



Rituximab Injectable (Riabni[®], Rituxan[®], Ruxience[®], Truxima[®]) Intravenous

Effective Date: February 2, 2021

Number: MG.MM.PH.102

Medical Guideline Disclaimer

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I. Length of Authorization

Coverage will be provided for 6 months (12 months initially for pemphigus vulgaris) and may be renewed unless otherwise specified.

- Maintenance therapy for oncology indications (excluding ALL) may be renewed for up to a maximum of 2 years.
- Acute lymphoblastic leukemia (ALL) may not be renewed.
- Relapse therapy for pemphigus vulgaris must be at least 16 weeks past a prior infusion

II. Dosing Limits

A. Max Units (per dose and over time) [Medical Benefit]:

Oncology Indications
Chronic Lymphocytic Leukemia (CLL): <ul style="list-style-type: none">• Initial therapy:<ul style="list-style-type: none">○ Loading dose: 375mg/m² x 1 dose○ Subsequent doses: 500mg/m² x 5 doses per 6 months• Renewal therapy: 375mg/m² dose every 8 weeks x 4 doses per 6 months
Immunotherapy Toxicity Treatment:

<ul style="list-style-type: none"> • 375mg/m² dose weekly x 4 doses in a 6-month period
<p>All other oncology indications:</p> <ul style="list-style-type: none"> • Initial therapy: 375mg/m² dose weekly x 8 doses per 6 months • Renewal therapy: 375mg/m² dose every 8 weeks x 4 doses per 6 months
<p>Non-Oncology Indications</p>
<p>Rheumatoid Arthritis (RA):</p> <ul style="list-style-type: none"> • 1000mg per dose day 1 and day 15 x 2 doses in a 16-week period. May repeat after 24 weeks.
<p>Pemphigus Vulgaris:</p> <ul style="list-style-type: none"> • Initiation: 1000mg per dose day 1 and day 15 x 2 doses in a 12-month period • Maintenance: 500mg/dose every 16 weeks • Relapse: 1000mg
<p>cGVHD</p> <ul style="list-style-type: none"> • 375mg/m² per dose weekly x 4 doses, then 10 units monthly x 4 months
<p>All other non-oncology indications:</p> <ul style="list-style-type: none"> • 375mg/m² per dose weekly x 4 doses in a 6-month period

Guideline

III. Initial Approval Criteria

For Commercial, Medicaid, and Medicare members:

- Non-preferred agent: Rituxan and Riabni
- Preferred agents: Ruxience and Truxima

Coverage is provided in the following conditions (in addition to use supported by the National Comprehensive Cancer Network [NCCN] Clinical Practice Guidelines [NCCN Guidelines[®]] and/or NCCN Drugs & Biologics Compendium [NCCN Compendium[®]] with a recommendation of category level 1 or 2A*):

- Patient must be screened for HBV infection (i.e., HBsAg and anti-HBc) prior to initiating therapy;
AND
- For newly started Rituxan or Riabni therapy, for Commercial, Medicaid, and Medicare members:

Coverage may be considered medically necessary when:

- Patient has experienced a therapeutic failure or intolerance with the plan-preferred medications (Ruxience AND Truxima); **OR**
- Rituxan or Riabni is requested for an indication for which the plan-preferred biosimilar agents (Ruxience or Truxima) have not been FDA-approved OR are not supported by NCCN Guidelines[®] or NCCN Compendium[®] with a recommendation of category level 1 or 2A; **AND**

**Please note: Coverage for an appropriate biosimilar substitution will be allowed where NCCN Guidelines or Compendium state that an FDA-approved biosimilar is an appropriate substitution for rituximab.*

Oncology Indications:

- Patient is CD20-positive; **AND**

Acute Lymphoblastic Leukemia (ALL) ‡

- Induction/Consolidation Treatment
 - Patient's disease is Philadelphia chromosome-negative (Ph-); **AND**
 - Patient is at least 15 years of age; **AND**
 - Used in combination with an anthracycline, cyclophosphamide and vincristine based regimen
- Relapsed/Refractory Treatment
 - Used as a component of MOpAD regimen (methotrexate, vincristine, pegaspargase, dexamethasone); **AND**
 - Patient's disease is Philadelphia chromosome-negative (Ph-); **OR**
 - Patient's disease is Philadelphia chromosome-positive (Ph+) and refractory to tyrosine kinase inhibitors (e.g. imatinib, bosutinib, ponatinib, nilotinib, etc.)

