

SPECIALTY GUIDELINE MANAGEMENT

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

Treatment of Rheumatoid Arthritis and Other 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, Ruxience, Truxima, and Riabni are indicated for:

1. Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in combination with glucocorticoids.
2. Non-Hodgkin's lymphoma (NHL)
(Not addressed in this policy – Refer to Rituxan-Ruxience-Truxima-Riabni-Oncology SGM)
3. Chronic lymphocytic leukemia (CLL)
(Not addressed in this policy – Refer to Rituxan-Ruxience-Truxima-Riabni-Oncology SGM)

Rituxan and Truxima are also indicated for:

Rheumatoid Arthritis (RA)

Rituxan or Truxima, in combination with methotrexate, is indicated for the treatment of adult patients with moderately- to severely- active rheumatoid arthritis who have had an inadequate response to one or more TNF antagonist therapies.

Rituxan is also indicated for:

Pemphigus Vulgaris (PV)

Rituxan is indicated for the treatment of adult patients with moderate to severe pemphigus vulgaris.

B. Compendial Uses

1. Sjögren's syndrome
2. Multiple sclerosis, relapsing remitting
3. Neuromyelitis optica (i.e. neuromyelitis optica spectrum disorder, NMOSD, Devic disease)
4. Autoimmune blistering disease
5. Cryoglobulinemia
6. Solid organ transplant
7. Opsoclonus-myoclonus ataxia
8. Systemic lupus erythematosus
9. Myasthenia gravis, refractory
10. For other compendial uses, refer to Rituxan-Ruxience-Truxima-Riabni-Oncology SGM

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

Reference number(s)
1704-A

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

- A. Rheumatoid arthritis (RA)
 - 1. For initial requests:
 - i. Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
 - ii. Laboratory results, chart notes, or medical record documentation of biomarker testing (i.e., rheumatoid factor [RF], anti-cyclic citrullinated peptide [anti-CCP], and C-reactive protein [CRP] and/or erythrocyte sedimentation rate [ESR]) (if applicable).
 - 2. For continuation requests: Chart notes or medical record documentation supporting positive clinical response.
- B. Sjögren's syndrome, neuromyelitis optica, cryoglobulinemia, opsoclonus-myooclonus-ataxia, and systemic lupus erythematosus (initial requests only): Chart notes, medical record documentation, or claims history supporting previous medications tried, including response to therapy.

III. EXCLUSIONS

- A. Coverage will not be provided for requests for the treatment of rheumatoid arthritis (RA) when planned date of administration is less than 16 weeks since date of last dose received.
- B. Member will not receive Rituxan, Ruxience, Truxima, or Riabni with other biologics for RA.
- C. Member will not receive Rituxan, Ruxience, Truxima, or Riabni with other multiple sclerosis (MS) drugs excluding Ampyra.

IV. CRITERIA FOR INITIAL APPROVAL

A. Rheumatoid arthritis (RA)

- 1. Authorization of 12 months may be granted for the treatment of moderately to severely active rheumatoid arthritis (RA) in combination with methotrexate (MTX) or leflunomide unless the member has a contraindication or intolerance to MTX (see V. Appendix) or leflunomide and either of the following criteria are met:
 - i. The member has previously received any biologic disease-modifying antirheumatic drug (DMARD) or targeted synthetic DMARD (e.g., Xeljanz) indicated for the treatment of moderately to severely active rheumatoid arthritis; or
 - ii. The member has received at least two full doses of Rituxan, Ruxience, Truxima, or Riabni for the treatment of RA, where the most recent dose was given within 6 months of the request.
- 2. Authorization of 12 months may be granted for treatment of moderately to severely active RA in combination with MTX or leflunomide unless the member has a contraindication or intolerance to MTX (see V. Appendix) or leflunomide when all of the following criteria are met:
 - i. The member meets either of the following criteria:
 - a. The member has been tested for either of the following biomarkers and the test was positive:
 - 1. Rheumatoid factor (RF)
 - 2. Anti-cyclic citrullinated peptide (anti-CCP)

