DRUG DETERMINATION POLICY

Title: DDP-17 Rituximab (Rituxan)

Effective Date: 06/03/2020

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs that require prior approval.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Rituximab (originator: Rituxan, biosimilars: Ruxience,Truxima) is an immunosuppressant specialty drug indicated for a number of diagnoses and is associated with significant toxicity. These criteria were developed and implemented to ensure appropriate use for the intended diagnoses and mitigation of toxicity, if possible.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

I. Non-Oncology Indications.

A. Rheumatoid Arthritis (RA).

1. Diagnosis and severity: moderate to severe RA.

2. Other therapies: contraindicated, failed or significant adverse effects with two anti-tumor necrosis factor (TNF) agents.

3. Dosage regimen (Rituxan and Truxima only).

a. Combination with methotrexate. (if contraindicated use leflunomide or other standard disease modifying antirheumatic drugs).

b. Approval regimen for rituximab: 1,000mg IV on days one and fifteen of a 6 month cycle.

B. Polyangiitis (PA).

1. Age: at least two years.

2. Diagnosis and severity.

   a. Granulomatosis with Polyangiitis (GPA; Wegener Granulomatosis).

   b. Microscopic polyangiitis (MPA).

3. Dosage regimen:

   a. Combination with methylprednisolone or prednisone.

   b. Induction: rituximab 375mg/m^2 one time per week for four doses with methylprednisolone IV for one to three days, then prednisone by mouth one time per day.

   c. Maintenance:

      i. Adult: rituximab 500mg week zero and two, then 500mg every six months.

      ii. Pediatric: rituximab 250mg/m^2 week zero and two, then 250mg/m^2 every six months.

C. Pemphigus Vulgaris.

1. Diagnosis and severity (meet both below):

   a Treatment of moderate to severe pemphigus vulgaris in adults.

   b. Refractory disease.

2. Other therapies (try both categories below):

   a. Steroids: initial treatment, then taper or increase as needed.

   b. Non-steroidal systemic immunomodulatory medication (four months): azathioprine, mycophenolate, dapsone.

3. Dosage regimen: Rituxan only

   a. Initial: 1000 mg at weeks zero and two.

   b. Maintenance: 500 mg at months twelve and then every six months thereafter or based on clinical evaluation.

   c. Relapse: 1000 mg for one dose, no sooner than 16 weeks following previous dose.

   d. Concurrent therapy:

      i. Combination with tapering glucocorticoids and with relapse consider resuming or increasing steroid dose.

ii. Pre-medicate with methylprednisolone 100mg IV 30 minutes prior to each rituximab dose.

4. Approval.

a. Initial: six months.

b. Re-approval: six months.

II. Oncology.

A. Non-Hodgkin's Lymphoma (NHL): CD20 positive.

1. Diffuse large B-cell NHL (untreated).

a. Combination regimen with CHOP regimen or other anthracycline-based regimen.

b. Dosage regimen.

i. Rituximab 375mg/m^2 on day one of each cycle for at least eight infusions.

ii. Rituxan Hycela subcutaneous (SC) (r-hyaluronidase): 1,400mg/23,400units day one cycles two through eight (use rituximab IV cycle one).

2. Follicular B-Cell NHL (untreated or partial or complete response).

a. Combination regimen with first line chemotherapy.

b. Induction dosage regimen (untreated)

i. Rituximab 375mg/m^2 day one of each cycle for up to eight infusions.

ii. Rituxan Hycela SC (r-hyaluronidase): 1,400mg/23,400units day one cycles two through eight (use rituximab IV cycle one).

c. Maintenance monotherapy dosage regimen (partial or complete response):

i. Rituximab 375mg/m^2 every eight weeks for twelve doses.

ii. Rituxan Hycela SC (r-hyaluronidase): 1,400mg/23,400units every eight weeks for twelve doses.

3. Low grade B-cell NHL (non-progressing or stable).

a. Second line treatment after six to eight cycles of first line CVP regimen.

b. Dosage regimen:

i. Rituximab 375mg/m^2 one time weekly times four every six months for up to 16 doses.

ii. Rituxan Hycela SC (r-hyaluronidase): 1,400mg/23,400units one time per week for three weeks or up to 16 doses (use rituximab IV one time weekly for four doses).

4. Low-grade or follicular B-Cell NHL (relapsing or refractory).

a. Dosage regimen:

i. Rituximab 375 mg/m^2 one time per week up to eight doses.

ii. Rituxan Hycela SC (r-hyaluronidase): 1,400mg/23,400units one time per week for three weeks (use rituximab IV week one).

b. Retreatment following disease progression:

i. Rituximab 375mg/m^2 every three months for two years.

B. Chronic Lymphocytic Leukemia (CLL): CD20 positive.

1. Combination regimen with fludarabine and cyclophosphamide.

2. Dosage regimen:

a. Rituximab 375mg/m^2 one-day prior to chemotherapy in cycle one of 28-day cycle, then 500mg/m^2 on day one of cycles two through six.

b. Rituxan Hycela SC (r-hyaluronidase): 1,600mg/26,800units on day one of 28-day cycle in cycles two through six (use rituximab IV week one).

4.0 Coding:

APPLICABLE CODING				
HCPCS Code	**Brand**	**Generic**	**HCPCS Billing (1u)**	**Prior Approval Required**
J9312	Rituxan	rituximab	10mg	Y
J9311	Rituxan Hycela	rituximab hyaluronidase	10mg	Y
J3490	Ruxience	rituximab	10mg	Y
Q5115	Truxima	rituximab	10mg	Y

5.0 References, Citations & Resources:

1. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Rituxan, Rituxan Hycela accessed June, 2019.

2. Package insert rituximab Genetech/Biogen https://www.gene.com/download/pdf/rituxan_prescribing.pdf accessed April 2020

6.0 Appendices:

See page 5.

7.0 Revision History:

Original Effective Date: 12/14/2005

Next Review Date: 03/25/2021

Revision Date	Reason for Revision
4/19	Moving to new format; presented and approved by P&T Committee
3/20	Annual review; added indication Pemphigus Vulgaris, added drugs Ruxience, Truxima, replaced abbreviations RA – clarified combo with MTX, PA – added pediatric indication

Appendix I: Monitoring & Patient Safety – Adverse Reactions and Monitoring

Drug	Adverse Reactions	Monitoring	REMS
Rituxan Rituxan Hycela Rituximab/ Hyaluronic-dase	• Cardiovascular (CV): peripheral edema (8-16%), HTN (6-12%) • Central Nervous System (CNS): fever (5-53%), fatigue (13-39%), chills (3-33%), headache (17-19%), insomnia (≤4%), pain (12%) • Dermatology: rash (8-23%), pruritus (5-17%), angioedema (11%) • Gastro Intestinal (GI): nausea (8-23%), diarrhea (10-17%), abdominal. pain (2-14%), weight gain (11%) • Hematology: lymphopenia (48%), anemia (8-35%), leukopenia (14%), neutropenia (14%), thrombocytopenia (12%) • Hepatic: increased ALT (liver function test) • Neurology/musculoskeletal: neuropathy (≤30%), weakness (2-26%) muscle spasm (≤17%), arthralgia (6-13%) • Respiratory: cough (13%), rhinitis (3-12%), epitaxis (≤11%) • Pregnancy Category: C	• CV: CV monitoring • Labs: CBC with different , platelets. (Onc - weekly to monthly, RA (2-4 mons); peripheral CD20 • GI: abdominal pain • Neurological: PML • Renal: function, fluid balance • Vital signs • Other: infusion reactions	None Needed