HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use RITUXAN safely and effectively. See full prescribing information for RITUXAN.

RITUXAN® (rituximab) injection, for intravenous use
Initial U.S. Approval: 1997

WARNING: FATAL INFUSION REACTIONS, SEVERE MUCOCUTANEOUS REACTIONS, HEPATITIS B VIRUS REACTIVATION and PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY
See full prescribing information for complete boxed warning.

- **Fatal infusion reactions within 24 hours of RITUXAN infusion; approximately 80% of fatal reactions occurred with first infusion. Monitor patients and discontinue RITUXAN infusion for severe reactions (5.1).**
- **Severe mucocutaneous reactions, some with fatal outcomes (5.2).**
- **Hepatitis B virus (HBV) reactivation, in some cases resulting in fulminant hepatitis, hepatic failure, and death (5.3).**
- **Progressive multifocal leukoencephalopathy (PML) resulting in death (5.4).**

----------RECENT MAJOR CHANGES----------
Warnings and Precautions, Embryo-Fetal Toxicity (5.11) 04/2018

----------INDICATIONS AND USAGE----------
RITUXAN (rituximab) is a CD20-directed cytolytic antibody indicated for the treatment of adult patients with:

- Non-Hodgkin's Lymphoma (NHL) (1.1).
  - Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent.
  - Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to RITUXAN in combination with chemotherapy, as single-agent maintenance therapy.
  - Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy.
  - Previously untreated diffuse large B-cell, CD20-positive NHL in combination with (cyclophosphamide, doxorubicin, vincristine, and prednisone) (CHOP) or other anthracycline-based chemotherapy regimens.
- Chronic Lymphocytic Leukemia (CLL) (1.2).
  - Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC).
- 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 (1.3).
- Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult patients in combination with glucocorticoids (1.4).

----------DOSAGE AND ADMINISTRATION----------

- **Administer only as an intravenous infusion.**
- Do not administer as an intravenous push or bolus.
- RITUXAN should only be administered by a healthcare professional with appropriate medical support to manage severe infusion-related reactions that can be fatal if they occur.
- The dose for NHL is 375 mg/m^2 (2.2).
- The dose for CLL is 375 mg/m^2 in the first cycle and 500 mg/m^2 in cycles 2–6, in combination with FC, administered every 28 days (2.3).
- The dose as a component of Zevalin® (Ibritumomab tiuxetan) Therapeutic Regimen is 250 mg/m^2 (2.4).
- The dose for RA in combination with methotrexate is two-1000 mg intravenous infusions separated by 2 weeks (one course) every 24 weeks or based on clinical evaluation, but not sooner than every 16 weeks. Methylprednisolone 100 mg intravenous or equivalent glucocorticoid is recommended 30 minutes prior to each infusion (2.5).
- The dose for GPA and MPA in combination with glucocorticoids is 375 mg/m^2 once weekly for 4 weeks (2.6).

----------DOSAGE FORMS AND STRENGTHS----------

- Injection: 100 mg/10 mL and 500 mg/50 mL solution in a single-use vial (3)

----------CONTRAINDICATIONS----------
None (4)

----------WARNINGS AND PRECAUTIONS----------

- Tumor lysis syndrome: Administer aggressive intravenous hydration, anti-hyperuricemic agents, monitor renal function (5.5).
- Infections: Withhold RITUXAN and institute appropriate anti-infective therapy (5.6).
- Cardiac adverse reactions: Discontinue infusions in case of serious or life-threatening events (5.7).
- Renal toxicity: Discontinue in patients with rising serum creatinine or oliguria (5.8).
- Bowel obstruction and perforation: Consider and evaluate for abdominal pain, vomiting, or related symptoms (5.9).
- Immunizations: Live virus vaccinations prior to or during RITUXAN treatment not recommended (5.10).
- Embryo-Fetal toxicity: Can cause neonatal harm. Advise of potential risk to neonates and use of effective contraception (5.11).

----------ADVERSE REACTIONS----------
Most common adverse reactions in clinical trials were:

- NHL (≥25%): infusion-related reactions, fever, lymphopenia, chills, infection and asthenia (6.1).
- CLL (≥25%): infusion-related reactions and neutropenia (6.1).
- RA (≥10%): upper respiratory tract infection, nasopharyngitis, urinary tract infection, and bronchitis (other important adverse reactions include infusion-related reactions, serious infections, and cardiovascular events) (6.2).
- GPA and MPA (≥15 %): infections, nausea, diarrhea, headache, muscle spasms, anemia, peripheral edema （other important adverse reactions include infusion-related reactions) (6.3).

To report SUSPECTED ADVERSE REACTIONS, contact Genentech at 1-888-835-2555 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

----------DRUG INTERACTIONS----------
Renal toxicity when used in combination with cisplatin (5.8).

----------USE IN SPECIFIC POPULATIONS----------

- Lactation: Advise not to breastfeed (8.2).
- Geriatric Use: In CLL patients older than 70 years of age, exploratory analyses suggest no benefit with the addition of RITUXAN to FC (8.5).

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 04/2018

FULL PRESCRIBING INFORMATION: CONTENTS*

*Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

WARNING: FATAL INFUSION REACTIONS, SEVERE MUCOCUTANEOUS REACTIONS, HEPATITIS B VIRUS REACTIVATION and PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY

Infusion Reactions

RITUXAN administration can result in serious, including fatal, infusion reactions. Deaths within 24 hours of RITUXAN infusion have occurred. Approximately 80% of fatal infusion reactions occurred in association with the first infusion. Monitor patients closely. Discontinue RITUXAN infusion for severe reactions and provide medical treatment for Grade 3 or 4 infusion reactions [*see Warnings and Precautions (5.4), Adverse Reactions (6.1)*].

