

Reference number(s)
1704-A

SPECIALTY GUIDELINE MANAGEMENT

RITUXAN (rituximab) RUXIENCE (rituximab-pvvr) TRUXIMA (rituximab-abbs) RIABNI (rituximab-arrx)

Treatment of Hematologic and Oncologic Conditions

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

Rituxan is indicated for the treatment of pediatric patients aged 6 months and older with previously untreated, advanced stage, CD20-positive diffuse large B-cell lymphoma (DLBCL), Burkitt lymphoma (BL), Burkitt-like lymphoma (BLL) or mature B-cell acute leukemia (B-AL) in combination with chemotherapy.

Rituxan, Ruxience, Truxima, and Riabni are indicated for:

1. Non-Hodgkin's Lymphoma (NHL) in adult patients with:
 - a. Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL as a single agent
 - b. Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to a rituximab product in combination with chemotherapy, as single-agent maintenance therapy
 - c. Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL, as a single agent after first-line CVP (cyclophosphamide, vincristine, and prednisone) chemotherapy
 - d. Previously untreated diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP) or other anthracycline-based chemotherapy regimens
2. Chronic lymphocytic leukemia (CLL), in combination with fludarabine and cyclophosphamide (FC), for the treatment of adult patients with previously untreated and previously treated CD20-positive CLL.
3. Granulomatosis with polyangiitis (Wegener's Granulomatosis) and microscopic polyangiitis (MPA) (Not addressed in this policy – Refer to Rituxan-Ruxience-Truxima-Riabni-RA+Other SGM)

Rituxan, Ruxience, and Truxima are also indicated for:

Moderately to severely active rheumatoid arthritis in adult patients who have had an inadequate response to one or more TNF antagonist therapies

(Not addressed in this policy – Refer to Rituxan-Ruxience-Truxima-Riabni-RA+Other SGM)

Rituxan is also indicated for:

Moderate to severe pemphigus vulgaris in adult patients

(Not addressed in this policy – Refer to Rituxan-Ruxience-Truxima-Riabni-RA+Other SGM)

B. Compendial Uses

1. Autoimmune hemolytic anemia

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2. B-cell acute lymphoblastic leukemia (ALL)
3. B-cell lymphomas
 - a. Acquired immunodeficiency syndrome (AIDS)-related B-cell lymphoma
 - b. B-cell lymphoblastic lymphoma
 - c. Burkitt lymphoma
 - d. Castleman's disease
 - e. High grade B-cell lymphoma (including high-grade B-cell lymphoma with translocations of MYC and BCL2 and/or BCL6 [double/triple hit lymphoma], high-grade B-cell lymphoma, not otherwise specified)
 - f. Histological transformation of indolent lymphomas to diffuse large B-cell lymphoma
 - g. Mantle cell lymphoma
 - h. Marginal zone lymphomas
 - i. Nodal marginal zone lymphoma
 - ii. Gastric mucosa associated lymphoid tissue (MALT) lymphoma
 - iii. Nongastric MALT lymphoma
 - iv. Splenic marginal zone lymphoma
 - i. Post-transplant lymphoproliferative disorder (PTLD)
 - j. Pediatric Aggressive Mature B-Cell Lymphomas
4. Central nervous system (CNS) cancers
 - a. Leptomeningeal metastases from lymphomas
 - b. Primary CNS lymphomas
5. Chronic graft-versus-host disease (GVHD)
6. CLL/Small lymphocytic lymphoma (SLL)
7. Hairy cell leukemia
8. Rosai-Dorfman disease
9. Hodgkin's lymphoma, nodular lymphocyte-predominant
10. Immune checkpoint inhibitor-related toxicities
11. Prevention of Epstein-Barr virus (EBV)-related PTLD in high risk patients
12. Primary cutaneous B-cell lymphoma
13. Relapsed/refractory immune or idiopathic thrombocytopenic purpura (ITP)
14. Thrombotic thrombocytopenic purpura
15. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma (LPL)
16. Allogeneic transplant conditioning
17. For other compendial uses, refer to Rituxan-Ruxience-Truxima-Riabni-RA+Other SGM

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: Testing or analysis confirming CD20 protein on the surface of the B-cell (if applicable)

III. CRITERIA FOR INITIAL APPROVAL

A. Oncologic indications

Authorization of 12 months may be granted for treatment of any of the following oncologic disorders that are CD20-positive as confirmed by testing or analysis:

1. B-cell acute lymphoblastic leukemia (ALL)
2. B-cell lymphomas:
 - i. Acquired immunodeficiency syndrome (AIDS)-related B-cell lymphoma

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- ii. B-cell lymphoblastic lymphoma
- iii. Burkitt lymphoma
- iv. Castleman's disease
- v. Diffuse large B-cell lymphoma
- vi. Follicular lymphoma
- vii. High grade B-cell lymphoma (including high-grade B-cell lymphoma with translocations of MYC and BCL2 and/or BCL6 [double/triple hit lymphoma], high-grade B-cell lymphoma, not otherwise specified)
- viii. Histological transformation of indolent lymphomas to diffuse large B-cell lymphoma
- ix. Mantle cell lymphoma
- x. Marginal zone lymphomas
 - a. Nodal marginal zone lymphoma
 - b. Gastric mucosa associated lymphoid tissue (MALT) lymphoma
 - c. Nongastric MALT lymphoma
 - d. Splenic marginal zone lymphoma
- xi. Post-transplant lymphoproliferative disorder (PTLD)
- xii. Pediatric Aggressive Mature B-Cell Lymphomas
- 3. Central nervous system (CNS) cancers:
 - i. Leptomeningeal metastases from lymphomas
 - ii. Primary CNS lymphoma
- 4. CLL/Small lymphocytic lymphoma (SLL)
- 5. Hairy cell leukemia
- 6. Rosai-Dorfman disease
- 7. Hodgkin's lymphoma, nodular lymphocyte-predominant
- 8. Primary cutaneous B-cell lymphoma
- 9. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma (LPL)

B. Hematologic indications

Authorization of 12 months may be granted for treatment of any of the following indications:

- 1. Refractory immune or idiopathic thrombocytopenic purpura (ITP)
- 2. Autoimmune hemolytic anemia
- 3. Thrombotic thrombocytopenic purpura
- 4. Chronic graft-versus-host disease (GVHD)
- 5. Prevention of Epstein-Barr virus (EBV)-related PTLD
- 6. As part of a non-myeloablative conditioning regimen for allogeneic transplant

C. Immune checkpoint inhibitor-related toxicities

Authorization of 3 months may be granted for treatment of immune checkpoint inhibitor-related toxicities.

IV. CONTINUATION OF THERAPY

For oncologic indications: Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an oncologic indication listed in Section III A. when there is no evidence of unacceptable toxicity.

For immune checkpoint inhibitor-related toxicities: Authorization of 3 months may be granted for continued treatment in members requesting reauthorization for treatment of immune checkpoint inhibitor-related toxicities who are experiencing benefit from therapy.

For all other indications: Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III B. who are experiencing benefit from therapy.

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V. REFERENCES

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