Policy Title:	Rituxan (rituximab) (Intravenous)		
		Department:	PHA
Effective Date:	01/01/2020		
Review Date:	09/25/2019, 12/20/2019		
Revision Date:	09/25/2019, 12/20/2019		

Purpose: To support safe, effective and appropriate use of Rituxan (rituximab).

Scope: Medicaid, Exchange, Medicare-Medicaid Plan (MMP)

Policy Statement:

Rituxan (rituximab) is covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process.

Procedure:

Coverage of Rituxan (rituximab) will be reviewed prospectively via the prior authorization process based on criteria below.

Initial Criteria

- Patient must be screened for HBV infection (i.e., HBsAg and anti-HBc) prior to initiating therapy; AND
- For new start to therapy, patient must have failure or intolerable side effects to a rituximab biosimilar product. Patients that are currently on treatment with Rituxan (rituximab) can remain on treatment; AND

Oncology Indications:

- Patient is CD20-positive; AND

Acute Lymphoblastic Leukemia (ALL):

- Induction/Consolidation Treatment
    - Patient's disease is Philadelphia chromosome-negative (Ph-); AND
        - Patient is at least 15 years of age; AND
            - Used in combination with an anthracycline, cyclophosphamide and vincristine based regimen
- Relapsed/Refractory Treatment
    - Used as a component of MOpAD regimen (methotrexate, vincristine, pegaspargase, dexamethasone); AND
        - Patient's disease is Philadelphia chromosome-negative (Ph-); OR

- Patient's disease is Philadelphia chromosome-positive (Ph+) and refractory to tyrosine kinase inhibitors (e.g.; omacetaxine, imatinib, bosutinib, ponatinib, nilotinib, etc.)

CNS Cancer:

- Patient has leptomeningeal metastases from lymphomas; AND
  - Rituximab will be administered intrathecally; OR
- Patient has primary CNS lymphoma; AND
  - Patient will receive in combination with a methotrexate-containing regimen as a component of induction therapy and/or consolidation therapy with a complete response to induction therapy; OR
  - Patient has relapsed or refractory disease and will receive rituximab as a single agent, or in combination with temozolomide, lenalidomide or high-dose methotrexate

Hodgkin's lymphoma:

- Patient has nodular lymphocyte-predominant disease

Chronic lymphocytic leukemia/Small lymphocytic lymphoma (CLL/SLL)

Waldenström's macroglobulinemia/Lymphoplasmacytic Lymphoma

Non-Hodgkin's lymphomas (NHL) including, but not limited to, the following:

- AIDS-related B-Cell Lymphoma
- Burkitt Lymphoma
- Castleman's Disease
- Diffuse Large B-Cell Lymphoma
- Low-grade or Follicular Lymphoma
- Gastric & Non-Gastric MALT Lymphoma
- Hairy Cell Leukemia
  - Used for relapsed or refractory disease
- Mantle Cell Lymphoma
- Nodal & Splenic Marginal Zone Lymphoma
- Post-transplant lymphoproliferative disorder (PTLD)
  - Patient has had solid organ transplant or allogeneic hematopoietic stem cell transplantation
- Primary Cutaneous B-Cell Lymphomas
  - Used for generalized (skin only), marginal zone or follicle center disease
- Management of Immunotherapy-Related Toxicities
  - Used for treatment of non-viral encephalitis related to checkpoint-inhibitor therapy; AND
  - Patient is autoimmune-encephalopathy-antibody positive; AND
  - Patient is refractory to methylprednisolone and/or IV immunoglobulin (IVIG)

Non-Oncology Indications:

Rheumatoid arthritis (RA)

- Adult patient (18 years or older); AND
- Documented moderate to severe disease; AND
- Must be used in combination with methotrexate unless the patient has a contraindication or intolerance; AND
- Patient tried and failed at least a 3 month trial with ONE oral disease modifying antirheumatic drug (DMARD) (e.g., methotrexate, azathioprine, auranofin, hydroxychloroquine, penicillamine, sulfasalazine, leflunomide, etc.); AND
- Previous failure with one or more preferred TNF antagonists at least one of which should be a self-injectable; AND
- Patient has not had treatment with Rituxan in the previous 4 months

Pemphigus vulgaris

- Patient has failed previous conventional therapy with corticosteroids and/or azathioprine

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

- Adult patient (18 years or older); AND
- Used in combination with glucocorticoids

Thrombocytopenic purpura

- Patient diagnosis includes one of the following:
  - Primary thrombocytopenia
  - Idiopathic (Immune) thrombocytopenia purpura (ITP)
  - Evan's syndrome
  - Congenital and hereditary thrombocytopenic purpura
  - Thrombotic thrombocytopenic purpura in patients with ADAMTS13-deficiency

Chronic graft-versus-host disease (cGVHD)