Severe Mucocutaneous Reactions

Severe, including fatal, mucocutaneous reactions can occur in patients receiving RITUXAN [*see Warnings and Precautions (5.1)*].

Hepatitis B Virus (HBV) Reactivation

HBV reactivation can occur in patients treated with RITUXAN, in some cases resulting in fulminant hepatitis, hepatic failure, and death. Screen all patients for HBV infection before treatment initiation, and monitor patients during and after treatment with RITUXAN. Discontinue RITUXAN and concomitant medications in the event of HBV reactivation [*see Warnings and Precautions (5.2)*].

Progressive Multifocal Leukoencephalopathy (PML), including fatal PML, can occur in patients receiving RITUXAN [*see Warnings and Precautions (5.3) and Adverse Reactions (6.1)*].

1 INDICATIONS AND USAGE

1.1 Non–Hodgkin's Lymphoma (NHL)

RITUXAN (rituximab) is indicated for the treatment of adult patients with:

- Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL as a single agent.
- Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to RITUXAN in combination with chemotherapy, as single-agent maintenance therapy.
  - Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy.
- Previously untreated diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens.

1.2 Chronic Lymphocytic Leukemia (CLL)

RITUXAN is indicated, in combination with fludarabine and cyclophosphamide (FC), for the treatment of adult patients with previously untreated and previously treated CD20-positive CLL.

1.3 Rheumatoid Arthritis (RA)

RITUXAN in combination with methotrexate is indicated for the treatment of adult patients with moderately- to severely- active rheumatoid arthritis who have had an inadequate response to one or more TNF antagonist therapies.

1.4 Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA)

RITUXAN, in combination with glucocorticoids, is indicated for the treatment of adult patients with Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA).

2 DOSAGE AND ADMINISTRATION

2.1 Important Dosing Information

Administer only as an Intravenous Infusion [*see Dosage and Administration (2.7)*].

Do not administer as an intravenous push or bolus. RITUXAN should only be administered by a healthcare professional with appropriate medical support to manage severe infusion-related reactions that can be fatal if they occur [see *Warnings and Precautions (5.1)*].

Premedicate before each infusion [*see Dosage and Administration (2.7)*].

Prior to First Infusion: Screen all patients for HBV infection by measuring HBsAg and anti-HBc before initiating treatment with RITUXAN *[see Warnings and Precautions (5.3)]*. Obtain complete blood counts including platelets (CBC) prior to the first dose.

During RITUXAN Therapy: In patients with lymphoid malignancies, during treatment with RITUXAN monotherapy, obtain complete blood counts (CBC) with differential and platelet counts prior to each RITUXAN course. During treatment with RITUXAN and chemotherapy, obtain CBC with differential and platelet counts at weekly to monthly intervals and more frequently in patients who develop cytopenias [*see Adverse Reactions (6.1)*]. In patients with RA, GPA or MPA, obtain CBC with differential and platelet counts at two to four month intervals during RITUXAN therapy. Continue to monitor for cytopenias after final dose and until resolution.

- **First Infusion**: Initiate infusion at a rate of 50 mg/hr. In the absence of infusion toxicity, increase infusion rate by 50 mg/hr increments every 30 minutes, to a maximum of 400 mg/hr.
- **Subsequent Infusions**:
  Standard Infusion: Initiate infusion at a rate of 100 mg/hr. In the absence of infusion toxicity, increase rate by 100 mg/hr increments at 30-minute intervals, to a maximum of 400 mg/hr.
  For previously untreated follicular NHL and DLBCL patients:
  If patients did not experience a Grade 3 or 4 infusion related adverse event during Cycle 1, a 90-minute infusion can be administered in Cycle 2 with a glucocorticoid-containing chemotherapy regimen.
  Initiate at a rate of 20% of the total dose given in the first 30 minutes and the remaining 80% of the total dose given over the next 60 minutes. If the 90-minute infusion is tolerated in Cycle 2, the same rate can be used when administering the remainder of the treatment regimen (through Cycle 6 or 8).
  Patients who have clinically significant cardiovascular disease or who have a circulating lymphocyte count $\geq 5000/mm^3$ before Cycle 2 should not be administered the 90-minute infusion [*see Clinical Studies (14.4)*].
- Interrupt the infusion or slow the infusion rate for infusion-related reactions [*see Boxed Warning, Warnings and Precautions (5.1)*]. Continue the infusion at one-half the previous rate upon improvement of symptoms.

2.2 Recommended Dose for Non-Hodgkin's Lymphoma (NHL)

The recommended dose is 375 mg/m^2 as an intravenous infusion according to the following schedules:

- **Relapsed or Refractory, Low-Grade or Follicular, CD20-Positive, B-Cell NHL**
  Administer once weekly for 4 or 8 doses.
- **Retreatment for Relapsed or Refractory, Low-Grade or Follicular, CD20-Positive, B-Cell NHL**
  Administer once weekly for 4 doses.
- **Previously Untreated, Follicular, CD20-Positive, B-Cell NHL**

Administer on Day 1 of each cycle of chemotherapy, for up to 8 doses. In patients with complete or partial response, initiate RITUXAN maintenance eight weeks following completion of RITUXAN in combination with chemotherapy. Administer RITUXAN as a single-agent every 8 weeks for 12 doses.

