

Drug Policy:

Rituximab Products (Rituxan, Rituxan Hycela, Truxima, Ruxience, Riabni)

POLICY NUMBER UM ONC_1132	SUBJECT Rituximab Products (Rituxan, Rituxan Hycela, Truxima, Ruxience, Riabni)	DEPT/PROGRAM UM Dept	PAGE 1 of 4
DATES COMMITTEE REVIEWED 07/22/11, 01/02/13, 03/13/13, 07/24/14, 12/16/15, 12/21/16, 12/03/17, 11/08/18, 01/09/19, 08/14/19, 12/11/19, 02/12/20, 03/11/20, 04/08/20, 10/14/20, 02/10/21, 11/15/21	APPROVAL DATE November 15, 2021	EFFECTIVE DATE November 29, 2021	COMMITTEE APPROVAL DATES 07/22/11, 01/02/13, 03/13/13, 07/24/14, 12/16/15, 12/21/16, 12/03/17, 11/08/18, 01/09/19, 08/14/19, 12/11/19, 02/12/20, 03/11/20, 04/08/20, 10/14/20, 02/10/21, 11/15/21
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee	
URAC STANDARDS HUM 1	NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid

I. PURPOSE

To define and describe the accepted indications for Rituximab Products (Rituxan, Rituxan Hycela, Truxima, Ruxience, Riabni) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

1. When health plan Medicaid coverage provisions—including any applicable PDLs (Preferred Drug Lists)—conflict with the coverage provisions in this drug policy, health plan Medicaid coverage provisions take precedence per the [Preferred Drug Guidelines OR](#)
2. When health plan Exchange coverage provisions—including any applicable PDLs (Preferred Drug Lists)—conflict with the coverage provisions in this drug policy, health plan Exchange coverage provisions take precedence per the [Preferred Drug Guidelines OR](#)
3. For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the [Preferred Drug Guidelines shall follow NCH L1 Pathways](#) when applicable, otherwise shall follow NCH drug policies [AND](#)
4. Continuation requests of previously approved, non-preferred medication are not subject to this provision [AND](#)
5. When available, generic alternatives are preferred over brand name drugs [AND](#)
6. Truxima (rituximab-abbs) and Ruxience (rituximab-pvvr) are the [PREFERRED](#) products whenever Rituximab, Rituxan Hycela, or Riabni are requested.
7. Non-preferred Rituximab will be approved only if there is a contraindication/intolerance to the [PREFERRED](#) medication.

B. CD-20 positive B-Cell Non-Hodgkin's Lymphomas

1. The member has CD20 positive B-cell NHL and rituximab (Truxima or Ruxience) is being used as a single agent or in combination with chemotherapy for [ANY](#) of the following:
 - a. Initial therapy [OR](#)
 - b. Treatment of relapsed or refractory disease [OR](#)
 - c. Maintenance therapy:
 - i. For up to two years for Indolent B-Cell Lymphomas (Follicular B Cell Lymphoma and all subtypes of Marginal Zone Lymphoma).
 - ii. For up to disease progression on intolerable toxicity for Mantle Cell Lymphoma.

C. Chronic Lymphocytic Leukemia (CLL)

1. Rituximab (Truxima or Ruxience) is being used for first or subsequent line of therapy:
 - a. In combination with chemotherapy [OR](#)
 - b. As maintenance therapy for up to 2 years.

D. Hodgkin's Lymphoma

1. The member has nodular lymphocyte predominant Hodgkin's Lymphoma and rituximab (Truxima or Ruxience) is being used as a single agent or in combination with chemotherapy for initial or subsequent therapy [OR](#)
2. For maintenance therapy for up to 2 years.

E. Idiopathic Thrombocytopenic Purpura (ITP)

1. The member has acute ITP and rituximab (Truxima or Ruxience) is being used as a single agent [AND](#)
2. The member has ITP that is refractory to corticosteroids and IVIG [AND](#)
3. The platelet count is < 30,000 [OR](#)
4. There are other clinical indications for therapy.

III. EXCLUSION CRITERIA

- A. Use of Rituximab products (Rituxan, Rituxan Hycela, Truxima, Ruxience, Riabni) as maintenance therapy after primary treatment of Diffuse Large B-Cell Lymphoma (DLBCL).
- B. Dosing exceeds single dose limit of rituximab 500 mg/m² and Rituxan Hycela 1600 mg (CLL) and 1400 mg (NHL).
- C. Investigational use of Rituximab Products (Rituxan, Rituxan Hycela, Truxima, Ruxience, Riabni) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
 - 1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
 - 2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
 - 3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definition of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of < 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
 - 4. Whether the experimental design, in light of the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
 - 5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
 - 6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
 - 7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

- A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

- A. Riabni prescribing information. Amgen. Thousand Oaks, CA 2020.
- B. Rituxan Hycela prescribing information. Genetech, Inc. San Francisco, CA 2019.
- C. Truxima (rituximab-abbs) prescribing information. Teva Pharmaceuticals USA, Inc. North Wales, PA 2020.

- D. Rituxan prescribing information. Genetech, Inc. San Francisco, CA 2020.
- E. Ruxience (rtuximab-pvvr) prescribing information. Pfizer Inc. NY, NY 2020.
- F. Clinical Pharmacology Elsevier Gold Standard 2021.
- G. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, CO 2021.
- H. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2021.
- I. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD. 2021.
- J. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.
- K. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>.