RxAUTH Criteria for BCBSAZ

RITUXAN® (rituximab) PA

Effective Date: 1/1/2016

GPI CODING:

<table>
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<tr>
<th>Drug Name</th>
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<td>RITUXAN (rituximab)</td>
<td>2135306000****</td>
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Provide all applicable drugs and their corresponding GPIs. Please specify brand and generics as applicable.

DESCRIPTION:

Rituxan (rituximab) is a chimeric murine/human monoclonal antibody directed against the CD20 surface antigen which is expressed on pre-B and mature B lymphocytes. Rituxan induces lysis of normal and malignant CD20 expressing B cells. Possible mechanisms of cell lysis include complement dependent cytotoxicity and antibody dependent cell medicated cytotoxicity.

APPROVAL DURATION:

12 months

CRITERIA FOR RITUXAN

B-cell non-Hodgkin lymphoma (NHL)

FDA-approved dosage of Rituxan is considered medically necessary for the following when results of HbsAg and anti-Hbc are documented in the medical records AND the medication is being used to treat individuals with B-cell non-Hodgkin lymphoma (NHL) in ANY of the following:

- Follicular lymphoma with ANY of the following:
  - As first line therapy (as combination therapy or as monotherapy)
  - As second or subsequent therapy (as combination therapy or as monotherapy)
  - As single agent maintenance therapy (first or second line) in individuals who achieve a complete or partial response to Rituxan in combination with chemotherapy
- When used with CHOP or other anthracycline-based chemotherapy as first-line treatment for individuals with diffuse large B-cell lymphoma (DLBCL)
- For recurrent, aggressive CD20-positive NHL
- For previously untreated or relapsed/refractory mantle cell lymphoma
- As combination therapy in previously untreated and previously treated B-cell chronic lymphocytic leukemia (B-CLL)
- CD20-positive post-transplant lymphoproliferative disorders (PTLD) who have had an inadequate response to reduction of immunosuppression or are not candidates for reduction of immunosuppression

Rheumatoid Arthritis:

FDA-approved dosage of Rituxan for adults with rheumatoid arthritis is considered medically necessary with documentation of ALL of the following:

- Rheumatoid arthritis is moderately to severely active (e.g., ≥8 swollen and ≥8 tender joints)
- Rituxan is administered in combination with methotrexate
- Inadequate response to ANY of the following:
  - Methotrexate or other conventional synthetic disease-modifying anti-rheumatic drug (DMARD) and is not suitable for treatment with TNF inhibitors (e.g., due to recent [e.g., within 5 years] history of lymphoma or other malignancy; latent tuberculosis and contraindications to chemoprophylaxis; or previous demyelinating disease)
  - One or more tumor necrosis factor (TNF) inhibitors

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Granulomatosis with Polyangiitis (Wegener Granulomatosis) and Microscopic Polyangiitis:
FDA-approved dosages of Rituxan, in combination with glucocorticoids are considered medically necessary for the treatment of individuals with granulomatosis with polyangiitis (Wegener granulomatosis) and microscopic polyangiitis.

Autoimmune Hemolytic Anemia (AIHA):
Off-label use of Rituxan is considered medically necessary for individuals with autoimmune hemolytic anemia with documentation of ANY of the following:
- Warm AIHA in corticosteroid-refractory or corticosteroid-dependent individuals
- Cold agglutination syndrome

Churg-Strauss Syndrome (Eosinophilic Granulomatosis with Polyangiitis):
Off-label use of Rituxan is considered medically necessary for individuals with Churg-Stauss Syndrome with documentation of ANY of the following:
- First-line treatment in combination with corticosteroids for individuals with severe (organ-threatening) disease
- Add-on therapy for treatment-refractory disease

Chronic Graft-Versus-Host Disease:
Off-label use of Rituxan for individuals with corticosteroid-refractory chronic graft versus-host disease is considered medically necessary.