- **Non-progressing, Low-Grade, CD20-Positive, B-Cell NHL, after first-line CVP chemotherapy**
  Following completion of 6–8 cycles of CVP chemotherapy, administer once weekly for 4 doses at 6-month intervals to a maximum of 16 doses.
- **Diffuse Large B-Cell NHL**
  Administer on Day 1 of each cycle of chemotherapy for up to 8 infusions.

2.3 Recommended Dose for Chronic Lymphocytic Leukemia (CLL)

The recommended dose is:

- 375 mg/m^2 the day prior to the initiation of FC chemotherapy, then 500 mg/m^2 on Day 1 of cycles 2–6 (every 28 days).

2.4 Recommended Dose as a Component of Zevalin® for treatment of NHL

- Infuse rituximab 250 mg/m^2 within 4 hours prior to the administration of Indium-111-(In-111-) Zevalin and within 4 hours prior to the administration of Yttrium-90- (Y-90-) Zevalin.
- Administer RITUXAN and In-111-Zevalin 7–9 days prior to RITUXAN and Y-90- Zevalin.
- Refer to the Zevalin package insert for full prescribing information regarding the Zevalin therapeutic regimen.

2.5 Recommended Dose for Rheumatoid Arthritis (RA)

- Administer RITUXAN as two-1000 mg intravenous infusions separated by 2 weeks.
- Glucocorticoids administered as methylprednisolone 100 mg intravenous or its equivalent 30 minutes prior to each infusion are recommended to reduce the incidence and severity of infusion-related reactions.
- Subsequent courses should be administered every 24 weeks or based on clinical evaluation, but not sooner than every 16 weeks.
- RITUXAN is given in combination with methotrexate.

2.6 Recommended Dose for Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA)

- Administer RITUXAN as a 375 mg/m^2 intravenous infusion once weekly for 4 weeks.
- Glucocorticoids administered as methylprednisolone 1000 mg intravenously per day for 1 to 3 days followed by oral prednisone 1 mg/kg/day (not to exceed 80 mg/day and tapered per clinical need) are recommended to treat severe vasculitis symptoms. This regimen should begin within 14 days prior to or with the initiation of RITUXAN and may continue during and after the 4 week course of Rituximab treatment.
- Safety and efficacy of treatment with subsequent courses of RITUXAN have not been established [*see Warnings and Precautions (5.14)*].

2.7 Recommended Premedication and Prophylactic Medications

Premedicate with acetaminophen and an antihistamine before each infusion of RITUXAN. For patients administered RITUXAN according to the 90-minute infusion rate, the glucocorticoid component of their chemotherapy regimen should be administered prior to infusion [*see Clinical Studies (14.4)*].

For RA patients, methylprednisolone 100 mg intravenously or its equivalent is recommended 30 minutes prior to each infusion.

For GPA and MPA patients, glucocorticoids are given in combination with RITUXAN [*see Dosage and Administration (2.6)*]. Provide prophylaxis treatment for *Pneumocystis jirovecii* pneumonia (PCP) and herpes virus infections for patients with CLL during treatment and for up to 12 months following treatment as appropriate [*see Warnings and Precautions (5.6)*].

PCP prophylaxis is also recommended for patients with GPA and MPA during treatment and for at least 6 months following the last RITUXAN infusion.

2.8 Administration and Storage

Use appropriate aseptic technique. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration. RITUXAN should be a clear, colorless liquid. Do not use vial if particulates or discoloration is present.

Administration

Withdraw the necessary amount of RITUXAN and dilute to a final concentration of 1 mg/mL to 4 mg/mL in an infusion bag containing either 0.9% Sodium Chloride, USP, or 5% Dextrose in Water, USP. Gently invert the bag to mix the solution. Do not mix or dilute with other drugs. Discard any unused portion left in the vial.

Storage

RITUXAN solutions for infusion may be stored at 2°C–8°C (36°F–46°F) for 24 hours. RITUXAN solutions for infusion have been shown to be stable for an additional 24 hours at room temperature. However, since RITUXAN solutions do not contain a preservative, diluted solutions should be stored refrigerated (2°C–8°C). No incompatibilities between RITUXAN and polyvinylchloride or polyethylene bags have been observed.

3 DOSAGE FORMS AND STRENGTHS

RITUXAN is a colorless, clear solution for intravenous infusion:

- 100 mg/10 mL in a single-use vial
- 500 mg/50 mL in a single-use vial

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1 Infusion Reactions

RITUXAN can cause severe, including fatal, infusion-related reactions. Severe reactions typically occurred during the first infusion with time to onset of 30–120 minutes. RITUXAN-induced infusion reactions and sequelae include urticaria, hypotension, angioedema, hypoxia, bronchospasm, pulmonary infiltrates, acute respiratory distress syndrome, myocardial infarction, ventricular fibrillation, cardiogenic shock, anaphylactoid events, or death.