CNS Cancer ‡

- Patient has leptomeningeal metastases from lymphomas; **AND**
 - Rituximab will be administered intrathecally; **OR**
- Patient has primary CNS lymphoma; **AND**
 - Patient will receive in combination with a methotrexate-containing regimen as a component of induction therapy and/or consolidation therapy with a complete response to induction therapy; **OR**
 - Patient has relapsed or refractory disease and will receive rituximab as a single agent, or in combination with temozolomide, lenalidomide or high-dose methotrexate

Hodgkin's lymphoma ‡

- Patient has nodular lymphocyte-predominant disease

Chronic lymphocytic leukemia/Small lymphocytic lymphoma (CLL/SLL) †

Waldenström's macroglobulinemia/Lymphoplasmacytic Lymphoma ‡

Non-Hodgkin's lymphomas (NHL) † including, but not limited to, the following:

- AIDS-related B-Cell Lymphoma ‡
- Burkitt Lymphoma ‡
- Castleman's Disease ‡
- Diffuse Large B-Cell Lymphoma †

- Low-grade or Follicular Lymphoma †
- Gastric & Non-Gastric MALT Lymphoma ‡
- Hairy Cell Leukemia ‡
 - Used for relapsed or refractory disease
- Mantle Cell Lymphoma ‡
- Nodal & Splenic Marginal Zone Lymphoma ‡
- Post-transplant lymphoproliferative disorder (PTLD) ‡
 - Patient has had solid organ transplant or allogeneic hematopoietic stem cell transplantation
- Primary Cutaneous B-Cell Lymphomas ‡
 - Used for generalized (skin only), marginal zone or follicle center disease

Management of Immunotherapy-Related Toxicities ‡

- Patient has been receiving therapy with an immune checkpoint inhibitor (e.g. nivolumab, pembrolizumab, atezolizumab, avelumab, durvalumab, etc.); **AND**
- Patient has non-viral encephalitis related to their immunotherapy; **AND**
- Patient is autoimmune-encephalopathy-antibody positive; **AND**
- Patient is refractory to methylprednisolone and/or IV immunoglobulin (IVIG)

Non-Oncology Indications:

Rheumatoid arthritis (RA) †

- | |
|---|
| <ul style="list-style-type: none">• Rituxan must be requested by a Rheumatologist; AND |
|---|
- Adult patient (18 years or older); **AND**
 - Documented moderate to severe disease; **AND**
 - Must be used in combination with methotrexate unless the patient has a contraindication or intolerance; **AND**
 - Patient tried and failed at least a 3-month trial with ONE oral disease modifying anti-rheumatic drug (DMARD) (e.g., methotrexate, azathioprine, auranofin, hydroxychloroquine, penicillamine, sulfasalazine, leflunomide, etc.); **AND**
 - Previous failure with one or more preferred TNF antagonists at least one of which should be a self-injectable; **AND**
 - Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
 - Patient has not had treatment with Rituxan in the previous 4 months

Pemphigus vulgaris †

- Adult patient (18 years or older); **AND**
- Patient has a diagnosis of pemphigus vulgaris as determined by one or more of the following:
 - Clinical features
 - Appearance of lesions, erosions and/or blisters
 - Nikolsky sign (induction of blistering via mechanical pressure at the edge of a blister or on normal skin)
 - Characteristic scarring and lesion distribution; **AND**
 - Histopathologic confirmation by skin/mucous membrane biopsy; **AND**
 - Presence of autoantibodies as detected by direct or indirect immunofluorescence; **AND**
- Patient has moderate to severe disease as assessed utilizing an objective measure/tool (i.e. PDAI, PSS, ABSIS); **AND**
- Patient is on combination glucocorticoid therapy; **AND**
- Other causes of blistering or erosive skin and mucous membrane diseases have been ruled out

Granulomatosis with Polyangiitis (GPA) (Wegener’s granulomatosis) and Microscopic Polyangiitis (MPA) †

- Adult and pediatric patients (2 years or older); **AND**
- Used in combination with glucocorticoids

Thrombocytopenic purpura ‡

- Patient diagnosis includes one of the following:
 - Primary thrombocytopenia
 - Idiopathic (Immune) thrombocytopenia purpura (ITP)
 - Evan’s syndrome
 - Congenital and hereditary thrombocytopenic purpura
 - Thrombotic thrombocytopenic purpura in patients with ADAMTS13-deficiency

Chronic graft-versus-host disease (cGVHD) ‡

- Patient is post-allogeneic stem cell transplant (generally 3 or more months); **AND**
- Patient has failed one or more previous lines of systemic therapy for the treatment of cGVHD (e.g., corticosteroids or immunosuppressants such as cyclosporine); **AND**
- Patient must try and have an inadequate response, contraindication, or intolerance to at least a three (3) month trial of ibrutinib.