Factor Inhibitors in Hemophilia:
Off-label use of Rituxan, is considered medically necessary as factor inhibitors in individuals with hemophilia who are refractory to conventional first-line treatments (e.g., immune tolerance induction, corticosteroids with or without cyclophosphamide), preferably as add-on therapy.

Hepatitis C virus (HCV)--Associated Cryoglobulinemic Vasculitis:
Off-label use of Rituxan is considered medically necessary as an add-on therapy for individuals with hepatitis C with associated cryoglobulinemic vasculitis with documentation of ANY of the following:
- Active disease resistant to anti-viral drugs
- Severe or life-threatening cryoglobulinemic vasculitis

Idiopathic Thrombocytopenic Purpura (ITP):
Off-label use of Rituxan is considered medically necessary for individuals with idiopathic thrombocytopenic purpura (also referred to as idiopathic thrombocytopenia purpura) who do not respond to first-line treatments.

Lupus Nephritis:
Off-label use of Rituxan as an add-on therapy for individuals with lupus nephritis refractory to at least two standard first-line treatment regimens is considered medically necessary.

Multicentric Castleman Disease:
Off-label use of Rituxan for individuals with multicentric Castleman disease is considered medically necessary.

Neuromyelitis Optica (NMO):
Off-label use of Rituxan for individuals with neuromyelitis optica that is refractory to at least one standard immunosuppressive drug (e.g., azathioprine or mycophenolate mofetil) is considered medically necessary.

Pemphigoid Diseases:
Off-label use of Rituxan for individuals with ANY of the following pemphigoid diseases that are treatment-refractory is considered medically necessary.
- Bullous pemphigoid
- Epidermolysis bullosa acquisita
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- Mucous membrane pemphigoid, including ocular cicatricial pemphigoid

**Pemphigus Diseases:**
Off-label use of Rituxan for individuals with ANY of the following pemphigus diseases that are treatment-refractory is considered medically necessary.
- Paraneoplastic pemphigus
- Pemphigus foliaceus
- Pemphigus vulgaris

**Primary Sjogren Syndrome:**
Off-label use of Rituxan for individuals with primary Sjogren syndrome that is refractory to corticosteroids and other immunosuppressive agents is considered medically necessary.

**Renal Transplant Candidates:**
Off-label use of Rituxan for desensitization of human leukocyte antigen (HLA)--sensitized renal transplant candidates before transplantation is considered medically necessary.

**Systemic Lupus Erythematosus (SLE):**
Off-label use of Rituxan as an add-on therapy for individuals with systemic lupus erythematosus refractory to standard first-line treatment is considered medically necessary.

**Systemic Sclerosis (Scleroderma):**
Off-label use of Rituxan for individuals with systemic sclerosis (scleroderma) refractory to first-line treatment is considered medically necessary.

**Thrombotic Thrombocytopenic Purpura (TTP):**
Off-label use of Rituxan for individuals with TTP with refractory disease or relapse (i.e., lack of response to plasma exchange therapy and corticosteroids) is considered medically necessary.

**Evans syndrome**
Rituxan is considered medically necessary for individuals 18 years of age or older with Evans syndrome with documentation of ALL of the following:
- Individual has failed ANY of the following therapies:
  - Corticosteroid
  - Intravenous immune globulin
  - Other immunosuppressants such as Cyclosporine or Mycophenolate or Vincristine or Cyclophosphamide
- Splenectomy has failed or is otherwise determined by the treating provider that surgery poses a greater risk to the individual than medical treatment with Rituxan
- Results of HBsAg and anti-HBc are documented in the medical records
- Dosage is no greater than 375 mg/m² given as an intravenous (IV) infusion once weekly for 4 doses

**AND**
**For all patients/diagnoses:** The medication will not be used in combination with another biologic agent.

RITUXAN for all other indications not previously listed or if above criteria not met is considered experimental or investigational.