

PHARMACY POLICY STATEMENT

Indiana Medicaid

DRUG NAME	Rituxan (rituximab)
BILLING CODE	J9312
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient
COVERAGE REQUIREMENTS	Prior Authorization Required (Preferred Product) QUANTITY LIMIT—see “Dosage Allowed” sections
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Rituxan (rituximab) is a **preferred** product and will only be considered for coverage under the **medical** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

GRANULOMATOSIS WITH POLYANGIITIS (GPA) (WEGENER’S GRANULOMATOSIS) AND MICROSCOPIC POLYANGIITIS (MPA)

For **initial** authorization:

1. Member is 2 years old or older; AND
2. Medication must be prescribed by or in consultation with a nephrologist or rheumatologist; AND
3. Member has a confirmed diagnosis of severe GPA or MPA, **or** non-severe disease (non-organ threatening, non-life-threatening) refractory to glucocorticoids in combination with methotrexate; AND
4. Rituxan will be initiated in combination with glucocorticoids; AND
5. Member has at least ONE of the following:
 - a) Member’s disease remains active or has progressed despite at least a 3 month trial of glucocorticoids in combination with cyclophosphamide;
 - b) Further treatment with cyclophosphamide would exceed the maximum cumulative dose;
 - c) Cyclophosphamide is contraindicated or not tolerated by the member.
6. **Dosage allowed:** Please refer to the Dosing and Administration section of the package insert.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Member tolerates infusions; AND
2. Chart notes demonstrate clinical improvement of disease signs and symptoms.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

PEMPHIGUS VULGARIS (PV)

For **initial** authorization:

1. Member is 18 years old or older; AND
2. Must be prescribed by or in consultation with a dermatologist; AND
3. Member has a documented diagnosis of moderate to severe PV; AND
4. Rituxan will be initiated in combination with a corticosteroid taper (unless contraindicated); AND
5. Member has tried and failed or has contraindication to high dose corticosteroid (equivalent to 1.5mg/kg/day prednisone) and an adjuvant immunosuppressive agent such as azathioprine or mycophenolate mofetil.
6. **Dosage allowed:** Initial: Two 1000mg doses separated by 2 weeks; Maintenance: 500mg infusion at month 12 and every 6 months thereafter or based on clinical evaluation -- no sooner than 16 weeks following the previous infusion; Relapse: 1000mg infusion.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

1. Member tolerates infusions; AND
2. Chart notes demonstrate clinical improvement of signs and symptoms (e.g. healed lesions, fewer new lesions, etc.)

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

RHEUMATOID ARTHRITIS (RA)

For **initial** authorization:

1. Member is 18 years old or older; AND
2. Medication is being prescribed by or in consultation with a rheumatologist; AND
3. Member has a documented diagnosis of moderately- to severely- active RA; AND
4. Rituxan is being used in combination with methotrexate, unless unable to tolerate; AND
5. Member must have inadequate response or intolerance to one or more tumor necrosis factor (TNF) antagonists (e.g. adalimumab, etanercept, infliximab) for at least 3 months each. Note: TNF antagonists require prior authorization.
6. **Dosage allowed:** Two 1000mg doses separated by 2 weeks; subsequent courses repeated no sooner than every 16 weeks (every 24 weeks is typical).

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Member tolerates infusions; AND
2. Chart notes demonstrate improvement of RA signs and symptoms (e.g. fewer number of painful and swollen joints, achievement of remission, etc.)

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

ACQUIRED THROMBOTIC THROMBOCYTOPENIC PURPURA (aTTP)

For **initial** authorization:

1. Member is 18 years old or older; AND
2. Medication must be prescribed by or in consultation with a hematologist; AND
3. Member has a presumptive or confirmed diagnosis of aTTP including ALL of the following:
 - a) Lab results showing thrombocytopenia (platelet count less than 150,000);
 - b) Microangiopathic hemolytic anemia (MAHA) confirmed by presence of schistocytes on blood smear;
 - c) Documentation of a PLASMIC score between 5 and 7 (intermediate to high risk);²⁵

- d) Testing shows an ADAMTS13 activity level less than 10%, OR test has been ordered and results are pending.
- 4. Member's platelet count has not responded after at least 4 days of plasma exchange and glucocorticoid; AND
- 5. Rituxan is being used in addition to plasma exchange and glucocorticoid.
- 6. **Dosage allowed:** 375mg/m² once weekly for 4 doses (off label).²⁶

If member meets all the requirements listed above, the medication will be approved for 30 days.