Autoimmune Hemolytic Anemia (AIHA) ‡

- Patient has warm-reactive disease refractory to or dependent on glucocorticoids; **OR**

- Patient has cold agglutinin disease with symptomatic anemia, transfusion-dependence, and/or disabling circulatory symptoms

† FDA-labeled indication(s); ‡ Compendia recommended indication(s)

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Continuation of documented current and/or successful therapy with a non-preferred agent (Rituxan or Riabni); **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe infusion reactions, tumor lysis syndrome (TLS), severe mucocutaneous reactions, progressive multifocal leukoencephalopathy (PML), viral hepatitis, serious bacterial, fungal, or viral infections, cardiac arrhythmias, renal toxicity, bowel obstruction or perforation; **AND**

Oncology Indications:

- Tumor response with stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Patient has not exceeded dosing or duration limits as defined above

Non-Oncology Indications:

Rheumatoid arthritis (RA)

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts and/or an improvement on a disease activity scoring tool [e.g. an improvement on a composite scoring index such as Disease Activity Score-28 (DAS28) of 1.2 points or more or a $\geq 20\%$ improvement on the American College of Rheumatology-20 (ACR20) criteria]; **AND**
- Dose escalation (up to the maximum dose and frequency specified below) may occur upon clinical review on a case by case basis provided that the patient has:
 - Shown an initial response to therapy; **AND**
 - Received a minimum of one maintenance dose at the dose and interval specified below; **AND**
 - Responded to therapy with subsequent loss of response

Thrombocytopenic purpura

- Disease response as indicated by the achievement and maintenance of a platelet count of at least $50 \times 10^9/L$ as necessary to reduce the risk for bleeding

Thrombotic thrombocytopenic purpura (TTP)

- Disease response as indicated by an increase in ADAMTS13 activity with a reduction in thrombosis risk

Granulomatosis with Polyangiitis (GPA) (Wegener’s granulomatosis) and Microscopic polyangiitis (MPA)

- Disease response as indicated by improvement in signs and symptoms of condition compared to baseline

Pemphigus vulgaris

- Patient is currently receiving tapering doses of corticosteroids or has discontinued use of corticosteroids; **AND**
 - Disease response as indicated by complete epithelialization of lesions and improvement in signs and symptoms of condition compared to baseline; **OR**
 - Patient has not experienced continued development of new lesions, continued extension of old lesions, or failure of established lesions to begin to heal despite therapy; **OR**
 - For Relapses ONLY: Patient has had active disease control; **AND**
 - Patient has the appearance of 3 or more new lesions a month that do not heal spontaneously within 1 week, or by the extension of established lesions

Chronic graft-versus-host disease (cGVHD)

- Disease response as indicated by improvement in patient-reported symptoms or clinician assessments (e.g., manifestations of disease to the skin, oral cavity, musculoskeletal system, etc.)

Autoimmune hemolytic anemia (AIHA)

- Disease response as indicated by improvement in anemia signs and symptoms (e.g., dyspnea, fatigue, etc.) as well as: improvement in laboratory values (Hb/Hct), reduced transfusion needs, and/or reduced glucocorticoid use

V. Dosage/Administration

[Riabni Prescribing Information](#)

[Rituxan Prescribing Information](#)

[Ruxience Prescribing Information](#)

[Truxima Prescribing Information](#)

