

Medical Drug Clinical Criteria

Subject: Rituximab agents for Non-Oncologic Indications

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Overview

This document addresses the approved and off-label non-oncologic indications for use of rituximab agents, Rituxan (rituximab) and the biosimilars Truxima (rituximab-abbs), Riabni (rituximab-arx), and Ruxience (rituximab-pvvr). Rituximab is a genetically engineered monoclonal antibody that targets a specific protein, known as CD20 found on the surface of normal and malignant B-lymphocytes. It is FDA approved for the non-oncologic uses of rheumatoid arthritis, pemphigus vulgaris, and granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA).

Note: This document does not address any FDA approved oncologic indications or off-label oncologic uses of rituximab (including conditions such as multicentric Castleman disease [MCD], post-transplant lymphoproliferative disease [PTLD], or when used as a conditioning regimen for allogenic transplant).

Rheumatoid Arthritis: The American College of Rheumatology (ACR) guidelines recommend disease-modifying antirheumatic drug (DMARD) monotherapy as first-line treatment in individuals with RA with moderate to high disease activity. Methotrexate (MTX) monotherapy, titrated to a dose of at least 15 mg, is recommended over hydroxychloroquine, sulfasalazine, and leflunomide. Methotrexate monotherapy is also recommended over monotherapy with biologics (TNFi, IL-6 inhibitors, abatacept) or JAK inhibitors. For individuals taking maximally tolerated doses MTX who are not at target, the addition of a biologic or JAK inhibitor is recommended. Non-TNFi biologics or JAK inhibitors are conditionally recommended over TNFi in individuals with heart failure.

ANCA-associated vasculitis: Antineutrophil cytoplasmic antibody (ANCA)- associated vasculitis AAV is a collection of relatively rare autoimmune diseases of unknown causes, characterized by inflammatory cell infiltration causing necrosis of blood vessels. The clinical presentation of disease can vary, ranging from a skin rash to fulminant multisystem disease. Three subtypes of the disease include granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA), and Eosinophilic granulomatosis with polyangiitis (EGPA-previously known as Churg-Strauss). Rituximab, in combination with glucocorticoids, is indicated for the treatment of patients age 2 and above with GPA or MPA. The American College of Rheumatology (ACR)/ Vasculitis Foundation guidelines recommend rituximab for remission induction for active, severe disease and for remission maintenance in those that have entered remission after treatment with cyclophosphamide or rituximab.

Pemphigus vulgaris and other autoimmune blistering skin diseases: Pemphigus is a life-threatening autoimmune blistering disease affecting the skin and mucosa and is comprised of three major forms characterized by autoantibodies directed against epidermal cell junctions: pemphigus vulgaris, pemphigus foliaceus, and paraneoplastic pemphigus (PNP). Rituximab (Rituxan) is FDA approved for moderate to severe pemphigus vulgaris and there is literature to support its use as first-line therapy and in treatment refractory disease. In addition, there are case series and retrospective comparative studies that support the use of rituximab in refractory pemphigoid disease [bullous pemphigoid and mucous membrane pemphigoid (such as cicatricial pemphigoid and epidermolysis bullosa acquisita)].

Myasthenia Gravis (MG): MG is a common disorder of neuromuscular transmission characterized by a variable combination of weakness in ocular, bulbar, limb, and respiratory muscles. Treatment strategies include symptomatic therapy (with anticholinesterase agents such as pyridostigmine), chronic immunotherapy with steroids or other immunosuppressive drugs (such as azathioprine, cyclosporine, or methotrexate), rapid immunotherapy (with plasmapheresis or IVIG), and/or surgical treatment. The Myasthenia Gravis Foundation of America (MGFA)

international consensus guidelines recommend immunosuppressive drugs (such as azathioprine or cyclosporine) and/or corticosteroids for individuals who have not met treatment goals after an adequate trial of pyridostigmine. Rapid immunotherapy (with IVIG or plasmapheresis), cyclophosphamide, or rituximab may be considered for refractory MG. Rituximab can be considered in those who have an unsatisfactory response to initial immunotherapy, or in those who do not tolerate other immunosuppressive agents.