For **reauthorization**:

- 1. Member is experiencing a relapse of symptoms (thrombocytopenia and MAHA); AND
- 2. ADAMTS13 activity is less than 20% (lab report required).

If member meets all the reauthorization requirements above, the medication will be approved for an additional 30 days.

NON-HODGKIN'S LYMPHOMA (NHL)

These requests must be submitted through [NantHealth/Eviti](#) portal.

CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)

These requests must be submitted through [NantHealth/Eviti](#) portal.

CareSource considers Rituxan (rituximab) not medically necessary for the treatment of the diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
8/20/2013	Change in diagnosis
7/15/2014	Added diagnosis TTP and additional criteria to CD20+ CLL
7/15/2015	Added MCG 19th edition criteria
10/4/2016	Change in diagnoses to FDA approved uses, updated references with supporting guidelines and literature
6/9/2020	Transferred policy to new template, indicated Eviti carve-outs. Revised criteria for vasculitis diagnoses (GPA, MPA); previously listed as ANCA vasculitis – updated age, specified trial for non-severe, simplified the cyclophosphamide trial language. Revised criteria for Rheumatoid Arthritis – changed from trial of 2 TNF to 1 TNF. Added new diagnosis Pemphigus Vulgaris and its criteria
7/28/2020	Added criteria for aTTP.

References:

- 1. Rituxan [package insert]. South San Francisco, CA: Genentech, Inc.; 2020.
- 2. Ntatsaki E, Carruthers D, Chakravarty K, et al. BSR and BHPR guideline for the management of adults with ANCA-associated vasculitis. Rheumatology April 2014; ket445
- 3. Stone JH, Merkel PA, Spiera R, et al. Rituximab versus cyclophosphamide for ANCA-associated vasculitis. N Engl J Med 2010; 363:221.

4. Jones RB, Tervaert JW, Hauser T, et al. Rituximab versus cyclophosphamide in ANCA-associated renal vasculitis. *N Engl J Med* 2010; 363:211.
5. Jones RB, Tervaert JW, Hauser T, et al. Rituximab versus cyclophosphamide in ANCA-associated renal vasculitis: 2-year results of a randomized trial. *Ann Rheum Dis* 2015; 74(6): 1178-1182.
6. Latimer NR, Carroll C, Wong R, et al. Rituximab in combination with corticosteroids for the treatment of anti-neutrophil cytoplasmic antibody-associated vasculitis: a NICE single technology appraisal. *Pharmacoeconomics* 2014; 32(12): 1171-1183.
7. Pagnoux C. Updates in ANCA-associated vasculitis. *Eur J Rheumatol* 2015
8. Singh JA, Saag KG, Bridges Jr. SL, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Care & Research* 2015: 1-25.
9. Leandro MJ. Rituximab: Principles of use and adverse effects in rheumatoid arthritis. *UpToDate*. https://www.uptodate.com/contents/rituximab-principles-of-use-and-adverse-effects-in-rheumatoid-arthritis?search=rheumatoid%20arthritis%20treatment&topicRef=7966&source=see_link. Updated April 3, 2020. Accessed June 9, 2020.
10. Finckh A, Ciurea A, Brulhart L, et al. Which subgroup of patients with rheumatoid arthritis benefits from switching to rituximab versus alternative anti-tumour necrosis factor (TNF) agents after previous failure of an anti-TNF agent? *Annals of the Rheumatic Diseases*. 2009;69(2):387-393. doi:10.1136/ard.2008.105064
11. Solau-Gervais E, Prudhomme C, Philippe P, et al. Efficacy of rituximab in the treatment of rheumatoid arthritis. Influence of serologic status, coprescription of methotrexate and prior TNF-alpha inhibitors exposure. *Joint Bone Spine*. 2012;79(3):281-284. doi:10.1016/j.jbspin.2011.05.002
12. Harrold LR, Reed GW, Magner R, et al. Comparative effectiveness and safety of rituximab versus subsequent anti-tumor necrosis factor therapy in patients with rheumatoid arthritis with prior exposure to anti-tumor necrosis factor therapies in the United States Corrona registry. *Arthritis Research & Therapy*. 2015;17(1). doi:10.1186/s13075-015-0776-1
13. Chatzidionysiou K, Lie E, Nasonov E, et al. Highest clinical effectiveness of rituximab in autoantibody-positive patients with rheumatoid arthritis and in those for whom no more than one previous TNF antagonist has failed: pooled data from 10 European registries. *Annals of the Rheumatic Diseases*. 2011;70(9):1575-1580. doi:10.1136/ard.2010.148759
14. Emery P, Gottenberg JE, Rubbert-Roth A, et al. Rituximab versus an alternative TNF inhibitor in patients with rheumatoid arthritis who failed to respond to a single previous TNF inhibitor: SWITCH-RA, a global, observational, comparative effectiveness study. *Annals of the Rheumatic Diseases*. 2014;74(6):979-984. doi:10.1136/annrheumdis-2013-203993
15. Hertl M, Eming R. Management of refractory pemphigus vulgaris and pemphigus foliaceus. *UpToDate*. https://www.uptodate.com/contents/management-of-refractory-pemphigus-vulgaris-and-pemphigus-foliaceus?search=pemphigus%20vulgaris&source=search_result&selectedTitle=3~40&usage_type=default&display_rank=3. Updated March 5, 2020. Accessed June 11, 2020.
16. Heelan K, Al-Mohammed F, Smith MJ, et al. Durable Remission of Pemphigus With a Fixed-Dose Rituximab Protocol. *JAMA Dermatology*. 2014;150(7):703. doi:10.1001/jamadermatol.2013.6739
17. Murrell DF, Dick S, Ahmed A, et al. Consensus statement on definitions of disease, end points, and therapeutic response for pemphigus. *Journal of the American Academy of Dermatology*. 2008;58(6):1043-1046. doi:10.1016/j.jaad.2008.01.012
18. Agarwal A, Hall RP, Bañez LL, Cardones AR. Comparison of rituximab and conventional adjuvant therapy for pemphigus vulgaris: A retrospective analysis. *Plos One*. 2018;13(9). doi:10.1371/journal.pone.0198074
19. Merkel PA, Kaplan AA, Falk RJ. Granulomatosis with polyangiitis and microscopic polyangiitis: Initial immunosuppressive therapy. *UpToDate*. https://www.uptodate.com/contents/granulomatosis-with-polyangiitis-and-microscopic-polyangiitis-initial-immunosuppressive-therapy?search=Granulomatosis%20with%20polyangiitis%20and%20Microscopic%20Polyangiitis&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2. Updated January 23, 2019. Accessed June 11, 2020.
20. McGeoch L, Twilt M, Famorca L, et al. CanVasc Recommendations for the Management of Antineutrophil Cytoplasm Antibody-associated Vasculitides. *The Journal of Rheumatology*. 2015;43(1):97-120. doi:10.3899/jrheum.150376
21. Yates M, Watts R, Bajema I, et al. OP0053 Eular/ERA-EDTA Recommendations for The Management of Anca-Associated Vasculitis. *Annals of the Rheumatic Diseases*. 2016;75(Suppl 2). doi:10.1136/annrheumdis-2016-eular.1168