- b. The member has been tested for ALL of the following biomarkers:
 1. RF
 2. Anti-CCP
 3. C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR)
 - ii. The member meets either of the following criteria:
 - a. The member has experienced an inadequate response to at least a 3-month trial of MTX despite adequate dosing (i.e., titrated to at least 15 mg/week); or
 - b. The member had an intolerable adverse effect or contraindication to MTX (see V. Appendix), and an inadequate response to another conventional DMARD (e.g., hydroxychloroquine, leflunomide, sulfasalazine).
- B. Granulomatosis with polyangiitis (GPA) (Wegener's granulomatosis) and microscopic polyangiitis (MPA) and Churg-Strauss and pauci-immune glomerulonephritis**
Authorization of 12 months may be granted for treatment of GPA, MPA, Churg-Strauss, or pauci-immune glomerulonephritis.
- C. Sjögren's syndrome**
Authorization of 12 months may be granted for treatment of Sjögren's syndrome when corticosteroids and other immunosuppressive agents were ineffective.
- D. Multiple sclerosis**
Authorization of 12 months may be granted for treatment of relapsing remitting multiple sclerosis (MS).
- E. Neuromyelitis optica (i.e., neuromyelitis optica spectrum disorder; NMOSD, Devic Disease)**
Authorization of 12 months may be granted for treatment of neuromyelitis optica (i.e., neuromyelitis optica spectrum disorder; NMOSD, Devic disease) when both of the following criteria are met:
 1. When at least one other immunotherapy was ineffective.
 2. The member will not receive the requested drug concomitantly with other biologics for the treatment of NMOSD.
- F. Autoimmune blistering disease**
Authorization of 12 months may be granted for treatment of autoimmune blistering disease (e.g., pemphigus vulgaris, pemphigus foliaceus, bullous pemphigoid, cicatricial pemphigoid, epidermolysis bullosa acquisita and paraneoplastic pemphigus).
- G. Cryoglobulinemia**
Authorization of 12 months may be granted for treatment of cryoglobulinemia when corticosteroids and other immunosuppressive agents were ineffective.
- H. Solid organ transplant**
Authorization of 3 months may be granted for treatment of solid organ transplant and prevention of antibody mediated rejection in solid organ transplant.
- I. Opsoclonus-myoelonus-ataxia**
Authorization of 12 months may be granted for treatment of opsoclonus-myoelonus-ataxia associated with neuroblastoma when the member is refractory to steroids and chemotherapy.
- J. Systemic Lupus Erythematosus**
Authorization of 12 months may be granted for the treatment of systemic lupus erythematosus that is refractory to immunosuppressive therapy.

Reference number(s)
1704-A

K. Myasthenia Gravis

Authorization of 12 months may be granted for treatment of refractory myasthenia gravis.

V. CONTINUATION OF THERAPY

A. Rheumatoid arthritis

Authorization of 12 months may be granted for continued treatment in all members (including new members) requesting reauthorization who meet all initial authorization criteria and achieve or maintain positive clinical response after at least two doses of therapy with Rituxan, Ruxience, Truxima, or Riabni as evidenced by disease activity improvement of at least 20% from baseline in tender joint count, swollen joint count, pain, or disability.

B. Multiple Sclerosis

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for relapsing remitting multiple sclerosis (MS) who are experiencing disease stability or improvement while receiving Rituxan, Ruxience, Truxima, or Riabni.

C. Other indications

Authorization of 12 months may be granted for continued treatment in all members (including new members) requesting reauthorization who meet all initial authorization criteria and are receiving benefit from therapy.

VI. APPENDIX

Examples of contraindications to methotrexate

1. Clinical diagnosis of alcohol use disorder, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
4. Elevated liver transaminases
5. History of intolerance or adverse event
6. Hypersensitivity
7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Myelodysplasia
9. Pregnancy or currently planning pregnancy
10. Renal impairment
11. Significant drug interaction

VII. REFERENCES

1. Rituxan [package insert]. South San Francisco, CA: Genentech, Inc.; June 2021.
2. Truxima [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; June 2020.
3. Methotrexate [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; April 2018.
4. IBM Micromedex [Internet database]. Ann Arbor, MI: Truven Health Analytics. Updated periodically. Accessed August 3, 2021.
5. Dass S, Bowman SJ, Vital EM, et al. Reduction of fatigue in Sjögren syndrome with rituximab: results of a double blind, placebo-controlled study. *Ann Rheum Dis.* 2008;67:1541-1544.
6. Meijer JM, Meiners PM, Vissink A, et al. Effectiveness of rituximab treatment in primary Sjögren's syndrome: a randomized, double-blind, placebo-controlled trial. *Arthritis Rheum.* 2010;62(4):960-8.
7. Smolen JS, Landewé R, Billsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2019 update. *Ann Rheum Dis.* 2020;79:685-699.

8. Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol*. 2016;68(1):1-26.
9. Saag KG, Teng GG, Patkar NM, et al. American College of Rheumatology 2008 recommendations for the use of nonbiologic and biologic disease-modifying antirheumatic drugs in rheumatoid arthritis. *Arthritis Rheum*. 2008;59(6):762-784.
10. Hauser SL, Waubant E, Arnold DL, et al. B-cell depletion with rituximab in relapsing-remitting multiple sclerosis. *N Engl J Med*. 2008;358:676-688.
11. Scott, T.F., Frohman, E.M., DeSeze, J., (2011). Evidence-based guideline: Clinical evaluation and treatment of transverse myelitis: Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. *American Academy of Neurology*. 77: 2128-2134.
12. Trebst, C., Jarius, S., et al. (2014). Update on the diagnosis and treatment of neuromyelitis optica: Recommendations of the Neuromyelitis Optica Study Group (NEMOS). *J Neurol* 261: 1-16.
13. De Vita S, Quartuccio L, Isola M, et al. A randomized controlled trial of rituximab for the treatment of severe cryoglobulinemic vasculitis. *Arthritis Rheum*. 2012;64(3):843-53.
14. Sneller MC, Hu Z, Langford CA. A randomized controlled trial of rituximab following failure of antiviral therapy for hepatitis C virus-associated cryoglobulinemic vasculitis. *Arthritis Rheum*. 2012 Mar; 64(3):835-42.
15. Terrier B, Krastinova E, Marie I, et al. Management of noninfectious mixed cryoglobulinemia vasculitis: data from 242 cases included in the CryoVas survey. *Blood*. 2012 Jun 21; 119(25):5996-6004.
16. Trappe R, Oertel S, Leblond V, et al. Sequential treatment with rituximab followed by CHOP chemotherapy in adult B-cell post-transplant lymphoproliferative disorder (PTLD): the prospective international multicentre phase 2 PTLTD-1 trial. *Lancet Oncol* 2012.
17. The American Society of Transplantation Infectious Diseases Guidelines. *Am J Transplant* 2009; 9 (Suppl 4):S92.
18. Bell J, Moran C, Blatt J. Response to rituximab in a child with neuroblastoma and opsoclonus-myoclonus. *Pediatr Blood Cancer* 2008; 50:370.
19. Hertl M, Geller S. Initial management of pemphigus vulgaris and pemphigus foliaceus. UpToDate [online serial]. Waltham, MA: UpToDate; reviewed November 2020.
20. American Society of Health System Pharmacists. AHFS DI. Bethesda, MD. Electronic version, 2019. Available with subscription. URL: <http://online.lexi.com/lco/action/home>. Accessed November 21, 2019.
21. DRUGDEX System (electronic version). Micromedex Truven Health Analytics. Available with subscription. URL: www.micromedexsolutions.com. Accessed November 6, 2020.
22. Ruxience [package insert]. NY, NY: Pfizer Biosimilars; May 2020.
23. Riabni [package insert]. Thousand Oaks, CA: Amgen Inc.; December 2020.
24. Aletaha D, Neogi T, Silman, et al. 2010 Rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. *Arthritis Rheum*. 2010;62(9):2569-81.
25. Smolen JS, Aletaha D. Assessment of rheumatoid arthritis activity in clinical trials and clinical practice. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Available with subscription. URL: www.uptodate.com. Accessed March 19, 2021.
26. Murrell DF, Peña S, Joly P, et al. Diagnosis and management of pemphigus: Recommendations of an international panel of experts. *J Am Acad Dermatol*. 2020;82(3):575-585.e1.
27. Joly P, Horvath B, Patsatsi A, et al. Updated S2K guidelines on the management of pemphigus vulgaris and foliaceus initiated by the european academy of dermatology and venereology (EADV). *J Eur Acad Dermatol Venereol*. 2020;34(9):1900-1913.
28. Micromedex Solutions [database online]. Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com/>. Accessed April 06, 2021.
29. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthrit Care Res*. 2021;0:1-16.

Reference number(s)
1704-A