Antibody-Mediated Solid Organ Transplant Rejection: Antibody-mediated rejection is caused by anti-donor-specific antibodies, mostly anti-HLA antibodies. Treatment for acute antibody-mediated rejection generally consists of IVIG and rituximab, with or without plasma exchange. Chronic AMR has remained a significant problem with a lack of standardized treatment and limited therapeutic options. Literature and guideline recommendations (KDIGO 2009, ISHLT 2010) support rituximab as a potential treatment option for antibody-mediated rejection. Based on guideline recommendations, available literature, limited alternative treatment options, and views of relevant medical specialists, the use of rituximab may be considered for antibody-mediated rejection.

Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD): Interstitial lung disease (ILD) is a common pulmonary manifestation of systemic sclerosis (SSc) and is a leading cause of systemic sclerosis-related death. SSc-ILD presents with fatigue, shortness of breath and dry cough. Diagnosis is based on the presence of characteristic findings of ILD on chest high resolution computed tomography (HRCT) in an individual with SSc and exclusion of other causes of ILD. The American Thoracic Society (ATS) clinical practice guideline on the treatment of systemic sclerosis-associated interstitial lung disease provides recommendations for the use of mycophenolate (strong recommendation), cyclophosphamide (conditional recommendation), tocilizumab (conditional recommendation), and rituximab (conditional recommendation). Recommendations are based on low or very low-quality evidence. The American College of Rheumatology/American College of Chest Physicians guideline for the treatment of interstitial lung disease in people with systemic autoimmune rheumatic diseases (SARD) provides conditional recommendations for rituximab, mycophenolate and cyclophosphamide as first-line therapy options for ILD associated with SARDs in general (including systemic sclerosis [SSc], rheumatoid arthritis [RA], idiopathic inflammatory myopathies [IIM including polymyositis, dermatomyositis, antisynthetase syndrome, immune-mediated necrotizing myopathy], mixed connective tissue disease [MCTD], or Sjogren disease [SjD]). There is also limited evidence that rituximab is useful in skin manifestation of systemic sclerosis. The EULAR recommendations for the treatment of systemic sclerosis: 2023 update state that mycophenolate, methotrexate, and/or rituximab should be considered for systemic sclerosis skin fibrosis.

Other Uses: Based on the results from published data in the peer-reviewed medical literature, rituximab is also used to treat additional non-oncologic indications that are not currently approved by the FDA. Supporting literature includes guideline recommendations, randomized controlled trials, retrospective studies, case series, case reports, and specialty consensus opinion. International Acquired Hemophilia A guidelines suggest adding rituximab to first-line therapy in individuals with inhibitor titer >20 BU, and as a second-line agent in refractory individuals (Tiede 2020). Rituximab is also used as treatment for autoimmune hemolytic anemia, including warm autoimmune hemolytic anemia and cold agglutinin disease (Jager 2020). It has also been studied in autoimmune diseases such as cryoglobulinemia, sjogren syndrome, and systemic lupus erythematosus that are refractory to standard treatment (Fanouriakis 2019, Ramos-Casals 2020) and as treatment for refractory Graft Versus Host Disease (NCCN 2A). KDIGO guidelines review the use of rituximab in Hepatitis C virus infection-related glomerulonephritis, pediatric nephrotic syndrome, membranous nephropathy, and renal transplant (pre- and post- transplant). The American Academy of Neurology (AAN) guidelines recommend disease modifying therapies (DMTs), such as rituximab, in individuals with relapsing forms of MS with recent clinical relapses or MRI activity. The American Society of Hematology 2019 guidelines suggest rituximab for initial or second-line treatment of Immune thrombocytopenia (ITP), also called idiopathic thrombocytopenic purpura or immune thrombocytopenic purpura. The International Society on Thrombosis and Haemostasis (ISTH) Guidelines for treatment of thrombotic thrombocytopenic purpura recommend rituximab for treatment of acute events and relapses, and as prophylaxis for individuals who are in remission. Consensus recommendations for the management of autoimmune encephalitis suggest rituximab for disease refractory to initial therapy with immunoglobulin or plasma exchange therapy (Zuliani 2019, Abboud 2021).