Premedicate patients with an antihistamine and acetaminophen prior to dosing. For RA patients, methylprednisolone 100 mg intravenously or its equivalent is recommended 30 minutes prior to each infusion. Institute medical management (e.g. glucocorticoids, epinephrine, bronchodilators, or oxygen) for infusion-related reactions as needed. Depending on the severity of the infusion reaction and the required interventions, temporarily or permanently discontinue RITUXAN. Resume infusion at a minimum 50% reduction in rate after symptoms have resolved. Closely monitor the following patients: those with pre-existing cardiac or pulmonary conditions, those who experienced prior cardiopulmonary adverse reactions, and those with high numbers of circulating malignant cells ($\geq$25,000/mm^3). [*see Warnings and Precautions (5.7), Adverse Reactions (6.1)*].

5.2 Severe Mucocutaneous Reactions

Mucocutaneous reactions, some with fatal outcome, can occur in patients treated with RITUXAN. These reactions include paraneoplastic pemphigus, Stevens-Johnson syndrome, lichenoid dermatitis, vesiculobullous dermatitis, and toxic epidermal necrolysis. The onset of these reactions has been variable and includes reports with onset on the first day of RITUXAN exposure. Discontinue RITUXAN in patients who experience a severe mucocutaneous reaction. The safety of re-administration of RITUXAN to patients with severe mucocutaneous reactions has not been determined.

5.3 Hepatitis B Virus Reactivation

Hepatitis B virus (HBV) reactivation, in some cases resulting in fulminant hepatitis, hepatic failure and death, can occur in patients treated with drugs classified as CD20-directed cytolytic antibodies, including RITUXAN. Cases have been reported in patients who are hepatitis B surface antigen (HBsAg) positive and also in patients who are HBsAg negative but are hepatitis B core antibody (anti-HBc) positive. Reactivation also has occurred in patients who appear to have resolved hepatitis B infection (i.e., HBsAg negative, anti-HBc positive and hepatitis B surface antibody [anti-HBs] positive).

HBV reactivation is defined as an abrupt increase in HBV replication manifesting as a rapid increase in serum HBV DNA levels or detection of HBsAg in a person who was previously HBsAg negative and anti-HBc positive. Reactivation of HBV replication is often followed by hepatitis, i.e., increase in transaminase levels. In severe cases increase in bilirubin levels, liver failure, and death can occur.

Screen all patients for HBV infection by measuring HBsAg and anti-HBc before initiating treatment with RITUXAN. For patients who show evidence of prior hepatitis B infection (HBsAg positive [regardless of antibody status] or HBsAg negative but anti-HBc positive), consult with physicians with expertise in managing hepatitis B regarding monitoring and consideration for HBV antiviral therapy before and/or during RITUXAN treatment.

Monitor patients with evidence of current or prior HBV infection for clinical and laboratory signs of hepatitis or HBV reactivation during and for several months following RITUXAN therapy. HBV reactivation has been reported up to 24 months following completion of RITUXAN therapy.

In patients who develop reactivation of HBV while on RITUXAN, immediately discontinue RITUXAN and any concomitant chemotherapy, and institute appropriate treatment. Insufficient data exist regarding the safety of resuming RITUXAN treatment in patients who develop HBV reactivation. Resumption of RITUXAN treatment in patients whose HBV reactivation resolves should be discussed with physicians with expertise in managing HBV.

5.4 Progressive Multifocal Leukoencephalopathy (PML)

JC virus infection resulting in PML and death can occur in RITUXAN-treated patients with hematologic malignancies or with autoimmune diseases. The majority of patients with hematologic malignancies diagnosed with PML received RITUXAN in combination with chemotherapy or as part of a hematopoietic stem cell transplant. The patients with autoimmune diseases had prior or concurrent immunosuppressive therapy. Most cases of PML were diagnosed within 12 months of their last infusion of RITUXAN.

Consider the diagnosis of PML in any patient presenting with new-onset neurologic manifestations. Evaluation of PML includes, but is not limited to, consultation with a neurologist, brain MRI, and lumbar puncture.

Discontinue RITUXAN and consider discontinuation or reduction of any concomitant chemotherapy or immunosuppressive therapy in patients who develop PML.

5.5 Tumor Lysis Syndrome (TLS)

Acute renal failure, hyperkalemia, hypocalcemia, hyperuricemia, or hyperphosphatemia from tumor lysis, sometimes fatal, can occur within 12–24 hours after the first infusion of RITUXAN in patients with NHL. A high number of circulating malignant cells ($\geq$25,000/mm^3) or high tumor burden, confers a greater risk of TLS.

Administer aggressive intravenous hydration and anti-hyperuricemic therapy in patients at high risk for TLS. Correct electrolyte abnormalities, monitor renal function and fluid balance, and administer supportive care, including dialysis as indicated. [*see Warnings and Precautions (5.8)*].

5.6 Infections

Serious, including fatal, bacterial, fungal, and new or reactivated viral infections can occur during and following the completion of RITUXAN-based therapy. Infections have been reported in some patients with prolonged hypogammaglobulinemia (defined as hypogammaglobulinemia >11 months after rituximab exposure). New or reactivated viral infections included cytomegalovirus, herpes simplex virus, parvovirus B19, varicella zoster virus, West Nile virus, and hepatitis B and C. Discontinue RITUXAN for serious infections and institute appropriate anti-infective therapy. [*see Adverse Reactions (6.1, 6.2)*]. RITUXAN is not recommended for use in patients with severe, active infections.

5.7 Cardiovascular Adverse Reactions

Cardiac adverse reactions, including ventricular fibrillation, myocardial infarction, and cardiogenic shock may occur in patients receiving RITUXAN. Discontinue infusions for serious or life-threatening cardiac arrhythmias. Perform cardiac monitoring during and after all infusions of RITUXAN for patients who develop clinically significant arrhythmias, or who have a history of arrhythmia or angina. [*see Adverse Reactions (6.1)*].