Indication		Dose
CLL	Initial Therapy	Administer 375 mg/m ² the day prior to the initiation of FC chemotherapy, then 500 mg/m ² on Day 1 of cycles 2-6 (every 28 days).
Non-Hodgkin's Lymphoma (NHL)	Relapsed or Refractory, Low-Grade or Follicular, CD20-Positive, B-Cell NHL	Administer 375 mg/m ² once weekly for 4 or 8 doses.
	Retreatment for Relapsed or Refractory, Low-Grade or Follicular, CD20 Positive, B-Cell NHL	Administer 375 mg/m ² once weekly for 4 doses.
	Previously Untreated, Follicular, CD20-Positive, B-Cell NHL	Administer 375 mg/m ² on Day 1 of each cycle of chemotherapy, for up to 8 doses. In patients with complete or partial response, initiate TRUXIMA maintenance eight weeks following completion of a rituximab product in combination with chemotherapy. Administer rituximab as a single-agent every 8 weeks for 12 doses.
	Non-progressing, Low-Grade, CD20-Positive, B-Cell NHL, after first line CVP chemotherapy	Following completion of 6–8 cycles of CVP chemotherapy, administer 375 mg/m ² once weekly for 4 doses at 6-month intervals to a maximum of 16 doses.
	Diffuse Large B-Cell NHL	Administer 375 mg/m ² on Day 1 of each cycle of chemotherapy for up to 8 infusions.
ALL		Administer 375 mg/m ² once weekly for 4 - 8 doses in a 6-month period
RA		1,000 mg on days 1 and 15, repeated every 24 weeks. May repeat up to every 16 weeks in patients requiring more frequent dosing based on clinical evaluation.
Pemphigus Vulgaris (PV)		<p><u>Initiation</u></p> <ul style="list-style-type: none"> – Administer 1,000 mg on days 1 and 15 in combination with tapering doses of glucocorticoids – Used in combination with prednisone (or equivalent): <ul style="list-style-type: none"> ▪ Moderate disease: 0.5 mg/kg/day tapered over 3 months ▪ Severe disease: 1 mg/kg/day tapered over 6 months <p><u>Maintenance</u></p>

	<ul style="list-style-type: none"> - Administer 500 mg at month 12 and repeat every 6 months thereafter or based on clinical evaluation. <p><u>Relapse</u></p> <ul style="list-style-type: none"> - Administer 1000 mg upon relapse, resumption of glucocorticoids may be considered. <p><i>*Subsequent infusions (maintenance and relapse) should be no sooner than 16 weeks after the previous infusion.</i></p>
<p>Granulomatosis with Polyangiitis (GPA) (Wegener’s Granulomatosis) and Microscopic Polyangiitis (MPA)</p>	<p>Induction</p> <ul style="list-style-type: none"> - Administer 375 mg/m² intravenous infusion once weekly for 4 weeks for patients with active GPA or MPA. <p>Glucocorticoids administered as methylprednisolone 1000 mg intravenously per day for 1 to 3 days followed by oral prednisone as per clinical practice. This regimen should begin within 14 days prior to or with the initiation of RITUXAN and may continue during and after the 4-week induction course of RITUXAN treatment.</p> <p>Follow-up</p> <ul style="list-style-type: none"> - Administer RITUXAN as two 500 mg intravenous infusions separated by two weeks, followed by a 500 mg intravenous infusion every 6 month thereafter based on clinical evaluation. <p>If induction treatment of active disease was with a rituximab product, initiate follow up treatment with RITUXAN within 24 weeks after the last induction infusion with a rituximab product or based on clinical evaluation, but no sooner than 16 weeks after the last induction infusion with a rituximab product.</p> <p>If induction treatment of active disease was with other standard of care immunosuppressants, initiate RITUXAN follow up treatment within the 4-week period that follows achievement of disease control.</p> <p>Induction treatment of Pediatric Patients with Active GPA/MPA</p> <ul style="list-style-type: none"> -Administer RITUXAN as a 375 mg/m² intravenous infusion once weekly for 4 weeks. <p>Prior to the first RITUXAN infusion, administer intravenous methylprednisolone 30 mg/kg (not to exceed 1g/day) once daily for 3 days. Following intravenous methylprednisolone administration, oral steroids should be continued per clinical practice.</p> <p>Follow up Treatment of Pediatric Patients with GPA/MPA who have achieved disease control with induction treatment</p> <ul style="list-style-type: none"> -Administer RITUXAN as two 250 mg/m² intravenous infusions separated by two weeks, followed by a 250 mg/m² intravenous infusion every 6 months thereafter based on clinical evaluation. If induction treatment of active disease was with a rituximab product, initiate follow up treatment

	with RITUXAN within 24 weeks after the last induction infusion with a rituximab product or based on clinical evaluation, but no sooner than 16 weeks after the last induction infusion with a rituximab product. If induction treatment of active disease was with other standard of care immunosuppressants, initiate RITUXAN follow up treatment within the 4-week period following achievement of disease control.
cGVHD	375 mg/m ² weekly x 4 doses, a second course of 4 weekly doses may be administered 8 weeks after initial therapy for lack of or incomplete response or 375 mg/m ² once weekly for 4 to 8 doses

Limitations/Exclusions

Rituxan® (rituximab) is not considered medically necessary for indications other than those listed above due to insufficient evidence of therapeutic value.

Truxima (rituximab-abbs) is indicated for Non-Hodgkin’s Lymphoma (NHL), Chronic Lymphocytic Leukemia (CLL), Rheumatoid Arthritis (RA) and Granulomatosis with Polyangiitis (GPA) (Wegener’s Granulomatosis) and Microscopic Polyangiitis (MPA). The dosing for the above indications are the same doses as Rituxan.