Rituxan, Truxima, Riabni, and Ruxience have black box warnings for fatal infusion reactions, severe mucocutaneous reactions, hepatitis B virus (HBV) reactivation, and progressive multifocal leukoencephalopathy (PML). Rituximab administration can result in serious, including fatal, infusion reactions and deaths within 24 hours of infusion have occurred, most in association with the first infusion. Monitor individuals closely; discontinue rituximab infusion for severe reactions and provide medical treatment for grade 3 or 4 reactions. Severe, including fatal, mucocutaneous reactions can occur. HBV reactivation can occur, in some cases resulting in fulminant hepatitis, hepatic failure, and death. Screen all individuals for HBV infection before treatment initiation and monitor during and after treatment with rituximab. Discontinue rituximab and concomitant medications in the event of HBV reactivation. PML, including fatal PML, can occur.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Rituxan (rituximab); Riabni (rituximab-arrx); Ruxience (rituximab-pvvr); Truxima (rituximab-abbs)

All requests require documentation provided for diagnosis.

Requests for Rituxan (rituximab), Riabni (rituximab-arrx), Ruxience (rituximab-pvvr) or Truxima (rituximab-abbs) 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 methotrexate titrated to maximally tolerated dose (ACR 2021); **OR**
 - C. If methotrexate is not tolerated or contraindicated, individual has had an inadequate response to, is intolerant of, or has a contraindication to other conventional therapy [sulfasalazine, leflunomide, or hydroxychloroquine]; **AND**
 - D. Individual had an inadequate response, is intolerant of, or has a contraindication to one or more tumor necrosis factor (TNF) antagonist therapies;
- OR**
- II. Granulomatosis with Polyangiitis (GPA) and Microscopic Polyangiitis (MPA) when each of the following criteria are met:
 - A. Individual is 2 years of age or older with Granulomatosis with Polyangiitis (GPA) and MPA; **AND**
 - B. Individual is using concomitantly with glucocorticoids with or without avacopan for induction treatment; **OR**
 - C. Individual is using as follow up treatment after achieving disease control with induction treatment;
- 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**
 - B. Disease is treatment-refractory;
- OR**
- IV. Acquired hemophilia or acquired inhibitors in individuals with hemophilia when used in combination with corticosteroids or in individuals who have had an inadequate response, are intolerant of, or have a contraindication to corticosteroid and cytotoxic therapy (Collins 2009, Tiede 2020);
- OR**
- V. Autoimmune hemolytic anemia (Birgens 2013, Michel 2017, DP B IIb);
- OR**
- VI. Cryoglobulinemia, primary Sjogren Syndrome, or systemic lupus erythematosus refractory to standard therapy (Ramos 2009, DP B IIb) including:
 - A. Corticosteroids; **AND**
 - B. Two (2) or more immunosuppressive agents (such as but not limited to azathioprine, cyclosporine, methotrexate, or hydroxychloroquine);
- OR**
- VII. Steroid-refractory Graft-Versus-Host Disease (Cutler 2006, NCCN 2A, DP B IIb);
- OR**
- VIII. Hepatitis C virus infection-related glomerulonephritis in individuals with cryoglobulinemic flare, rapidly progressing glomerulonephritis, or nephrotic syndrome (KDIGO 2022);
- OR**
- IX. Immunoglobulin G4-related disease when any of the following criteria are met (Khosroshahi 2015):