5.8 Renal Toxicity

Severe, including fatal, renal toxicity can occur after RITUXAN administration in patients with NHL. Renal toxicity has occurred in patients who experience tumor lysis syndrome and in patients with NHL administered concomitant cisplatin therapy during clinical trials. The combination of cisplatin and RITUXAN is not an approved treatment regimen. Monitor closely for signs of renal failure and discontinue RITUXAN in patients with a rising serum creatinine or oliguria. [*see Warnings and Precautions (5.5)*].

5.9 Bowel Obstruction and Perforation

Abdominal pain, bowel obstruction and perforation, in some cases leading to death, can occur in patients receiving RITUXAN in combination with chemotherapy. In postmarketing reports, the mean time to documented gastrointestinal perforation was 6 (range 1–77) days in patients with NHL. Evaluate if symptoms of obstruction such as abdominal pain or repeated vomiting occur.

5.10 Immunization

The safety of immunization with live viral vaccines following RITUXAN therapy has not been studied and vaccination with live virus vaccines is not recommended before or during treatment.

For RA patients, physicians should follow current immunization guidelines and administer non-live vaccines at least 4 weeks prior to a course of RITUXAN.

The effect of RITUXAN on immune responses was assessed in a randomized, controlled study in patients with RA treated with RITUXAN and methotrexate (MTX) compared to patients treated with MTX alone.

A response to pneumococcal vaccination (a T-cell independent antigen) as measured by an increase in antibody titers to at least 6 of 12 serotypes was lower in patients treated with RITUXAN plus MTX as compared to patients treated with MTX alone (19% vs. 61%). A lower proportion of patients in the RITUXAN plus MTX group developed detectable levels of anti-keyhole limpet hemocyanin antibodies (a novel protein antigen) after vaccination compared to patients on MTX alone (47% vs. 93%).

A positive response to tetanus toxoid vaccine (a T-cell dependent antigen with existing immunity) was similar in patients treated with RITUXAN plus MTX compared to patients on MTX alone (39% vs. 42%). The proportion of patients maintaining a positive Candida skin test (to evaluate delayed type hypersensitivity) was also similar (77% of patients on RITUXAN plus MTX vs. 70% of patients on MTX alone).

Most patients in the RITUXAN-treated group had B-cell counts below the lower limit of normal at the time of immunization. The clinical implications of these findings are not known.

5.11 Embryo-Fetal Toxicity

Based on human data, RITUXAN can cause fetal harm due to B-cell lymphocytopenia in infants exposed to rituximab in-utero. Advise pregnant women of the risk to a fetus. Females of childbearing potential should use effective contraception while receiving RITUXAN and for 12 months following the last dose of RITUXAN.

5.12 Concomitant Use with Other Biologic Agents and DMARDS other than Methotrexate in RA, GPA and MPA

Limited data are available on the safety of the use of biologic agents or disease modifying antirheumatic drugs (DMARDs) other than methotrexate in RA patients exhibiting peripheral B-cell depletion following treatment with rituximab. Observe patients closely for signs of infection if biologic agents and/or DMARDs are used concomitantly. Use of concomitant immunosuppressants other than corticosteroids has not been studied in GPA or MPA patients exhibiting peripheral B-cell depletion following treatment with RITUXAN.

5.13 Use in RA Patients Who Have Not Had Prior Inadequate Response to Tumor Necrosis Factor (TNF) Antagonists

While the efficacy of RITUXAN was supported in four controlled trials in patients with RA with prior inadequate responses to non-biologic DMARDs, and in a controlled trial in MTX-naïve patients, a favorable risk-benefit relationship has not been established in these populations. The use of RITUXAN in patients with RA who have not had prior inadequate response to one or more TNF antagonists is not recommended [*see Clinical Studies (14.6)*].

5.14 Retreatment in Patients with Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA)

Limited data are available on the safety and efficacy of subsequent courses of RITUXAN in patients with GPA and MPA. The safety and efficacy of retreatment with RITUXAN have not been established [*see Dosage and Administration (2.6), Adverse Reactions (6.3), and Clinical Studies (14.7)*].

6 ADVERSE REACTIONS

The following serious adverse reactions are discussed in greater detail in other sections of the labeling:

- Infusion reactions [*see Warnings and Precautions (5.1)*]
- Severe mucocutaneous reactions [*see Warnings and Precautions (5.2)*]
- Hepatitis B reactivation with fulminant hepatitis [*see Warnings and Precautions (5.3)*]
- Progressive multifocal leukoencephalopathy [*see Warnings and Precautions (5.4)*]
- Tumor lysis syndrome [*see Warnings and Precautions (5.5)*]
- Infections [*see Warnings and Precautions (5.6)*]
- Cardiovascular adverse reactions [*see Warnings and Precautions (5.7)*]
- Renal toxicity [*see Warnings and Precautions (5.8)*]
- Bowel obstruction and perforation [*see Warnings and Precautions (5.9)*]

6.1 Clinical Trials Experience in Lymphoid Malignancies

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

The data described below reflect exposure to RITUXAN in 2783 patients, with exposures ranging from a single infusion up to 2 years. RITUXAN was studied in both single-arm and controlled trials (n=356 and n=2427). The population included 1180 patients with low grade or follicular lymphoma, 927 patients with DLBCL, and 676 patients with CLL. Most NHL patients received RITUXAN as an infusion of 375 mg/m^2 per infusion, given as a single agent weekly for up to 8 doses, in combination with chemotherapy for up to 8 doses, or following chemotherapy for up to 16 doses. CLL patients received RITUXAN 375 mg/m^2 as an initial infusion followed by 500 mg/m^2 for up to 5 doses, in combination with fludarabine and cyclophosphamide. Seventy-one percent of CLL patients received 6 cycles and 90% received at least 3 cycles of RITUXAN-based therapy.