*Truxima is not indicated for use in ALL, PV, Hodgkin’s lymphoma, ITP, or cGVHD.

Non-Hodgkin's Lymphoma (NHL)

- Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL as a single agent.
- 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.
- 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.
- Previously untreated diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens.

Chronic Lymphocytic Leukemia (CLL)

- In combination with fludarabine and cyclophosphamide (FC), for the treatment of adult patients with previously untreated and previously treated CD20-positive CLL.

Rheumatoid Arthritis (RA)

- 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.

Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA)

- In combination with glucocorticoids, is indicated for the treatment of adult patients with Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA).

Ruxience (rituximab-pvvr) is indicated for adults: with Non-Hodgkin's Lymphoma (NHL), Chronic Lymphocytic Leukemia (CLL), Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis), and Microscopic Polyangiitis (MPA). The doses for CLL, GPA/MPA, and NHL are the same doses as Rituxan.

*Ruxience is not indicated for use in ALL, RA, PV, Hodgkin's lymphoma, ITP, or cGVHD.

Non-Hodgkin's Lymphoma (NHL):

- Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL as a single agent.
- 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.
- 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.
- Previously untreated diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens.

Chronic Lymphocytic Leukemia (CLL)

- In combination with fludarabine and cyclophosphamide (FC), for the treatment of adult patients with previously untreated and previously treated CD20-positive CLL.

Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA)

- In combination with glucocorticoids, is indicated for the treatment of adult patients with Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA).

Riabni (rituximab-arrx) is indicated for adults: with Non-Hodgkin's Lymphoma (NHL), Chronic Lymphocytic Leukemia (CLL), Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis), and Microscopic Polyangiitis (MPA). The doses for CLL, GPA/MPA, and NHL are the same doses as Rituxan.

*Riabni is not indicated for use in ALL, RA, PV, Hodgkin's lymphoma, ITP, or cGVHD.

Non-Hodgkin's Lymphoma (NHL):

- Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL as a single agent.
- 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.
- 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.
- Previously untreated diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens.

Chronic Lymphocytic Leukemia (CLL)

- In combination with fludarabine and cyclophosphamide (FC), for the treatment of adult patients with previously untreated and previously treated CD20-positive CLL.

Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA)

- In combination with glucocorticoids, is indicated for the treatment of adult patients with Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA).

Applicable Procedure Codes

J9312	Injection, rituximab, 10mg
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
Q5119	Injection, rituximab-pvvr, biosimilar, 10 mg (Ruxience). Effective Date: 07/01/2020
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg

Applicable NDCs

50242-0051-xx	Rituxan 100 mg/10 mL single-use vial for injection
50242-0053-xx	Rituxan 500 mg/50 mL single-use vial for injection
63459-103-10	rituximab-abbs injection, carton containing one 100 mg/10 mL (10 mg/mL) single-dose vial
63459-104-50	rituximab-abbs injection, carton containing one 500 mg/50 mL (10 mg/mL) single-dose vial
55513-0326-01	rituximab-arrx injection, carton containing one 100mg/10ml (10mg/ml)-single dose vial
55513-0224-01	rituximab-arrx injection, carton containing one 500 mg/50 mL (10 mg/mL) single-dose vial

Applicable Diagnosis Codes

B20	Human immunodeficiency virus [HIV] disease
C79.32	Secondary malignant neoplasm of cerebral meninges
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face and neck
C82.02	Follicular lymphoma, grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal regional and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face and neck
C82.12	Follicular lymphoma, grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site

C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face and neck
C82.22	Follicular lymphoma, grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face and neck
C82.32	Follicular lymphoma, grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face and neck
C82.42	Follicular lymphoma, grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb

C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site

C83.01	Small cell B-cell lymphoma, lymph nodes of head, face and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma extranodal and solid organ sites
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb

C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site

C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region of lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C88.0	Waldenström macroglobulinemia
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT-lymphoma)
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.1	Chronic lymphocytic leukemia of B-cell type
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.40	Hairy cell leukemia not having achieved remission
C91.42	Hairy cell leukemia, in relapse
D36.0	Benign neoplasm of lymph nodes
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z2	Other neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue-Castleman
D59.1	Other autoimmune hemolytic anemias
D69.3	Immune thrombocytopenic purpura
D69.41	Evans Syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D89.81	Chronic graft-versus-host disease
G04.81	Other encephalitis and encephalomyelitis
L10.0	Pemphigus vulgaris
M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site
M05.11	Rheumatoid lung disease with rheumatoid arthritis of right shoulder
M05.11	Rheumatoid lung disease with rheumatoid arthritis of left shoulder
M05.11	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder
M05.12	Rheumatoid lung disease with rheumatoid arthritis of right elbow

