

RITUXAN HYCELA
(rituximab and hyaluronidase human)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Follicular lymphoma with **ONE** of the following:
 - a. Relapsed or refractory
 - b. In combination with first line chemotherapy
 - c. Non-progressing after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy
2. Diffuse large B-cell lymphoma
 - a. In combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens
3. Chronic Lymphocytic Leukemia (CLL)
 - a. In combination with fludarabine and cyclophosphamide (FC)

AND ALL of the following:

- a. Patient has received at least one full dose of a rituximab product by intravenous infusion
- b. **NOT** given concurrently with live vaccines, (Non-live vaccines should be administered at 4 weeks prior to a course of Rituxan Hycela)
- c. If the patient has a history of Hepatitis B (HBV) infection
 - i. Prescriber agrees to monitor for HBV reactivation
- d. **NO** severe active infections
- e. Prescriber agrees to monitor for signs of progressive multifocal leukoencephalopathy (PML) or severe mucocutaneous reactions

Prior - Approval Limits

Duration 12 months

RITUXAN HYCELA
(rituximab and hyaluronidase human)

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Follicular lymphoma
2. Diffuse large B-cell lymphoma
3. Chronic Lymphocytic Leukemia (CLL)

AND ALL of the following:

- a. **NO** disease progression or unacceptable toxicity
- b. **NOT** given concurrently with live vaccines, (Non-live vaccines should be administered at 4 weeks prior to a course of Rituxan Hycela)
- c. If the patient has a history of Hepatitis B (HBV) infection
 - i. Prescriber agrees to monitor for HBV reactivation
- d. **NO** severe active infections
- e. Prescriber agrees to monitor for signs of progressive multifocal leukoencephalopathy (PML) or severe mucocutaneous reactions

Prior - Approval *Renewal* Limits

Same as above