The most common adverse reactions of RITUXAN (incidence ≥25%) observed in clinical trials of patients with NHL were infusion reactions, fever, lymphopenia, chills, infection, and asthenia.

The most common adverse reactions of RITUXAN (incidence ≥25%) observed in clinical trials of patients with CLL were: infusion reactions and neutropenia.

Infusion Reactions

In the majority of patients with NHL, infusion reactions consisting of fever, chills/rigors, nausea, pruritus, angioedema, hypotension, headache, bronchospasm, urticaria, rash, vomiting, myalgia, dizziness, or hypertension occurred during the first RITUXAN infusion. Infusion reactions typically occurred within 30 to 120 minutes of beginning the first infusion and resolved with slowing or interruption of the RITUXAN infusion and with supportive care (diphenhydramine, acetaminophen, and intravenous saline). The incidence of infusion reactions was highest during the first infusion (77%) and decreased with each subsequent infusion. [*see Warnings and Precautions (5.1)*]. In patients with previously untreated follicular NHL or previously untreated DLBCL, who did not experience a Grade 3 or 4 infusion-related reaction in Cycle 1 and received a 90-minute infusion of RITUXAN at Cycle 2, the incidence of Grade 3-4 infusion-related reactions on the day of, or day after the infusion was 1.1% (95% CI [0.3%, 2.8%]). For Cycles 2-8, the incidence of Grade 3-4 infusion reactions on the day of or day after the 90-minute infusion, was 2.8% (95% CI [1.3%, 5.0%]). [*see Warnings and Precautions (5.1), Clinical Studies (14.4)*].

- *Infections*

Serious infections (NCI CTCAE Grade 3 or 4), including sepsis, occurred in less than 5% of patients with NHL in the single-arm studies. The overall incidence of infections was 31% (bacterial 19%, viral 10%, unknown 6%, and fungal 1%). [*see Warnings and Precautions (5.6)*].

In randomized, controlled studies where RITUXAN was administered following chemotherapy for the treatment of follicular or low-grade NHL, the rate of infection was higher among patients who received RITUXAN. In diffuse large B-cell lymphoma patients, viral infections occurred more frequently in those who received RITUXAN.

Cytopenias and hypogammaglobulinemia

In patients with NHL receiving rituximab monotherapy, NCI-CTC Grade 3 and 4 cytopenias were reported in 48% of patients. These included lymphopenia (40%), neutropenia (6%), leukopenia (4%), anemia (3%), and thrombocytopenia (2%). The median duration of lymphopenia was 14 days (range, 1–588 days) and of neutropenia was 13 days (range, 2–116 days). A single occurrence of transient aplastic anemia (pure red cell aplasia) and two occurrences of hemolytic anemia following RITUXAN therapy occurred during the single-arm studies.

In studies of monotherapy, RITUXAN-induced B-cell depletion occurred in 70% to 80% of patients with NHL. Decreased IgM and IgG serum levels occurred in 14% of these patients.

In CLL trials, the frequency of prolonged neutropenia and late-onset neutropenia was higher in patients treated with R-FC compared to patients treated with FC. Prolonged neutropenia is defined as Grade 3-4 neutropenia that has not resolved between 24 and 42 days after the last dose of study treatment. Late-onset neutropenia is defined as Grade 3-4 neutropenia starting at least 42 days after the last treatment dose.

In patients with previously untreated CLL, the frequency of prolonged neutropenia was 8.5% for patients who received R-FC (n=402) and 5.8% for patients who received FC (n=398). In patients who did not have prolonged neutropenia, the frequency of late-onset neutropenia was 14.8% of 209 patients who received R-FC and 4.3% of 230 patients who received FC.

For patients with previously treated CLL, the frequency of prolonged neutropenia was 24.8% for patients who received R-FC (n=274) and 19.1% for patients who received FC (n=274). In patients who did not have prolonged neutropenia, the frequency of late-onset neutropenia was 38.7% in 160 patients who received R-FC and 13.6% of 147 patients who received FC.

Relapsed or Refractory, Low-Grade NHL

Adverse reactions presented in Table 1 occurred in 356 patients with relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL treated in single-arm studies of RITUXAN administered as a single agent [*see Clinical Studies (14.1)*]. Most patients received RITUXAN 375 mg/m^2 weekly for 4 doses.

Advise patients to contact their healthcare provider immediately for symptoms of hepatitis including worsening fatigue or yellow discoloration of skin or eyes [*see Warnings and Precautions (5.3)*].

Progressive Multifocal Leukoencephalopathy (PML)

Advise patients to contact their healthcare provider immediately for signs and symptoms of PML, including new or changes in neurological symptoms such as confusion, dizziness or loss of balance, difficulty talking or walking, decreased strength or weakness on one side of the body, or vision problems [*see Warnings and Precautions (5.4)*].