M05.12	Rheumatoid lung disease with rheumatoid arthritis of left elbow
M05.12	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow
M05.13	Rheumatoid lung disease with rheumatoid arthritis of right wrist
M05.13	Rheumatoid lung disease with rheumatoid arthritis of left wrist
M05.13	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist
M05.14	Rheumatoid lung disease with rheumatoid arthritis of right hand
M05.14	Rheumatoid lung disease with rheumatoid arthritis of left hand
M05.14	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand
M05.15	Rheumatoid lung disease with rheumatoid arthritis of right hip
M05.15	Rheumatoid lung disease with rheumatoid arthritis of left hip
M05.15	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip
M05.16	Rheumatoid lung disease with rheumatoid arthritis of right knee
M05.16	Rheumatoid lung disease with rheumatoid arthritis of left knee
M05.16	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee
M05.17	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot
M05.17	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot
M05.17	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot
M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site
M05.21	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder
M05.21	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder
M05.21	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder
M05.22	Rheumatoid vasculitis with rheumatoid arthritis of right elbow
M05.22	Rheumatoid vasculitis with rheumatoid arthritis of left elbow
M05.22	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow
M05.23	Rheumatoid vasculitis with rheumatoid arthritis of right wrist
M05.23	Rheumatoid vasculitis with rheumatoid arthritis of left wrist
M05.23	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist
M05.24	Rheumatoid vasculitis with rheumatoid arthritis of right hand
M05.24	Rheumatoid vasculitis with rheumatoid arthritis of left hand
M05.24	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand
M05.25	Rheumatoid vasculitis with rheumatoid arthritis of right hip
M05.25	Rheumatoid vasculitis with rheumatoid arthritis of left hip
M05.25	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip
M05.26	Rheumatoid vasculitis with rheumatoid arthritis of right knee

M05.26	Rheumatoid vasculitis with rheumatoid arthritis of left knee
M05.26	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee
M05.27	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot
M05.27	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot
M05.27	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites
M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site
M05.31	Rheumatoid heart disease with rheumatoid arthritis of right shoulder
M05.31	Rheumatoid heart disease with rheumatoid arthritis of left shoulder
M05.31	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder
M05.32	Rheumatoid heart disease with rheumatoid arthritis of right elbow
M05.32	Rheumatoid heart disease with rheumatoid arthritis of left elbow
M05.32	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow
M05.33	Rheumatoid heart disease with rheumatoid arthritis of right wrist
M05.33	Rheumatoid heart disease with rheumatoid arthritis of left wrist
M05.33	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist
M05.34	Rheumatoid heart disease with rheumatoid arthritis of right hand
M05.34	Rheumatoid heart disease with rheumatoid arthritis of left hand
M05.34	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand
M05.35	Rheumatoid heart disease with rheumatoid arthritis of right hip
M05.35	Rheumatoid heart disease with rheumatoid arthritis of left hip
M05.35	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip
M05.36	Rheumatoid heart disease with rheumatoid arthritis of right knee
M05.36	Rheumatoid heart disease with rheumatoid arthritis of left knee
M05.36	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee
M05.37	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot
M05.37	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot
M05.37	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site
M05.41	Rheumatoid myopathy with rheumatoid arthritis of right shoulder
M05.41	Rheumatoid myopathy with rheumatoid arthritis of left shoulder
M05.41	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder
M05.42	Rheumatoid myopathy with rheumatoid arthritis of right elbow
M05.42	Rheumatoid myopathy with rheumatoid arthritis of left elbow

M05.42	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow
M05.43	Rheumatoid myopathy with rheumatoid arthritis of right wrist
M05.43	Rheumatoid myopathy with rheumatoid arthritis of left wrist
M05.43	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist
M05.44	Rheumatoid myopathy with rheumatoid arthritis of right hand
M05.44	Rheumatoid myopathy with rheumatoid arthritis of left hand
M05.44	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand
M05.45	Rheumatoid myopathy with rheumatoid arthritis of right hip
M05.45	Rheumatoid myopathy with rheumatoid arthritis of left hip
M05.45	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip
M05.46	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.46	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05.46	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee
M05.47	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
M05.47	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
M05.47	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
M05.51	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
M05.51	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.51	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder
M05.52	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.52	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.52	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow
M05.53	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.53	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.53	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist
M05.54	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
M05.54	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.54	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand
M05.55	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.55	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.55	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip
M05.56	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.56	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee

M05.56	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee
M05.57	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.57	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.57	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems
M05.61	Rheumatoid arthritis of right shoulder with involvement of other organs and systems
M05.61	Rheumatoid arthritis of left shoulder with involvement of other organs and systems
M05.61	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems
M05.62	Rheumatoid arthritis of right elbow with involvement of other organs and systems
M05.62	Rheumatoid arthritis of left elbow with involvement of other organs and systems
M05.62	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems
M05.63	Rheumatoid arthritis of right wrist with involvement of other organs and systems
M05.63	Rheumatoid arthritis of left wrist with involvement of other organs and systems
M05.63	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems
M05.64	Rheumatoid arthritis of right hand with involvement of other organs and systems
M05.64	Rheumatoid arthritis of left hand with involvement of other organs and systems
M05.64	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems
M05.65	Rheumatoid arthritis of right hip with involvement of other organs and systems
M05.65	Rheumatoid arthritis of left hip with involvement of other organs and systems
M05.65	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems
M05.66	Rheumatoid arthritis of right knee with involvement of other organs and systems
M05.66	Rheumatoid arthritis of left knee with involvement of other organs and systems
M05.66	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems
M05.67	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems
M05.67	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems
M05.67	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems
M05.71	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement
M05.71	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement
M05.71	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement
M05.72	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement
M05.72	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement
M05.72	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement

M05.73	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement
M05.73	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement
M05.73	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems
M05.74	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement
M05.74	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement
M05.74	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems
M05.75	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.75	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.75	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems
M05.76	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.76	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.76	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems
M05.77	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems
M05.77	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems
M05.77	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site
M05.81	Other rheumatoid arthritis with rheumatoid factor of right shoulder
M05.81	Other rheumatoid arthritis with rheumatoid factor of left shoulder
M05.81	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder
M05.82	Other rheumatoid arthritis with rheumatoid factor of right elbow
M05.82	Other rheumatoid arthritis with rheumatoid factor of left elbow
M05.82	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow
M05.83	Other rheumatoid arthritis with rheumatoid factor of right wrist
M05.83	Other rheumatoid arthritis with rheumatoid factor of left wrist
M05.83	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist
M05.84	Other rheumatoid arthritis with rheumatoid factor of right hand
M05.84	Other rheumatoid arthritis with rheumatoid factor of left hand
M05.84	Other rheumatoid arthritis with rheumatoid factor of unspecified hand
M05.85	Other rheumatoid arthritis with rheumatoid factor of right hip
M05.85	Other rheumatoid arthritis with rheumatoid factor of left hip
M05.85	Other rheumatoid arthritis with rheumatoid factor of unspecified hip
M05.86	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.86	Other rheumatoid arthritis with rheumatoid factor of left knee
M05.86	Other rheumatoid arthritis with rheumatoid factor of unspecified knee

M05.87	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
M05.87	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
M05.87	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site
M06.01	Rheumatoid arthritis without rheumatoid factor, right shoulder
M06.01	Rheumatoid arthritis without rheumatoid factor, left shoulder
M06.01	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder
M06.02	Rheumatoid arthritis without rheumatoid factor, right elbow
M06.02	Rheumatoid arthritis without rheumatoid factor, left elbow
M06.02	Rheumatoid arthritis without rheumatoid factor, unspecified elbow
M06.03	Rheumatoid arthritis without rheumatoid factor, right wrist
M06.03	Rheumatoid arthritis without rheumatoid factor, left wrist
M06.03	Rheumatoid arthritis without rheumatoid factor, unspecified wrist
M06.04	Rheumatoid arthritis without rheumatoid factor, right hand
M06.04	Rheumatoid arthritis without rheumatoid factor, left hand
M06.04	Rheumatoid arthritis without rheumatoid factor, unspecified hand
M06.05	Rheumatoid arthritis without rheumatoid factor, right hip
M06.05	Rheumatoid arthritis without rheumatoid factor, left hip
M06.05	Rheumatoid arthritis without rheumatoid factor, unspecified hip
M06.06	Rheumatoid arthritis without rheumatoid factor, right knee
M06.06	Rheumatoid arthritis without rheumatoid factor, left knee
M06.06	Rheumatoid arthritis without rheumatoid factor, unspecified knee
M06.07	Rheumatoid arthritis without rheumatoid factor, right ankle and foot
M06.07	Rheumatoid arthritis without rheumatoid factor, left ankle and foot
M06.07	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.80	Other specified rheumatoid arthritis, unspecified site
M06.81	Other specified rheumatoid arthritis, right shoulder
M06.81	Other specified rheumatoid arthritis, left shoulder
M06.81	Other specified rheumatoid arthritis, unspecified shoulder
M06.82	Other specified rheumatoid arthritis, right elbow
M06.82	Other specified rheumatoid arthritis, left elbow