- A. Failure to respond to prednisone or other corticosteroid agents; **OR**
 - B. Unable to tolerate tapering of prednisone or other corticosteroid agents; **OR**
 - C. Has a contraindication to prednisone or other corticosteroid agents;
- OR**
- X. Relapsing Multiple sclerosis (AAN 2018, DP B IIb);
- OR**
- XI. Neuromyelitis optica (Nikoo 2017, Tahara 2020, DP B IIa));
- OR**
- XII. Pediatric nephrotic syndrome when each of the following criteria are met (KDIGO 2025, DP B IIb):
 - A. Individual is 18 years of age or younger; **AND**
 - B. Individual has frequently relapsing or steroid-dependent disease; **AND**
 - C. Individual has had an inadequate response to, is intolerant of, or has a contraindication to corticosteroids or immunosuppressive agents (such as but not limited to cyclosporine, cyclophosphamide, or mycophenolate);
- OR**
- XIII. Membranous Nephropathy (MN) when each of the following criteria are met (KDIGO 2021):
 - A. Individual has moderate to high risk MN as shown by one of the following:
 - 1. Individual has proteinuria > 3.5 g/d and proteinuria has not decreased > 50% after 6 months of conservative therapy with angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs); **OR**
 - 2. Individual has an estimated glomerular filtration rate (eGFR) < 60 mL/min/1.73 m²;
- OR**
- XIV. Renal transplant setting for either of the following indications (Vo 2010, KDIGO 2020):
 - A. Pre-transplant to suppress panel reactive anti-human leukocyte antigens (HLA) antibodies in individuals with high panel reactive antibody (PRA or cPRA [corrected PRA]) levels to HLAs **or** in individuals with a history of high levels of donor-specific antibodies (DSAs); **OR**
 - B. Post-transplant in individuals with acute rejection who had received rituximab treatment pre-transplant;
- OR**
- XV. Antibody-mediated solid organ transplant rejection (KDIGO 2009, ISHLT 2010);
- OR**
- XVI. Thrombocytopenic purpura, immune or idiopathic (ITP) (ASH 2019);
- OR**
- XVII. Immune mediated thrombotic thrombocytopenic purpura (TTP) when each of the following criteria are met (ISTH 2020):
 - A. TTP is confirmed by severely reduced baseline activity of ADAMTS 13 (less than 10%), with the presence of an ADAMTS 13 inhibitor or anti-ADAMTS13 IgG; **AND**
 - B. Individual is using in combination with plasma exchange therapy and glucocorticoids for treatment of acute event or relapse;

OR

 - C. Individual is in remission and using for prevention of relapse;
- OR**
- XVIII. Myasthenia gravis when the following criteria are met (MGFA 2020, DP B I):
 - A. Individual is 18 years of age or older with myasthenia gravis; **AND**
 - Individual has had an inadequate response to, is intolerant of, or has a contraindication to two or more immunosuppressive drug agents (such as azathioprine, cyclosporine, or methotrexate).
- OR**
- XIX. Systemic Sclerosis-associated skin fibrosis when the following criteria are met (DP BIIa, Del Galdo 2023);
 - A. Individual has a diagnosis of systemic sclerosis-associated skin fibrosis; **AND**
 - B. Individual has had a trial and inadequate response to, is intolerant of, or has a contraindication to mycophenolate or methotrexate;

OR

- XX. Systemic Autoimmune Rheumatic Disease- associated Interstitial Lung Disease (SARD-ILD) when the following criteria are met (DP BIIa, ATS 2023, ACR 2023):
- A. Individual has a diagnosis of Systemic Autoimmune Rheumatic Disease (including systemic sclerosis [SSc], rheumatoid arthritis [RA], idiopathic inflammatory myopathies [IIM including polymyositis, dermatomyositis, antisynthetase syndrome, immune-mediated necrotizing myopathy], mixed connective tissue disease [MCTD], or Sjogren disease [SjD]) - associated Interstitial Lung Disease (SARD-ILD); **AND**
 - B. Diagnosis has been verified through chest high resolution computed tomography (HRCT) showing characteristic features of ILD in an individual with a known systemic autoimmune rheumatic disease (including SSc, RA, IIM, MCTD, or SjD); **AND**
 - C. Individual has had a trial and inadequate response to, is intolerant of, or has a contraindication to mycophenolate or cyclophosphamide;