22. Terrier B, Pagnoux C, Perrodeau É, et al. Long-term efficacy of remission-maintenance regimens for ANCA-associated vasculitides. *Annals of the Rheumatic Diseases*. 2018;77(8):1150-1156. doi:10.1136/annrheumdis-2017-212768
23. George JN, Cuker A. Acquired TTP: Initial treatment. *UpToDate*. <http://www.uptodate.com>. Updated September 30, 2019. Accessed July 15, 2020.
24. ISTH Guideline for the Diagnosis and Management of Thrombotic Thrombocytopenic Purpura. https://cdn.ymaws.com/www.isth.org/resource/resmgr/guidance_and_guidelines/ttp_guideline/isth_ttp_guideline_september.pdf. Accessed 7/15/2020.
25. Coppo P, Cuker A, George JN. Thrombotic thrombocytopenic purpura: Toward targeted therapy and precision medicine. *Res Pract Thromb Haemost*. 2018;3(1):26-37. Published 2018 Nov 16. doi:10.1002/rth2.12160
26. Scully M, McDonald V, Cavenagh J, et al. A phase 2 study of the safety and efficacy of rituximab with plasma exchange in acute acquired thrombotic thrombocytopenic purpura. *Blood*. 2011;118(7):1746-1753. doi:10.1182/blood-2011-03-341131
27. Sayani FA, Abrams CS. How I treat refractory thrombotic thrombocytopenic purpura [published correction appears in *Blood*. 2017 Oct 5;130(14):1684]. *Blood*. 2015;125(25):3860-3867. doi:10.1182/blood-2014-11-551580
28. Lim W, Vesely SK, George JN. The role of rituximab in the management of patients with acquired thrombotic thrombocytopenic purpura. *Blood*. 2015;125(10):1526-1531. doi:10.1182/blood-2014-10-559211

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