

Medical Policy

Rituximabs

Last review date: 1/1/2026

Applicable Products

Riabni (rituximab-arxx)

Ruxience (rituximab-pvvr)

Rituxan (rituximab)

Truxima (rituximab-abbs)

Rituxan Hycela (rituximab and hyaluronidase human)

Initial Approval Criteria

Coverage may be approved if all of the following are met:

- Disease-specific criteria; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Non-Hodgkin's Lymphoma (NHL) (Riabni, Rituxan, Ruxience, Truxima)

- Patient is 18 years of age or older; **AND**
 - One of the following:
 - Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL as a single agent; **OR**
 - 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; **OR**
 - Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy; **OR**
 - Previously untreated diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens; **OR**
- Patient is 6 months of age or older; **AND**
 - 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

Chronic Lymphocytic Leukemia (CLL) (Riabni, Rituxan, Rituxan Hycela, Ruxience, Truxima)

- Patient is 18 years of age or older; **AND**
- Patient was previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC)

Rheumatoid Arthritis (RA) (Riabni, Rituxan, Ruxience, Truxima)

- Patient is 18 years of age or older; **AND**
- Used in combination with methotrexate; **AND**
- Diagnosis of moderately-to severely-active RA; **AND**
- Patient has had an inadequate response to one or more TNF antagonist therapies

Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) (Riabni, Rituxan, Ruxience, Truxmia)

- Patient is 2 years of age or older (Rituxan only); **AND**
- Used in combination with glucocorticoids

Follicular Lymphoma (FL) (Rituxan Hycela)

- Patient is 18 years of age or older; **AND**
- One of the following:
 - Relapsed or refractory, follicular lymphoma as a single agent; **OR**
 - Previously untreated follicular lymphoma in combination with first line chemotherapy and, in patients achieving a complete or partial response to rituximab in combination with chemotherapy, as single-agent maintenance therapy; **OR**
 - Non-progressing (including stable disease), follicular lymphoma as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy

Diffuse Large B-Cell Lymphoma (DLBCL) (Rituxan Hycela)

- Patient is 18 years of age or older; **AND**
- Patient has previously untreated diffuse large B-cell lymphoma used in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens; **AND**

Pemphigus Vulgaris (PV) (Rituxan)

- Patient is 18 years of age or older; **AND**
- Diagnosis of moderate to severe pemphigus vulgaris

Renewal Criteria

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Patient has shown a clinical response; **AND**
- Absence of unacceptable toxicity

Length of Authorization

12 Months

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.