OR

- XXI. Immune-mediated encephalitis, including paraneoplastic and autoimmune encephalitis when the following criteria are met (Zuliani 2019, Lancaster 2016):
- A. Diagnosis is confirmed by detection of a specific autoantibody associated with encephalitis [including but not limited to: NMDAR, LGI1, Caspr2, AMPAR, GABA-A or GABA-B receptor, IgLON5, DPPX, GlyR, mGluR1, mGluR2, mGluR5, Neurexin 3-alpha, or dopamine-2 receptor (D2R)]; **AND**
 - B. Individual has had an inadequate response to, is intolerant of, or has a contraindication to first line agent(s) including immunoglobulin therapy or plasma exchange;

OR

- XXII. Immune Checkpoint Inhibitor -related toxicities including (NCCN 2A):
- A. Moderate, severe, or life-threatening bullous pemphigoid or bullous dermatitis; **OR**
 - B. Hemolytic anemia or thrombocytopenia refractory to corticosteroids; **OR**
 - C. Acute kidney injury/elevated serum creatinine if toxicity remains greater than stage 2 after 4-6 weeks of corticosteroids or if creatinine increases during steroid taper (or once off steroids); **OR**
 - D. Moderate, severe, or life-threatening myositis for significant dysphagia, life-threatening situations, or cases refractory to corticosteroids; **OR**
 - E. Severe myasthenia gravis refractory to prior therapy; **OR**
 - F. Encephalitis refractory to prior therapy in individuals positive for autoimmune encephalopathy antibody.

Requests for Rituxan (rituximab), Riabni (rituximab-arrx), Ruxience (rituximab-pvvr) or Truxima (rituximab-abbs) may not be approved when the above criteria are not met and for all other non-oncologic indications.

Step Therapy

Summary of FDA-approved and off-label non-oncologic indications for rituximab agents

	Rituxan (rituximab)	Truxima (rituximab- abbs)	Ruxience (rituximab-pvvr)	Riabni (rituximab- arrx)
Rheumatoid Arthritis	X	X	X	X
Granulomatosis with Polyangiitis and Microscopic Polyangiitis	X	X	X	X
Pemphigus vulgaris	X	X	X	X
Acquired hemophilia or inhibitors in hemophilia	Y	Y	Y	Y
Autoimmune hemolytic anemia	Y	Y	Y	Y
Cryoglobulinemia, primary Sjogren Syndrome, or systemic lupus erythematosus	Y	Y	Y	Y
Graft-Versus-Host Disease	Y	Y	Y	Y
Hepatitis C virus infection- related glomerulonephritis	Y	Y	Y	Y
Immunoglobulin G4-related disease	Y	Y	Y	Y
Relapsing multiple sclerosis	Y	Y	Y	Y

Neuromyelitis optica	Y	Y	Y	Y
Pediatric nephrotic syndrome	Y	Y	Y	Y
Membranous nephropathy	Y	Y	Y	Y
Renal transplant with reactive human leukocyte antigen (HLA)-specific antibodies	Y	Y	Y	Y
Antibody-mediated solid organ transplant rejection	Y	Y	Y	Y
Thrombocytopenic purpura, immune or idiopathic	Y	Y	Y	Y
Thrombotic thrombocytopenic purpura	Y	Y	Y	Y
Myasthenia gravis	Y	Y	Y	Y
Immunotherapy-related toxicities	Y	Y	Y	Y

X = FDA approved indication; Y = Off-label use

Note: When a rituximab agent is deemed approvable based on the clinical criteria above, the benefit plan may have additional criteria requiring the use of a preferred¹ agent or agents.

