

Rituxan Patient Education Call Question and Answer Session

Question: Has anyone ever experienced a spike in their blood pressure, along with nausea a few days after their treatment with Rituxan?

Answer: With the pre-treatment of Rituxan, the usual routine is to give IV Benadryl and a hundred milligrams of Solu Medral, which is a steroid, and that's to suppress any potential allergic reaction with the drug infusion. And when people have problems with blood pressure and so on, it's usually due to [the amount] of steroid they got during the pre-treatment.

Question: Are you able to get on Rituxan first before any other treatments, and what are the effects of doing so?

Answer: In the past, people used to use a drug like Rituxan only when people had failed everything else. [And] they're harder to treat. If you get somebody that walks in the door and they've just been diagnosed, you can give them a little bit of Prednisone, [and] they'll be off the Prednisone in six months, start the Rituxan and they'll be in a complete remission in probably twelve months. It should be introduced early.

Question: How often do I have to do this [desmoglein] test, and what else is possible to do about this?

Answer: The antibody test of the desmoglein is very important in terms of the diagnosis of the disease. They have a rough correlation with the disease activity, but that correlation isn't a hundred percent. Pemphigus is a disease where the disease is perfectly obvious, and you can see and you can feel the lesions. And you can tell when it's active and when it's not. So you have a lab test that's imperfect and a disease that's perfectly obvious. So when I'm following people, I just follow the clinical signs and symptoms. The clinical activity is more important.

Question: What about exposure to sun, and what about diet, is it helpful?

Answer: The disease resides in the immune system, and it cannot be altered by environmental factors. The previous speculations about sun causing flares or certain foods in the diet are all nonsense.

Question: I have had two infusions of five hundred milligrams two weeks apart, and it has been three months and I haven't seen any improvement. Is there such a thing as a non-responder to Rituxan, and at what point would I be considered one? I have had the disease for about a year and a half.

Answer: There's no reason why you should not respond after a few cycles of the treatment. First of all, the five hundred milligram dose, people have been experimenting with that to see if they get the same result as a one thousand milligram dose. I've had quite a few people that have responded well, but some didn't see the anticipated improvement. You may want to talk to your doctor about getting the thousand milligram dose times two. And second point, not everyone responds after the first cycle. When I get new patients, I say the range is two to three cycles with a full dose of a thousand milligram. There have only been a handful of people who have been complete non-responders, and they have had the disease for many years.

Question: How often should I repeat the Rituxan? How many times can you do that safely, and what are the long term effects of Rituxan? Have I gone so long [three years] that I'll have a more difficult time getting it into remission?

Answer: Three years is not too long, people with a hardened disease of fifteen to twenty years have a more difficult time. Now, the standard routine is to give the Rituxan every six months, and the standard is two to three cycles. There is no cumulative risk with Rituxan, because it kills off the B-cells, but those B-cells are eventually replaced, and the new B-cells don't have the bad programming to produce those abnormal antibodies. The only infectious complication was that out of two hundred people I have treated [with Rituxan], only three developed ammonia. But aside from that, even with people that have had six, seven, eight treatments, there is no added risk.

Question: Is it better to take Rituxan with IV-IG?

Answer: It is not necessary. IV-IG has a lot of side effects. The only reason to use IV-IG is if someone has absolute out-of-control blistering.

Question: Is there any food or drink that will aggravate the disease in my mouth?

Answer: There is nothing that you can eat or drink that will harm the disease. If you

eat something that is going to tear up your mouth, it is obvious that it would lead to symptoms showing/happening, but it will not be harming, causing, or aggravating the disease.

Question: What is going to determine if I need another cycle of Rituxan?

Answer: If you have any clinical disease activity at all. Rituxan should be repeated until there is complete healing.

Question: Is there a possibility, that after there are no lesions, I can be off all medications?

Answer: Yes, of course, the whole point of Rituxan is to remove all lesions and get off all medications so that patients can stop being patients.

