Clover Health

RITUXIMAB PRODUCTS

PREFERRED PRODUCTS: RITUXAN HYCELA, RUXIENCE, TRUXIMA

POLICY

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

I. PLAN DESIGN SUMMARY

This program applies to the rituximab products specified in this policy. 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 members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Rituximab Products

	Product(s)
Preferred	• **Rituxan Hycela** (rituximab and hyaluronidase human) • **Ruxience** (rituximab-pvvr) • **Truxima** (rituximab-abbs)
Targeted	• **Rituxan** (rituximab)

II. EXCEPTION CRITERIA

Coverage for the targeted product is provided when either of the following criteria is met:

A. Member has received treatment with the targeted product in the past 365 days
B. 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. Rituxan [package insert]. South San Francisco, CA: Genentech, Inc.; August 2020.
2. Rituxan Hycela [package insert]. South San Francisco, CA: Genentech, Inc.; May 2020.
3. Ruxience [package insert]. New York, NY: Pfizer; May 2020.
4. Truxima [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc; May 2020.