Rituximab Reference and Biosimilar Agents for Non-Oncologic Indications Step Therapy

A list of the preferred rituximab agents is available [here](#).

Requests for a non-preferred rituximab agent for a non-oncologic indication may be approved when the following criteria are met:

- I. Individual has had a trial of and has an allergy or severe intolerance to an inactive ingredient in one preferred agent which interferes with the individual's ability to use the product, and the same allergy/severe intolerance is not expected with the non-preferred product.

¹Preferred, as used herein, refers to agents that were deemed to be clinically comparable to other agents in the same class or disease category but are preferred based upon clinical evidence and cost effectiveness.

Quantity Limits

Rituximab for Non-Oncologic Indications Quantity Limit

Drug	Limit Per Indication
Rituxan (rituximab) 100 mg, 500 mg vial; Riabni (rituximab-arx) 100 mg, 500 mg vial; Ruxience (rituximab-pvvr) 100 mg, 500 mg vial; Truxima (rituximab-abbs) 100 mg, 500 mg vial	Rheumatoid arthritis (RA): 1000 mg on days 1 and 15; repeated as frequent as every 16 weeks Pemphigus Vulgaris & other autoimmune blistering skin diseases; maintenance: 500 mg as frequently as every 16 weeks* Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) maintenance: 1000mg every 4 months [†] Myasthenia Gravis: 375 mg/m ² monthly (DP) [^] Autoimmune Hemolytic Anemia: 375 mg/m ² weekly for 4 weeks (DP) Immune Thrombocytopenia (ITP): 375 mg/m ² weekly for up to 4 weeks (DP) Primary Sjogren's Syndrome: 1000 mg on days 1 and 15 (2000 mg total) (DP)
Override Criteria	
*For initiation of therapy, may approve two 1000mg doses separated by 2 weeks. May also approve one 1000 mg infusion upon relapse	
[†] For induction treatment, may approve 375 mg/m ² weekly for 4 weeks (Label) or 1000 mg on days 1 and 15 (DP). After induction (at least 16 weeks after rituximab induction or within 4 weeks after achieving disease control from induction with other standard of care immunosuppressants), may approve two 500mg infusions separated by 2 weeks followed by maintenance therapy.	
[^] May approve 375 mg/m ² weekly for 4 weeks when initiating therapy or as clinically indicated upon relapse.	

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J9312	Injection, rituximab, 10 mg [Rituxan]
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
Q5119	Injection, rituximab-pvvr, biosimilar, (Ruxience), 10 mg
Q5123	Injection, rituximab-arxx, biosimilar, [Riabni], 10 mg

ICD-10 Diagnosis

B17.10-B17.11	Acute hepatitis C
B18.2	Chronic viral hepatitis C
B19.20-B19.21	Unspecified viral hepatitis C
D59.0-D59.19	Drug-induced, other autoimmune hemolytic anemias
D68.311	Acquired hemophilia
D69.3	Immune thrombocytopenic purpura (idiopathic thrombocytopenic purpura)
D89.1	Cryoglobulinemia
D89.810-D89.813	Graft-versus-host disease
D89.84	IgG4-related disease
G04.81	Other encephalitis and encephalomyelitis
G35	Multiple sclerosis
G36.0	Neuromyelitis optica [Devic]
G70.00-G70.01	Myasthenia gravis
G72.49	Other inflammatory and immune myopathies, not elsewhere classified
J84.170-J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere [systemic autoimmune rheumatic disease-associated interstitial lung disease (SARD-ILD)]
L10.0-L10.9	Pemphigus
L12.0-L12.9	Pemphigoid
M05.00-M05.9	Rheumatoid arthritis with rheumatoid factor
M06.00-M06.09	Rheumatoid arthritis without rheumatoid factor
M06.80-M06.9	Other specified rheumatoid arthritis and rheumatoid arthritis, unspecified
M31.10	Thrombotic microangiopathy (thrombotic thrombocytopenic purpura)
M31.19	Other thrombotic microangiopathy (thrombotic thrombocytopenic purpura)
M31.30-M31.31	Wegener's granulomatosis
M31.7	Microscopic polyangiitis
M32.0-M32.9	Systemic lupus erythematosus (SLE)
M33.00-M33.99	Dermatopolymyositis [systemic autoimmune rheumatic disease]
M34.0-M34.9	Systemic sclerosis [scleroderma]
M35.00-M35.09	Sjögren syndrome
M35.9	Systemic involvement of connective tissue, unspecified
M60.80-M60.9	Other myositis, myositis unspecified [immune checkpoint inhibitor-related toxicity]

