Reference number(s)
6180-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Value (VF)	☐

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Combined Benefit Management (CBM)	☐
Combined Benefit Management Pharmacy (CBMP)	☐
Medical Benefit Managed Medicaid (MMMB)	☑

Exceptions Criteria
Rituximab Products

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

These criteria were developed to align with the following: Medical Benefit Managed Medicaid.

Plan Design Summary

This program applies to the rituximab products specified in this document. 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

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

	Products
Preferred	• Rituxan Hycela (rituximab and hyaluronidase human) • Ruxience (rituximab-pvvr)
Targeted	• Riabni (rituximab-arrx) • Rituxan (rituximab) • Truxima (rituximab-abbs)

Exception Criteria

Coverage for a targeted product is provided when the member has had a documented intolerable adverse event to all of the preferred products. 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 Oak, CA: Amgen, Inc.; July 2025.
2. Rituxan [package insert]. South San Francisco, CA: Genentech, Inc.; January 2025.
3. Rituxan Hycela [package insert]. South San Francisco, CA: Genentech, Inc.; July 2025.
4. Ruxience [package insert]. New York, NY: Pfizer; June 2025.
5. Truxima [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc; June 2025.