- Patient is post-allogeneic stem cell transplant; AND
- Patient has glucocorticoid-refractory disease

Autoimmune Hemolytic Anemia (AIHA)

- Patient has warm-reactive disease refractory to or dependent on glucocorticoids; OR
- Patient has cold agglutinin disease with symptomatic anemia, transfusion-dependence, and/or disabling circulatory symptoms

Continuation of Therapy Criteria:

- Patient continues to meet initial criteria; AND
- Patient is tolerating treatment with absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe infusion reactions, tumor lysis syndrome (TLS), severe mucocutaneous reactions, progressive multifocal

leukoencephalopathy (PML), viral hepatitis, serious bacterial, fungal, or viral infections, cardiac arrhythmias, renal toxicity, bowel obstruction or perforation; AND

Oncology Indications:

- Tumor response with stabilization of disease or decrease in size of tumor or tumor spread; AND
- Patient has not exceeded FDA dosing or duration limits as listed in dosing/administration section and below :
    - Maintenance therapy for oncology indications (excluding ALL) may be renewed for up to a maximum of 2 years.
    - Acute lymphoblastic leukemia (ALL) may not be renewed

Non-Oncology Indications:

Rheumatoid arthritis (RA)

- Disease response as indicated by improvement in signs and compared to baseline such as the number of tender and swollen joint counts.

Thrombocytopenic purpura

- Disease response as indicated by the achievement and maintenance of a platelet count of at least 50×10^9 /L as necessary to reduce the risk for bleeding

Thrombotic thrombocytopenic purpura (TTP)

- Disease response as indicated by an increase in ADAMTS13 activity with a reduction in thrombosis risk

Pemphigus vulgaris, Granulomatosis with Polyangiitis (GPA) (Wegener's granulomatosis) and Microscopic polyangiitis (MPA)

- Disease response as indicated by improvement in signs and symptoms of condition compared to baseline

Chronic graft-versus-host disease (cGVHD)

- Disease response as indicated by improvement in patient-reported symptoms or clinician assessments (e.g., manifestations of disease to the skin, oral cavity, musculoskeletal system, etc.)

Autoimmune hemolytic anemia (AIHA)

- Disease response as indicated by improvement in anemia signs and symptoms (e.g., dyspnea, fatigue, etc.) as well as: improvement in laboratory values (Hb/Hct), reduced transfusion needs, and/or reduced glucocorticoid use

Coverage durations:

- Initial coverage: 6 months
- Continuation of therapy coverage: 6 months, unless otherwise stated in continuation of therapy criteria

*** Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) if applicable. ***

Dosage/Administration:

Indication		**Dose**
CLL/SLL	Initial Therapy	375 mg/m² weekly x 8 doses; OR 375 mg/m² cycle 1, then 500 mg/m² every 28 days cycles 2-6 (6 total doses)
	Renewal Therapy	375 mg/m² once weekly for 4 doses per 6 month period; OR 375 mg/ m² every 8 weeks
NHL, CNS Lymphoma, PTLD, Waldenström's, Castleman's, or HL	Initial Therapy	375 mg/m2 once weekly for 4 - 8 doses in a 6 month period
	Renewal Therapy	375 mg/m² once weekly for 4 doses per 6 month period; OR 375 mg/ m² every 8 weeks
ALL		375 mg/m² once weekly for 4 - 8 doses in a 6 month period
RA		1,000 mg on days 1 and 15, repeated up to every 16 weeks
Pemphigus, Thrombocytopenia, GPA, WG, MPA, AIHA, or Immunotherapy Toxicity Treatment		375 mg/m² weekly x 4 doses in a 6 month period
cGVHD		375 mg/m² weekly x 4 doses, then 375 mg/m² monthly x 4 months

Dosing Limits:

Indication	**Maximum dose (1 billable unit = 100 mg)**
CLL/SLL	Initial therapy: • Loading dose: 10 units x 1 dose • Subsequent doses: 13 units every 28 days x 5 doses per 6 months Renewal therapy: • 10 units per dose every 8 weeks x 4 doses per 6 months
Immunotherapy Toxicity Treatment:	10 units per dose weekly x 4 doses in a 6 month period
All other oncology indications	Initial therapy:

	• 10 units per dose weekly x 8 doses per 6 months Renewal therapy: • 10 units per dose every 8 weeks x 4 doses per 6 months
RA	10 units per dose every 14 days x 2 doses in a 16 week period
cGVHD	10 units per dose weekly x 4 doses, then 10 units monthly x 4 months
All other non-onoclogy indications	10 units per dose weekly x 4 doses in a 6 month period

Investigational use: All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

Applicable Codes:
Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all inclusive. Requests received with codes from tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT code is:

HCPCS/CPT Code	Description
J9312	Injection, rituximab, 10mg

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