

## PHARMACY POLICY STATEMENT

### Marketplace

<b>DRUG NAME</b>	<b>Rituximab (Rituxan*, Truxima, Ruxience, Riabni)</b>
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Rituxan is a monoclonal antibody that targets the CD20 antigen expressed on the surface of pre-B and mature B-lymphocytes. Upon binding to CD20, rituximab mediates B-cell lysis. B cells are believed to play a role in the pathogenesis of rheumatoid arthritis (RA) and associated chronic synovitis. In this setting, B cells may be acting at multiple sites in the autoimmune/inflammatory process.

Rituximab will be considered for coverage when the following criteria are met:

**Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA)**



For

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a neurologist; AND
3. Member has a diagnosis of MS, including documentation of baseline relapse rate, lesion count, and/or disability status (e.g., EDSS); AND
4. Member has documentation of one of the following:
  - a)

**CareSource considers Rituximab not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
08/20/2013	Change in diagnosis
07/15/2014	Added diagnosis TTP and additional criteria to CD20+ CLL
07/15/2015	Added MCG 19th edition criteria
10/04/2016	Change in diagnoses to FDA approved uses, updated references with supporting guidelines and literature
06/09/2020	Transferred policy to new template, indicated Evisi 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
07/28/2020	Added criteria for aTTP.
10/13/2020	Added criteria for NMOSD.



30. Weinshenker B. Neuromyelitis Optica Spectrum Disorder. NORD (National Organization for Rare Disorders). <https://rarediseases.org/rare-diseases/neuromyelitis-optica/>. Published August 25, 2020. Accessed October 2, 2020.
- 31.

## APPENDIX

Preferred Products	Non-Preferred Products
◁ Ruxience ◁ Truxima	◁ Rituxan

Effective date: 07/01/2023

Revised date: 02/21/2023