N01.0-N01.9	Rapidly progressive nephritic syndrome
N03.0-N03.A	Chronic nephritic syndrome
N04.0-N04.A	Nephrotic syndrome
N05.0-N05.A	Unspecified nephritic syndrome
N06.0-N06.9	Isolated proteinuria with specified morphological lesion
N08	Glomerular disorders in diseases classified elsewhere
N17.9	Acute kidney failure, unspecified [immune checkpoint inhibitor-related toxicity]
Q81.0-Q81.9	Epidermolysis bullosa
T45.AX5A-T45.AX5S	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs
T86.00-T86.99	Complications of transplanted organs and tissue
Z48.22	Encounter for aftercare following kidney transplant
Z94.0	Kidney transplant status

Document History

Revised: 08/15/2025

Document History:

- 08/15/2025 – Annual Review: Add off label use in systemic sclerosis-related skin fibrosis and rheumatic disease-associated interstitial lung disease; update immunotherapy related toxicities per NCCN; update step therapy with standard biosimilar step language; update references; wording and formatting updates. Coding Reviewed: Updated description for ICD-10-CM L12.0-L12.9, M35.00-M35.09, M35.9. Added ICD-10-CM G72.49, J84.170-J84.178, M31.19, M33.00-M33.99, M34.0-M34.9, M60.80-M60.9, N04.A to range N04.0-N04.9, N03.0-N03.A, N05.0-N05.A, N17.9, T45.AX5A-T45.AX5S. Removed ICD-10-CM M35.5, N18.1-N18.9, D89.831-D89.839, D89.89.
- 08/16/2024 – Annual Review: No changes. Coding Reviewed: No changes.
- 12/11/2023 – Select Review: Update GPA/MPA quantity limit per compendia/guidelines. Coding Reviewed: No changes.
- 08/18/2023 – Annual Review: Update acquired hemophilia criteria to include combination use with corticosteroids; update graft-versus-host disease to “steroid-refractory”; add use in certain immunotherapy-related toxicities per NCCN; update Hepatitis C virus infection-related glomerulonephritis criteria per KDIGO guidelines; include additional induction regimen for GPA/MPA in quantity limit; update table. Coding Reviewed: No changes.
- 05/15/2023 – Step therapy table updates.
- 03/27/2023 – Step therapy table updates.
- 01/25/2023 – Step therapy table updates.
- 08/19/2022 – Annual Review: Update criteria to include new off-label use in membranous nephropathy based on KDIGO guidelines; update references; update ITP quantity limit per compendia. Step therapy table update. Coding Reviewed: Added ICD-10-CM M31.10, N04.0-N04.9.
- 07/25/2022 – Administrative update to add documentation. Step therapy table update.
- 04/25/2022 – Step therapy table update.
- 03/28/2022 – Step therapy table update.
- 11/19/2021 – Select Review: Update RA criteria to align with new guidelines; update GPA/MPA criteria to allow combination with avacopan; update GPA/MPA QL to align with label. Coding Reviewed. No changes. Step therapy table updates.
- 11/01/2021 – Add step therapy and step therapy table.
- 08/20/2021 – Annual Review: Update GPA/MPA criteria and quantity limit to clarify use as follow up treatment; update encephalitis criteria to clarify use in any immune-mediated encephalitis; update acquired inhibitors criteria for clarity, update autoimmune hemolytic anemia to remove “refractory”; update TTP diagnosis and use of rituximab as initial or prophylactic treatment. Coding reviewed: No changes.
- 03/15/2021 – Select Review: Update myasthenia gravis quantity limit. Coding Review: No changes. Effective 7/1/2021 Added HCPCS Q5123. Extended code range to D59.0-D59.19. Removed HCPCS J9999, J3590, C9399. Removed all diagnosis pend for Riabni.
- 02/19/2021 – Select Review: Add new biosimilar agent Riabni to clinical criteria and quantity limit; update indication table. Coding Review: Added J3590, J9999, C9399, All diagnosis pend for Riabni.