M06.82	Other specified rheumatoid arthritis, unspecified elbow
M06.83	Other specified rheumatoid arthritis, right wrist
M06.83	Other specified rheumatoid arthritis, left wrist
M06.83	Other specified rheumatoid arthritis, unspecified wrist
M06.84	Other specified rheumatoid arthritis, right hand
M06.84	Other specified rheumatoid arthritis, left hand
M06.84	Other specified rheumatoid arthritis, unspecified hand
M06.85	Other specified rheumatoid arthritis, right hip
M06.85	Other specified rheumatoid arthritis, left hip
M06.85	Other specified rheumatoid arthritis, unspecified hip
M06.86	Other specified rheumatoid arthritis, right knee
M06.86	Other specified rheumatoid arthritis, left knee
M06.86	Other specified rheumatoid arthritis, unspecified knee
M06.87	Other specified rheumatoid arthritis, right ankle and foot
M06.87	Other specified rheumatoid arthritis, left ankle and foot
M06.87	Other specified rheumatoid arthritis, unspecified ankle and foot
M06.88	Other specified rheumatoid arthritis, vertebrae
M06.89	Other specified rheumatoid arthritis, multiple sites
M06.9	Rheumatoid arthritis, unspecified
M31.1	Thrombotic microangiopathy
M31.30	Wegener's granulomatosis without renal involvement
M31.31	Wegener's granulomatosis with renal involvement
M31.7	Microscopic polyangiitis
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R59.9	Enlarged lymph nodes, unspecified
Z85.71	Personal history of Hodgkin lymphoma
Z85.72	Personal history of non-Hodgkin lymphomas
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

VI. Revision History

09/16/2021	Confirmed non-preferred status of Riabni; Added Q-Code (Q5123) Injection, rituximab-arrx, biosimilar, (riabni), 10 mg
02/02/2021	Added Riabni biosimilar and its indications per FDA label
12/19/2020	Clarifications: <ul style="list-style-type: none"> Step therapy will apply to NEW starts only

	<ul style="list-style-type: none"> NCCN-supported use (with 1 or 2A recommendation) will be covered <p>Renewal criteria updated:</p> <ul style="list-style-type: none"> Removed: “Patient continues to meet criteria identified above” Added coverage: “Continuation of documented current and/or successful therapy with a non-preferred agent (Rituxan)”
11/2/2020	Effective 01/01/2021 Member must fail trial of Ruxience AND Truxima, prior to using Rituxan. (Medicare members are subject to this step therapy).
06/11/2020	Added Q-Code (Q5119): Injection, rituximab-pvvr, biosimilar, 10 mg (Ruxience). Effective Date: 07/01/2020
05/07/2020	Added two newly approved indications and criteria for Truxima per FDA Label: <ul style="list-style-type: none"> Rheumatoid Arthritis (RA) Granulomatosis with Polyangiitis (GPA) (Wegener’s Granulomatosis) and Microscopic Polyangiitis (MPA)
03/31/2020	Added to the Initial Approval Criteria: Effective 07/01/2020, Ruxience and Truxima are the preferred agents for Commercial and Medicaid members. Failed trial of Ruxience AND Truxima for FDA approved indications prior to using Rituxan (Only Commercial and Medicaid members are subject to this step therapy).
03/31/2020	Ruxience and Truxima indications updated per FDA label.
01/01/2020	Added Ruxience biosimilar and its indications per FDA label
10/17/2019	Updated Truxima’s indications for NHL and CLL, updated dosage and administration for CLL (initial therapy), updated Non-Hodgkin’s Lymphoma dosing criteria, updated dosing criteria for Granulomatosis with Polyangiitis (GPA), Wegener’s Granulomatosis and Microscopic Polyangiitis (MPA), updated dosing criteria for cGVHD
07/01/2019	Added Q5115 Truxima biosimilar
12/03/2018	Added J9312 and removed J9310 from Applicable Procedure Codes.

VII. References

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