

This policy applies to the following:

Standard Control (SF)	Value (VF)	ACSF Chart (ACSF)	✓	Medical Benefit	Medicare Part B
Preferred Drug Plan Design (PDPD)	Managed Medicaid Template (MMT)	SF Chart (SFC)		Medical Benefit: Biosimilars First	Medicare Part B: Biosimilars First
Advanced Control Specialty (ACSF)	Marketplace (MF)	VF Chart (VFC)		Medical Benefit: Add-on	Medicare Part B: Add-on
Balanced (BF)	New to Market (NTM)	IVL		Medical Benefit: Managed Medicaid	Aetna Health Exchange (AHE)

Reference #
3509-D

EXCEPTIONS CRITERIA RITUXIMAB PRODUCTS

PREFERRED PRODUCT: TRUXIMA

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the rituximab products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Rituximab products

	Product(s)
Preferred*	<ul style="list-style-type: none"> • Truxima (rituximab-abbs)
Targeted	<ul style="list-style-type: none"> • Riabni (rituximab-arrx) • Rituxan (rituximab) • Rituxan Hycela (rituximab and hyaluronidase human) • Ruxience (rituximab-pvvr)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

Coverage for a targeted product is provided when the member has had a documented intolerable adverse event to the preferred product. The adverse event must not be an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).

REFERENCES

1. Riabni [package insert]. Thousand Oaks, CA: Amgen, Inc.; December 2020.
2. Rituxan [package insert]. South San Francisco, CA: Genentech, Inc.; June 2021.
3. Rituxan Hycela [package insert]. South San Francisco, CA: Genentech, Inc.; June 2021.
4. Ruxience [package insert]. New York, NY: Pfizer; May 2020.

This policy applies to the following:

Standard Control (SF)	Value (VF)	ACSF Chart (ACSFC)	✓	Medical Benefit	Medicare Part B
Preferred Drug Plan Design (PDPD)	Managed Medicaid Template (MMT)	SF Chart (SFC)		Medical Benefit: Biosimilars First	Medicare Part B: Biosimilars First
Advanced Control Specialty (ACSF)	Marketplace (MF)	VF Chart (VFC)		Medical Benefit: Add-on	Medicare Part B: Add-on
Balanced (BF)	New to Market (NTM)	IVL		Medical Benefit: Managed Medicaid	Aetna Health Exchange (AHE)

Reference #
3509-D

5. Truxima [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc; May 2020.