# Rituximab (Riabni™, Rituxan®, Ruxience™ & Truxima®) (for Indiana Only)

**Policy Number:** CSIND0003.05
**Effective Date:** June 1, 2023

Instructions for Use

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**Related Policies**

- Oncology Medication Clinical Coverage (for Indiana Only)

## Application

This Medical Benefit Drug Policy only applies to the state of Indiana.

## Coverage Rationale

This policy refers only to the following drug products:

- Riabni™ (rituximab-arrx)
- Rituxan® (rituximab)†
- Rituxan Hycela® (rituximab and hyaluronidase human)*
- Ruxience™ (rituximab-pvvr)
- Truxima® (rituximab-abbs)
- Any FDA-approved rituximab biosimilar product not listed here†

The following drug products are medically necessary for the treatment of certain conditions outlined within the InterQual® criteria. For medical necessity clinical coverage criteria, refer to the current release of the InterQual® guideline:

- Riabni™ (rituximab-arrx): CP: Specialty Rx Non-Oncology, Rituximab-arrx (Riabni) or CP: Specialty Rx Oncology, Rituximab-arrx (Riabni)
- Rituxan® (rituximab): CP: Specialty Rx Non-Oncology, Rituximab (Rituxan) or CP: Specialty Rx Oncology, Rituximab (Rituxan)
- Ruxience™ (rituximab-pvvr): CP: Specialty Rx Non-Oncology, Rituximab-pvvr (Ruxience) or CP: Specialty Rx Oncology, Rituximab-pvvr (Ruxience)
- Truxima® (rituximab-abbs): CP: Specialty Rx Non-Oncology, Rituximab-abbs (Truxima) or CP: Specialty Rx Oncology, Rituximab-abbs (Truxima)
- Any FDA-approved rituximab biosimilar product not listed here†

*Rituxan Hycela is unproven and not medically necessary for the treatment of non-oncology indications.

For oncology indications and for Rituxan Hycela (rituximab/hyaluronidase human), refer to the Medical Benefit Drug Policy titled Oncology Medication Clinical Coverage (for Indiana Only). for updated information based upon the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium® (NCCN Compendium®).

†Any U.S. Food and Drug Administration approved and launched rituximab biosimilar product not listed by name in this policy will be considered non-preferred until reviewed by UnitedHealthcare.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| HCPCS Code | Description |
|---|---|
| J3590 | Unclassified biologics |
| J9311 | Injection, rituximab 10 mg and hyaluronidase |
| J9312 | Injection, rituximab, 10 mg |
| J9999 | Not otherwise classified, antineoplastic drug |
| Q5115 | Injection, rituximab-abbs, biosimilar, 10 mg |
| Q5119 | Injection, rituximab-pvvr, biosimilar, (Ruxience), 10 mg |
| Q5123 | Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg |

## Policy History/Revision Information

| Date | Summary of Changes |
|---|---|
| 06/01/2023 | • Routine review; no change to coverage guidelines<br>• Archived previous policy version CSIND0003.04 |

## Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.