Pharmacy Benefit Determination Policy

Policy Subject: Rituximab (Rituxan)	**Dates:**
Policy Number: SHS PBD14	**Effective Date:** December 14, 2005
Category: Immunosuppressant	**Revision Date** August 1, 2017
Policy Type: ☒ **Medical** ☐ **Pharmacy**	**Approval Date:** April 25, 2018
Department: Pharmacy	**Next Review Date:** April 2019
Product (check all that apply):	**Clinical Approval By:**
☒ Group HMO/POS	**Medical Directors**
☒ Individual HMO/POS	Peter Graham, MD
☒ PPO	**Pharmacy and Therapeutics Committee**
☒ ASO	Peter Graham, MD

Policy Statement:

Physicians Health Plan, PHP Insurance & Service Company, and Sparrow PHP will cover Rituxan through the Medical Benefit based on approval by the Clinical Pharmacist or Medical Director using the following determination guidelines

Drugs and Applicable Coding:

J-code: Rituxan - J9310 (1U=100mg); Rituxan Hycela - J9999

Clinical Determination Guidelines:

Document the following with chart notes

I. Non-Oncology Indications
   A. Rheumatoid Arthritis (RA)
      1. Diagnosis & severity: Mod-severe RA
      2. Other therapies: Failed or significant adverse effects w 2 TNF antagonist therapy
      3. Dosage regimen
         a. Combination w methotrexate
         b. Rituxan (rituximab IV): 1,000mg x 2 day 1 & 15 (repeat q 24 wks. based on response)
   B. Polyangiitis (PA)
      1. Diagnosis & severity
         a. Granulomatosis w Polyangiitis (GPA; Wegener Granulomatosis)
         b. Microscopic polyangiitis (MPA)
      2. Dosage regimen:
         a. Combination with methylprednisolone/prednisone
         b. Rituxan (rituximab IV): 375 mg/m^2 1x/wk. x 4 doses w methylprednisolone IV for 1-3 days, then prednisone po 1x/day.

II. Oncology
- A. Non-Hodgkins Lymphoma (NHL): CD20 +
  1. Untreated diffuse large B-cell NHL
     a. Combination regimen w CHOP or other anthracycline-based regimen
     b. Dosage regimen
        - Rituxan (rituximab IV): 375mg/m^2 on day 1 of each cycle x $\leq$ 8 infusions
        - Rituxan Hycela (r-hyaluronidase SC): 1,400mg/23,400units day 1 cycles 2-8 (use Rituxan IV cycle 1)
  2. Untreated follicular B-Cell NHL
     a. Combination regimen w 1st line chemotherapy
     b. Induction dosage regimen
        - Rituxan (rituximab IV): 375mg/m^2 day 1 of each cycle x $\leq$ 8 infusions
        - Rituxan Hycela (r-hyaluronidase SC): 1,400mg/23,400units day 1 cycles 2-8 (use Rituxan IV cycle 1)
     c. Maintenance dosage regimen (partial or complete response)
        - Rituxan (rituximab IV): 375mg/m^2 q 8wks x 12 doses
        - Rituxan Hycela (r-hyaluronidase SC): 1,400mg/23,400units SC q 8 wk. x 12 wks.
  3. Non-progressing, low grade B-cell NHL
     a. 2nd line treatment after 6-8 cycles of 1st line CVP
     b. Dosage regimen:
        - Rituxan (rituximab IV): 375mg/m^2 1x/wk. x 4 q 6 mons for $\leq$ 16 doses
        - Rituxan Hycela (r-hyaluronidase SC): 1,400mg/23,400units 1x/wk. x 3 wks. for 6 mons or max 16 doses (use Rituxan IV wk. 1 q wkly. x 4 doses).
  4. Relapsed or refractory Low-grade or follicular B-Cell NHL
     a. Dosage regimen:
        - Rituxan (rituximab IV): 375 mg/m^2 1x/wk. x 4 - 8 doses.
        - Rituxan Hycela (r-hyaluronidase SC): 1,400mg/23,400units 1x/wk. x 3 wks. (use Rituxan IV wk. 1)
     b. Retreatment following disease progression:
        - Rituxan (rituximab IV): 375mg/m^2 q 3 mon for 2 yrs. (Canadian labeling).
- B. Chronic Lymphocytic Leukemia (CLL): CD20 +
  1. Combination regimen w fludarabine/cyclophosphamide
  2. Dosage regimen
     a. Rituxan (rituximab IV): 375mg/m^2 1-day prior chemo. in cycle 1 of 28-day cycle, then 500mg/m^2 on day 1 of cycles 2-6
     b. Rituxan Hycela (r-hyaluronidase SC): 1,600mg/26,800units on day 1 of 28-day cycle in cycles 2-6 (use Rituxan IV wk. 1)

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

Drug	Adverse Reactions	Monitoring	REMS
Rituxan Rituxan Hycela Rituximab/ Hyaluronic-dase	• CV: Peripheral edema (8-16%), HTN (6-12%) • CNS: Fever (5-53%), fatigue (13-39%), chills (3-33%), HA (17-19%), insomnia (≤4%), pain (12%) • Derm: Rash (8-23%), pruritus (5-17%), angioedema (11%) • GI: Nausea (8-23%), diarrhea (10-17%), ab. pain (2-14%), wgt. gain (11%) • Hem: lymphopenia (48%), anemia (8-35%), leukopenia (14%), neutropenia (14%), thrombocytopenia (12%) • Hepatic: ALT ↑ • Neuro/SKLM: Neuropathy (≤30%), weakness (2-26%) muscle spasm (≤17%), arthralgia (6-13%) • Resp: cough (13%), rhinitis (3-12%), epitaxis (≤11%) • Pregnancy category: C	• CV: CV monitoring • Labs: CBC w diff, plts. (Onc - wkly to monly, RA (2-4 mons); peripheral CD20 • GI: Ab. pain • Neuro: PML • Renal: fx., fluid balance • Vital signs • Other: Infusion rxs	None Needed

References and Resources:

1. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Rituxan, Rituxan Hycela accessed March, 2018

Approved By:

4/25/18

Peter Graham, MD – PHP Executive Medical Director — Date

4/25/18

Human Resources (Kurt Batteen) — Date