Tumor Lysis Syndrome (TLS)

Advise patients to contact their healthcare provider immediately for signs and symptoms of tumor lysis syndrome such as nausea, vomiting, diarrhea, and lethargy [*see Warnings and Precautions (5.5)*].

Infections

Advise patients to contact their healthcare provider immediately for signs and symptoms of infections including fever, cold symptoms (e.g., rhinorrhea or laryngitis), flu symptoms (e.g., cough, fatigue, body aches), earache or headache, dysuria, oral herpes simplex infection, and painful wounds with erythema and advise patients of the increased risk of infections during and after treatment with RITUXAN [*see Warnings and Precautions (5.6)*].

Cardiovascular Adverse Reactions

Advise patients of the risk of cardiovascular adverse reactions, including ventricular fibrillation, myocardial infarction, and cardiogenic shock. Advise patients to contact their healthcare provider immediately to report chest pain and irregular heartbeats [*see Warnings and Precautions (5.7)*].

Renal Toxicity

Advise patients of the risk of renal toxicity. Inform patients of the need for healthcare providers to monitor kidney function [*see Warnings and Precautions (5.8)*].

Bowel Obstruction and Perforation

Advise patients to contact their healthcare provider immediately for signs and symptoms of bowel obstruction and perforation, including severe abdominal pain or repeated vomiting [*see Warnings and Precautions (5.9)*].

Embryo-Fetal Toxicity

Advise a pregnant woman of the potential risk to a fetus. Advise female patients that rituximab can cause fetal harm if taken during pregnancy and to use effective contraception during treatment with RITUXAN and for at least 12 months after the last dose of RITUXAN. Advise patients to inform their healthcare provider of a known or suspected pregnancy [*see Warnings and Precautions (5.11) and Use in Specific Populations (8.1, 8.3)*].

Lactation

Advise women not to breastfeed during treatment with RITUXAN and for 6 months after the last dose [*see Use in Specific Populations (8.2)*].

RITUXAN® [rituximab]

Manufactured by:
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A Member of the Roche Group
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US License Number 1048

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MEDICATION GUIDE
RITUXAN® (ri tuk san)
(rituximab)
injection

What is the most important information I should know about RITUXAN?

RITUXAN can cause serious side effects that can lead to death, including:

- Infusion reactions. Infusion reactions are very common side effects of RITUXAN treatment. Serious infusion reactions can happen during your infusion or within 24 hours after your infusion of RITUXAN. Your healthcare provider should give you medicines before your infusion of RITUXAN to decrease your chance of having a severe infusion reaction.

  Tell your healthcare provider or get medical help right away if you get any of these symptoms during or after an infusion of RITUXAN:

  - hives (red itchy welts) or rash
  - itching
  - swelling of your lips, tongue, throat or face
  - sudden cough
  - shortness of breath, difficulty breathing, or wheezing
  - weakness
  - dizziness or feel faint
  - palpitations (feel like your heart is racing or fluttering)
  - chest pain
- **Severe skin and mouth reactions.** Tell your healthcare provider or get medical help right away if you get any of these symptoms at any time during your treatment with RITUXAN:
  - painful sores or ulcers on your skin, lips or in your mouth
  - blisters
  - peeling skin
  - rash
  - pustules
- **Hepatitis B virus (HBV) reactivation.** Before you receive your RITUXAN treatment, your healthcare provider will do blood tests to check for HBV infection. If you have had hepatitis B or are a carrier of hepatitis B virus, receiving RITUXAN could cause the virus to become an active infection again. Hepatitis B reactivation may cause serious liver problems including liver failure, and death. You should not receive RITUXAN if you have active hepatitis B liver disease. Your healthcare provider will monitor you for hepatitis B infection during and for several months after you stop receiving RITUXAN.

  Tell your healthcare provider right away if you get worsening tiredness, or yellowing of your skin or white part of your eyes, during treatment with RITUXAN.
- **Progressive Multifocal Leukoencephalopathy (PML).** PML is a rare, serious brain infection caused by a virus that can happen in people who receive RITUXAN. People with weakened immune systems can get PML. PML can result in death or severe disability. There is no known treatment, prevention, or cure for PML.

  Tell your healthcare provider right away if you have any new or worsening symptoms or if anyone close to you notices these symptoms:

  - confusion
  - dizziness or loss of balance
  - difficulty walking or talking
  - decreased strength or weakness on one side of your body
  - vision problems

See "**What are the possible side effects of RITUXAN?**" for more information about side effects.

What is RITUXAN?

RITUXAN is a prescription medicine used to treat adults with:

- Non-Hodgkin's Lymphoma (NHL): alone or with other chemotherapy medicines.
- Chronic Lymphocytic Leukemia (CLL): with the chemotherapy medicines fludarabine and cyclophosphamide.
- Rheumatoid Arthritis (RA): with another prescription medicine called methotrexate, to reduce the signs and symptoms of moderate to severe active RA in adults, after treatment with at least one other medicine called a Tumor Necrosis Factor (TNF) antagonist has been used and did not work well enough.
- Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA): with glucocorticoids, to treat GPA and MPA.

It is not known if RITUXAN is safe and effective in children.

