Rituximab
[Rituxan (rituximab) Truxima (rituximab-abbs), or Ruxience (rituximab-pvvr)]

<table>
<thead>
<tr>
<th>Override(s)</th>
<th>Approval Duration</th>
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<tbody>
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<td>Prior Authorization</td>
<td>1 year; unless state regulations require otherwise</td>
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Medications
- Rituxan (rituximab)
- Ruxience (rituximab-pvvr)
- Truxima (rituximab-abbs)

APPROVAL CRITERIA

Requests for Rituxan (rituximab) Truxima (rituximab-abbs), or Ruxience (rituximab-pvvr) may be approved for the following:

I. Rheumatoid arthritis (RA) when each of the following criteria are met:
   A. Individual is 18 years of age or older with moderate to severe (RA); **AND**
   B. Individual has had an inadequate response to, is intolerant of, or has a contraindication to conventional therapy [nonbiologic disease modifying anti-rheumatic drugs (DMARDs) (such as methotrexate, sulfasalazine, leflunomide, or hydroxychloroquine)] (ACR 2015); **AND**
   C. Individual had an inadequate response, is intolerant of, or has a contraindication to one or more tumor necrosis factor (TNF) antagonist therapies;

OR

II. Wegener’s Granulomatosis and Microscopic Polyangiitis (MPA) when each of the following criteria are met:
   A. Individual is 18 years of age or older with Wegener’s Granulomatosis and MPA; **AND**
   B. Individual is using concomitantly with glucocorticoids;

OR

III. Autoimmune blistering skin diseases (such as but not limited to pemphigus vulgaris, pemphigus foliaceus, bullous pemphigoid, cicatricial pemphigoid, epidermolysis bullosa acquisita and paraneoplastic pemphigus) (Ahmed 2016, Maley 2016) when either of the following criteria are met:
   A. As first-line treatment in adults with moderate to severe pemphigus vulgaris; **OR**
This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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