- 11/20/2020 – Annual Review: Update transplant criteria to include donor-specific antibodies for clarity; add criteria for refractory autoimmune encephalitis; update references. Coding Reviewed: Added ICD-10-CM G04.81.
- 05/15/2020 – Select Review: Update rheumatoid arthritis quantity limit. Coding Reviewed: Effective 7/1/2020 Added HCPCS Q5119, Delete 6/30/2020 J3490, J3590
- 02/21/2020 – Select Review: Update indication table to note that Truxima is FDA approved for RA and GPA/MPA. Coding Reviewed: Added HCPCS Q J3590 for Ruxience
- 11/15/2019 – Annual Review: Update age for Granulomatosis with Polyangiitis and Microscopic Polyangiitis per label; update cryoglobulinemic vasculitis criteria wording according to new KDIGO guidelines. Wording and formatting changes. Coding reviewed: No Changes.
- 08/16/2019 – Select Review: Apply current prior authorization and quantity limits to rituximab biosimilars Truxima and Ruxience. Remove double prior trial requirement in multiple sclerosis criteria. Add new non-preferred reference or biosimilar step therapy for non-oncologic indications. Coding Reviewed: Added HCPCS codes Q5115, J3490
- 11/16/2018 – Annual Review: Initial P&T review of Rituxan for Non-Oncologic Indications Clinical Guideline. Update approval criteria to add off-label indication for refractory myasthenia gravis in adults which meets off-label policy requirements and is in accordance with MGFA guideline recommendations. Update approval criteria to add off-label indication for antibody-mediated solid organ transplant rejection in accordance with KDIGO and ISHLT guideline recommendations and per AST consultant recommendations. Update RA criteria to delete “active” disease wording. Delete requirement for methotrexate combination therapy for RA indication for consistency with other RA approval criteria and in accordance with ACR guideline recommendations. Update TTP and autoimmune blistering skin disease criteria for clarity per committee recommendations. Add examples of conventional therapy to approval criteria for clarity. Wording and formatting changes to criteria for clarity and consistency. HCPCS and ICD-10 Coding Review: Delete J9310. Add J9312. Add G70.00-G70.01 for Myasthenia gravis indication. Organ transplant ICD-10 already included.

References

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CC-0075 Rituximab agents for Non-Oncologic Indications

Commercial Medical Benefit

Effective Date	Preferred Agents	Non-Preferred Agents
02/01/2022	Rituxan Riabni	Ruxience Truxima
01/01/2022 CalPERS For members 18 years and older step therapy criteria applies to new starts only (defined as no use of Rituxan in the last 12 months)	Riabni Ruxience Truxima	Rituxan

Medicaid Medical Benefit

Effective Date	Preferred Agents	Non-Preferred Agents
04/15/2022: MD, NJ, NV, SC, VA, WI, WNY 05/01/2022: IA 05/15/2022: IN, GA, TN 06/15/2022: AR, CA 08/01/2022: LA 09/15/2022: KY 02/01/2023: OH 04/01/2023: DC	Riabni	Rituxan Ruxience Truxima

Medicare Medical Benefit

Effective Date	Preferred Agents	Non-Preferred Agents
02/01/2022	Rituxan Riabni	Ruxience Truxima