Question: I have oral bullous pemphigoid in my mouth for the past three years, and am wondering what the best course of treatment would be?

Answer: Unlike pemphigus, pemphigoid does not progress as aggressively. The normal treatment is just to use topical steroids and therapies. If you use Rituxan, it would probably work, but it's not really indicated because it is not life-threatening like Pemphigus.

Question: What is the reason for spreading the treatments out six months, and is there ever any reason to spread them further apart or bring them closer together?

Answer: The target for the antibodies is B-cells, and when you give the drug, within a few hours the measurable B-cell level is dropped to zero. Those B-cells are replaced, and they begin to show up around six or seven months. And around seven months, negative B-cells begin to flare up again, and so that is why we chose the six month mark to retreat with Rituxan.

Question: Would the standard protocol be to use Rituxan right away if my disease were to flare up again after remission or would other drugs be used to calm the disease down first and then would Rituxan be used?

Answer: If you walked in with a new onset today, you would be put on Rituxan. If you had a horrible disease, you are terribly uncomfortable, we would not use any Prednisone, but if the lesions were making you very uncomfortable, we would use Prednisone to keep you comfortable while using Rituxan, but only for six to eight

months.

Question: What is the insurance industries position on paying for Rituxan for treatment for [Pemphigus]?

Answer: That varies by region and insurer, but more and more insurance companies are beginning to realize it as a valid off-label use. When there are problems with it being denied, we just do an appeal with articles proving its validity and safety, and it is usually approved.

Question: Do you think I am a good candidate for Rituxan? I have occasional flare-ups with blisters in the mouth, and I am currently on CellCept only.

Answer: This is a common situation, where the disease is controlled without any Prednisone alone and only on CellCept. So in that case, no, since everything is controlled and there are no side effects, but if you flare or break through your current control, then that is when you would be put on Rituxan.

Question: I have a number of pimple-like bumps on my face, they appeared after my 2013 treatment of Rituxan, and they have been present for about six months. Is this a side-effect of Rituxan?

Answer: No, it's not possible. The Rituxan only binds to the B-cells, and it doesn't bind to skin cells or anything else. So it can't cause a problem with any of those.

Question: I'm currently on ten milligrams of Prednisone, fifteen hundred of CellCept, and twenty five milligrams of Dapsone. Would Rituxan work much better for me than my current medications?

Answer: You're exactly the kind of person that should be switched to Rituxan because you're stuck on all three of those, and since you have tried to get off of those drugs and it didn't work in the past, if you got onto the Rituxan schedule we talked about earlier, within six to twelve months you should be in remission and off of those other drugs.

Question: My wife has pemphigoid in her mouth, and has had no relief with Prednisone or Dapsone, so will she be better off with any other type of medication [like Rituxan]? Is there any chance of it going to the eyes?

Answer: Pemphigoid does not progress, whereas with Pemphigus, it will. pemphigoid is considered a nuisance disease, and so medically it is not threatening. So

Prednisone and Rituxan are not required. Using topical steroids and oral Dapsone are the typical treatments, and it is a disease that most patients will have to live with, as there is no good fix for it yet. And there is a one in twenty chance of it going to the eyes.

Question: I am currently on five milligrams of Prednisone and fifteen hundred of CellCept, is there any reason to switch to Rituxan? I don't have any open lesions, but I am wondering if there are any long term effects of staying on this level of Prednisone for a long period of time? [I have had the disease for about] a year. Does the disease ever go away?

Answer: If you can get off the Prednisone in the next six months, and you're only on CellCept with no problems, there should be no reason to get into Rituxan. Staying at a low level of Prednisone for a long time, the main problems are things like osteoporosis. No one should be stuck on chronic Prednisone, and there is no answer for how long anyone should stay on Prednisone. Rituxan would only be used if someone can absolutely not get off of Prednisone. The disease never goes away, it is only suppressed, and there are the chances of it returning.