Vulgaris (PV) and other Autoimmune Blistering Disease (e.g., Pemphigus Foliaceus, Bullous Pemphigoid, Cicatricial Pemphigoid, Epidermolysis Bullosa Acquisita and Paraneoplastic Pemphigus)	Route of Administration: Intravenous ≥18 year(s) 375mg/m ² every week for 4 doses per treatment course; may repeat treatment after at least 6 months if necessary Initial: 1000mg every 2 weeks for 2 doses Maintenance: 500mg at month 12 and every 6 months thereafter 1000mg on relapse; subsequent infusions no sooner than 16 weeks following previous infusion
Riabni (Rituximab-arrx)	Rheumatoid Arthritis	Route of Administration: Intravenous ≥18 year(s) 1000mg x 2 doses given 2 weeks apart (one course); Subsequent courses may be given every 24 weeks or based on clinical evaluation, but not sooner than every 16 weeks
Riabni (Rituximab-arrx)	Sjögren's Syndrome	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)



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Riabni (Rituximab-arrr)	Solid Organ Transplant	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Riabni (Rituximab-arrr)	Systemic Lupus Erythematosus	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Ruxience (Rituximab-pvvr)	Cryoglobulinemia	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Ruxience (Rituximab-pvvr)	Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA)	Route of Administration: Intravenous ≥18 year(s) 375mg/m ² every week for 4 weeks, followed by 500 mg every 2 weeks for 2 doses (start no sooner than 16 to 24 weeks after last induction dose), followed by 500 mg every 6 months based on clinical evaluation 1000mg every 2 weeks for 2 doses, followed by 1000 mg every 4 to 6 months
Ruxience (Rituximab-pvvr)	Membranous Nephropathy	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Ruxience (Rituximab-pvvr)	Multiple Sclerosis	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Ruxience (Rituximab-pvvr)	Myasthenia Gravis	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Ruxience (Rituximab-pvvr)	Neuromyelitis Optica (i.e. Neuromyelitis Optica Spectrum Disorder, NMOSD, or Devic Disease)	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week
Ruxience (Rituximab-pvvr)	Opsoclonus-Myoclonus Ataxia	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Ruxience (Rituximab-pvvr)	Pemphigus Vulgaris (PV) and other Autoimmune Blistering Disease (e.g., Pemphigus Foliaceus, Bullous Pemphigoid, Cicatricial Pemphigoid, Epidermolysis Bullosa Acquisita and Paraneoplastic Pemphigus)	Route of Administration: Intravenous ≥18 year(s) 375mg/m ² every week for 4 doses per treatment course; may repeat treatment after at least 6 months if necessary Initial: 1000mg every 2 weeks for 2 doses Maintenance: 500mg at month 12 and every 6 months thereafter 1000mg on relapse; subsequent infusions no sooner than 16 weeks following previous infusion
Ruxience (Rituximab-pvvr)	Rheumatoid Arthritis	Route of Administration: Intravenous ≥18 year(s)



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		1000mg x 2 doses given 2 weeks apart (one course); Subsequent courses may be given every 24 weeks or based on clinical evaluation, but not sooner than every 16 weeks
Ruxience (Rituximab-pvvr)	Sjögren's Syndrome	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Ruxience (Rituximab-pvvr)	Solid Organ Transplant	Route of Administration: Intravenous 1000mg (frequency should not be more frequent than every 14 days)
Ruxience (Rituximab-pvvr)	Systemic Lupus Erythematosus	Route of Administration: Intravenous 1000mg every 2 weeks or 375 mg/m ² every week

APPLICABLE TENNESSEE STATE MANDATE REQUIREMENTS

BlueCross BlueShield of Tennessee's Medical Policy complies with Tennessee Code Annotated Section 56-7-2352 regarding coverage of off-label indications of Food and Drug Administration (FDA) approved drugs when the off-label use is recognized in one of the statutorily recognized standard reference compendia or in the published peer-reviewed medical literature.

ADDITIONAL INFORMATION

For appropriate chemotherapy regimens, dosage information, contraindications, precautions, warnings, and monitoring information, please refer to one of the standard reference compendia (e.g., the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) published by the National Comprehensive Cancer Network®, Drugdex Evaluations of Micromedex Solutions at Truven Health, or The American Hospital Formulary Service Drug Information).

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EFFECTIVE DATE

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