

RITUXIMAB

Rituxan (rituximab), **Riabni** (rituximab-arrx), Ruxience (rituximab-pvvr),
Truxima (rituximab-abbs)

Preferred products: Riabni, Rituxan

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

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

1. Non-Hodgkin Lymphomas (NHL), B-cell, CD20-positive with **ONE** of the following indications:
 - a. Follicular lymphoma
 - b. Diffuse large B-cell lymphoma (DLBCL)
 - c. Burkitt lymphoma
 - d. Gastric MALT lymphoma
 - e. Non-gastric MALT lymphoma
 - f. Nodal Marginal Zone lymphoma
 - g. Mantle cell lymphoma
 - h. AIDS-Related B-cell lymphomas
 - i. Post-transplant lymphoproliferative disorder
 - j. Primary cutaneous B-cell lymphoma
 - k. Splenic marginal zone lymphoma
 - l. Hairy Cell Leukemia
 - m. Castleman's disease
2. Chronic Lymphocytic Leukemia (CLL)
3. Rheumatoid arthritis (RA)
 - a. Moderately-to severely-active RA
 - b. Inadequate treatment response, intolerance, or contraindication to one or more tumor necrosis factor (TNF) antagonist therapies
4. Waldenström's macroglobulinemia
5. Steroid refractory chronic graft vs. host disease
6. Immune thrombocytopenic purpura
7. Thrombotic thrombocytopenic purpura
8. Refractory autoimmune hemolytic anemia
9. Leptomeningeal metastases
10. Primary central nervous system lymphoma



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11. Hodgkin's lymphoma
12. Refractory systemic lupus erythematosus (SLE)
13. Refractory myasthenia gravis (MG)
 - a. Inadequate treatment response, intolerance, or contraindication to at least **TWO** conventional therapies for MG (e.g., corticosteroids, azathioprine, mycophenolate, cyclosporine, methotrexate, tacrolimus, cyclophosphamide, etc.)
14. Moderately to severely active pemphigus vulgaris (PV)

AND NONE of the following for **ALL** indications:

- a. Used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
- b. Use of live vaccines (non-live vaccines should be administered at 4 weeks prior to a course of rituximab)
- c. Active bacterial, invasive fungal, viral, and other opportunistic infections

AND the following for **ALL** indications:

- a. **Non-preferred products only:** Inadequate treatment response, intolerance, or contraindication to **ONE** of the preferred products (Riabni, Rituxan, Rituxan Hycela)

Age 2 years of age or older

Diagnoses

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

1. Microscopic polyangiitis (MPA)
 - a. Concurrent use with a glucocorticoid
2. Granulomatosis with polyangiitis (formerly Wegener's granulomatosis)
 - a. Concurrent use with a glucocorticoid

AND NONE of the following for **ALL** indications:

- a. Used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
- b. Use of live vaccines (non-live vaccines should be administered at 4 weeks prior to a course of rituximab)

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c. Active bacterial, invasive fungal, viral, and other opportunistic infections

AND the following for **ALL** indications:

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Age 6 months of age or older

Diagnoses

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

1. Non-Hodgkin Lymphomas (NHL), B-cell, CD20-positive with **ONE** of the following indications:
 - a. Diffuse large B-cell lymphoma (DLBCL)
 - b. Burkitt lymphoma
 - c. Burkitt-like lymphoma
2. Mature B-cell acute leukemia

AND NONE of the following for **ALL** indications:

- a. Used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
- b. Use of live vaccines (non-live vaccines should be administered at 4 weeks prior to a course of rituximab)
- c. Active bacterial, invasive fungal, viral, and other opportunistic infections

AND the following for **ALL** indications:

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Prior - Approval Limits

Duration 12 months



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Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

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

1. Non-Hodgkin Lymphomas (NHL), B-cell, CD20-positive with **ONE** of the following indications:
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 - m. Castleman's disease
2. Chronic Lymphocytic Leukemia (CLL)
3. Rheumatoid arthritis (RA)
4. Waldenström's macroglobulinemia
5. Steroid refractory chronic graft vs. host disease
6. Immune thrombocytopenic purpura
7. Thrombotic thrombocytopenic purpura
8. Refractory autoimmune hemolytic anemia
9. Leptomeningeal metastases
10. Primary central nervous system lymphoma
11. Hodgkin's lymphoma
12. Refractory systemic lupus erythematosus (SLE)
13. Refractory myasthenia gravis (MG)
14. Pemphigus vulgaris (PV)

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- b. Use of live vaccines (Non-live vaccines should be administered at 4 weeks prior to a course of rituximab)
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Age 2 years of age or older

Diagnoses

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

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- Active bacterial, invasive fungal, viral, and other opportunistic infections

Prior – Approval *Renewal* Limits

Same as above

Appendix 1 - List of DMARDs

Biological disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
abatacept	Orencia
adalimumab	Humira
anakinra	Kineret
bimekizumab-bkzx	Bimzelx
brodalumab	Siliq
certolizumab	Cimzia
etanercept	Enbrel
golimumab	Simponi/Simponi Aria
guselkumab	Tremfya
infliximab	Remicade
ixekizumab	Taltz
risankizumab-rzaa	Skyrizi
rituximab	Rituxan
sarilumab	Kevzara
secukinumab	Cosentyx
spesolimab-sbzo	Spevigo
tildrakizumab-asmn	Ilumya
tocilizumab	Actemra
ustekinumab	Stelara
vedolizumab	Entyvio

Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
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**BlueCross.
BlueShield.**

Federal Employee Program.

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apremilast	Otezla
baricitinib	Olumiant
deucravacitinib	Sotyktu
tofacitinib	Xeljanz/XR
upadactinib	Rinvoq