Before you receive RITUXAN, tell your healthcare provider about all of your medical conditions, including if you:

- have had a severe reaction to RITUXAN or a rituximab product
- have a history of heart problems, irregular heart beat or chest pain
- have lung or kidney problems
- have an infection or weakened immune system.
- have or have had any severe infections including:
  - Hepatitis B virus (HBV)
  - Hepatitis C virus (HCV)
  - Cytomegalovirus (CMV)
  - Herpes simplex virus (HSV)
  - Parvovirus B19
  - Varicella zoster virus (chickenpox or shingles)
  - West Nile Virus
- have had a recent vaccination or are scheduled to receive vaccinations. You should not receive certain vaccines before or during treatment with RITUXAN.
- have taken RITUXAN for GPA or MPA in the past.
- are pregnant or plan to become pregnant. Talk to your healthcare provider about the risks to your unborn baby if you receive RITUXAN during pregnancy.

  Females who are able to become pregnant should use effective birth control (contraception) during treatment with RITUXAN and for **12 months** after the last dose of RITUXAN. Talk to your healthcare provider about effective birth control.

  Tell your healthcare provider right away if you become pregnant or think that you are pregnant during treatment with RITUXAN.
- are breastfeeding or plan to breastfeed. It is not known if RITUXAN passes into your breast milk. Do not breastfeed during treatment and for **at least 6 months** after your last dose of RITUXAN.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Especially tell your doctor if you take or have taken:

- a Tumor Necrosis Factor (TNF) inhibitor medicine
- a Disease Modifying Anti-Rheumatic Drug (DMARD)

If you are not sure if your medicine is one listed above, ask your healthcare provider.

How will I receive RITUXAN?

- RITUXAN is given by infusion through a needle placed in a vein (intravenous infusion), in your arm. Talk to your healthcare provider about how you will receive RITUXAN.
- Your healthcare provider may prescribe medicines before each infusion of RITUXAN to reduce infusion side effects such as fever and chills.
- Your healthcare provider should do blood tests regularly to check for side effects to RITUXAN.
- Before each RITUXAN treatment, your healthcare provider or nurse will ask you questions about your general health. Tell your healthcare provider or nurse about any new symptoms.

What are the possible side effects of RITUXAN?

RITUXAN can cause serious side effects, including:

- See "**What is the most important information I should know about RITUXAN?**"
- Tumor Lysis Syndrome (TLS). TLS is caused by the fast breakdown of cancer cells. TLS can cause you to have:
  - kidney failure and the need for dialysis treatment
  - abnormal heart rhythm

  TLS can happen within 12 to 24 hours after an infusion of RITUXAN. Your healthcare provider may do blood tests to check you for TLS. Your healthcare provider may give you medicine to help prevent TLS.

  Tell your healthcare provider right away if you have any of the following signs or symptoms of TLS:
  - nausea
  - vomiting
  - diarrhea
  - lack of energy
- **Serious infections**. Serious infections can happen during and after treatment with RITUXAN, and can lead to death. RITUXAN can increase your risk of getting infections and can lower the ability of your immune system to fight infections. Types of serious infections that can happen with RITUXAN include bacterial, fungal, and viral infections. After receiving RITUXAN, some people have developed low levels of certain antibodies in their blood for a long period of time (longer than 11 months). Some of these people with low antibody levels developed infections. People with serious infections should not receive RITUXAN. Tell your healthcare provider right away if you have any symptoms of infection:
  - fever
  - cold symptoms, such as runny nose or sore throat that do not go away
  - flu symptoms, such as cough, tiredness, and body aches
  - earache or headache
  - pain during urination
  - cold sores in the mouth or throat
  - cuts, scrapes or incisions that are red, warm, swollen or painful

- **Heart problems**. RITUXAN may cause chest pain, irregular heartbeats, and heart attack. Your healthcare provider may monitor your heart during and after treatment with RITUXAN if you have symptoms of heart problems or have a history of heart problems. Tell your healthcare provider right away if you have chest pain or irregular heartbeats during treatment with RITUXAN.
- **Kidney problems**, especially if you are receiving RITUXAN for NHL. RITUXAN can cause severe kidney problems that lead to death. Your healthcare provider should do blood tests to check how well your kidneys are working.
- **Stomach and Serious bowel problems that can sometimes lead to death**. Bowel problems, including blockage or tears in the bowel can happen if you receive RITUXAN with chemotherapy medicines. Tell your healthcare provider right away if you have any severe stomach-area (abdomen) pain or repeated vomiting during treatment with RITUXAN.

Your healthcare provider will stop treatment with RITUXAN if you have severe, serious or life-threatening side effects.

The most common side effects of RITUXAN include:

- infusion-related reactions (see "**What is the most important information I should know about RITUXAN?"**)
- infections (may include fever, chills)
- body aches
- tiredness
- nausea

In patients with GPA or MPA the most common side effects of RITUXAN also include:

- low white and red blood cells
- swelling
- ~~nausea~~
- diarrhea
- muscle spasms

Other side effects with RITUXAN include:

- aching joints during or within hours of receiving an infusion
- more frequent upper respiratory tract infection

These are not all of the possible side effects with RITUXAN.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of RITUXAN.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. You can ask your pharmacist or healthcare provider for information about Rituxan that is written for healthcare professionals.

What are the ingredients in RITUXAN?

Active ingredient: rituximab

Inactive ingredients: polysorbate 80, sodium chloride, sodium citrate dihydrate, and water for injection.

Manufactured by: Genentech, Inc. A Member of the Roche Group 1 DNA Way South San Francisco, CA 94080 4990
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For more information, go to www.RITUXAN.com or call 1 877 474 8892.

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