Rituxan (rituximab), Truxima* (rituximab-abbs)

*These medications are included in this policy but are not available in the market as of yet

RATIONALE FOR INCLUSION IN PA PROGRAM

Background
Rituxan and its biosimilar are monoclonal antibodies that are manufactured through biotechnology methods rather than by the human body’s own immune system. The drugs work by greatly reducing the number of specific immune cells in the blood, known as B-cells. The drugs bind to a particular protein, the CD20 antigen, on the surface of normal and malignant B-cells, making it easier for the patient’s immune system to attack the cancer cell as if it were a foreign pathogen. The targeted mechanism of action of Rituxan and its biosimilar are used in the treatment of the following: chronic lymphocytic leukemia (CLL), CD20 positive, Non-Hodgkin’s Lymphoma (NHL), rheumatoid arthritis (RA), Granulomatosis with Polyangiitis (GPA) (Wegener’s Granulomatosis), Microscopic Polyangiitis (MPA) and active pemphigus vulgaris (1-5).

Regulatory Status
FDA-approved indication: Rituxan and its biosimilar are CD20-directed cytolytic antibodies indicated for the treatment of patients with: (1-2)
1. Non-Hodgkin’s Lymphoma (NHL)
2. Chronic lymphocytic leukemia (CLL)
3. Rheumatoid arthritis (RA) in combination with methotrexate in adult patients with moderately- to severely-active rheumatoid arthritis who have had an inadequate response to one or more TNF antagonist therapies.
4. Granulomatosis with Polyangiitis (GPA) (Wegener’s Granulomatosis) and Microscopic Polyangiitis (MPA) in combination with glucocorticoids.
5. Moderately to severely active pemphigus vulgaris (PV)

Limitations of use:
Rituxan and its biosimilar are not recommended for use in patients with severe, active infections (1-2).

Rituxan and its biosimilar have several boxed warnings regarding fatal infusion reactions, tumor lysis syndrome (TLS), severe mucocutaneous reactions, and progressive multifocal leukoencephalopathy (PML) resulting in death (1-2).
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Acute renal failure, hyperkalemia, hypocalcemia, hyperuricemia, or hyperphosphatemia from tumor lysis, some fatal, can occur within 12-24 hours after the first infusion of Rituxan or its biosimilar in patients with non-Hodgkin lymphoma (NHL). Patients at high risk for tumor lysis syndrome should be administered aggressive intravenous hydration, anti-hyperuricemic agents, and their renal function should be monitored (1-2).

Serious, including fatal, bacterial, fungal, and new or reactivated viral infections can occur during and following the completion of therapy of Rituxan or its biosimilar. Discontinue Rituxan or its biosimilar for serious infections and institute appropriate anti-infective therapy (1-2).

Rituxan and its biosimilar should be discontinued in patients that develop serious or life-threatening cardiac arrhythmias. Perform cardiac monitoring during and after all infusions of Rituxan or its biosimilar for patients who develop clinically significant arrhythmias, or who have a history of arrhythmia or angina (1-2).

The safety of immunization with live viral vaccines following Rituxan and its biosimilar therapy have not been studied and vaccination with live virus vaccines is not recommended (1-2).

In patients with lymphoid malignancies, during treatment with Rituxan or its biosimilar monotherapy, obtain complete blood counts (CBC) and platelet counts prior to each rituximab course. During treatment with Rituxan or its biosimilar in combination with chemotherapy, obtain CBC and platelet counts at weekly to monthly intervals and more frequently in patients who develop cytopenias. In patients with rheumatoid arthritis, granulomatosis with polyangiitis (GPA), or microscopic polyangiitis (MPA), obtain CBC and platelet counts at two to four month intervals during rituximab therapy. The duration of cytopenias caused by Rituxan or its biosimilar can extend months beyond the treatment period (1-2).

Off Label Uses:
There are a number of important off-label uses for the use of Rituxan (rituximab) and its biosimilar that are supported by the medical literature. The inclusion of the following conditions is based on the studies cited.
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**Other Non-Hodgkin’s Lymphomas (3)**

1. Burkitt lymphoma
2. Gastric MALT lymphoma
3. Non-gastric MALT lymphoma
4. Nodal Marginal Zone lymphoma
5. Mantle cell lymphoma
6. AIDS-Related B-cell lymphomas
7. Post-transplant lymphoproliferative disorder
8. Primary cutaneous B-cell lymphoma
9. Splenic marginal zone lymphoma
10. Hairy Cell Leukemia
11. Castleman’s disease

**Other Conditions**

1. Waldenström’s macroglobulinemia
2. Steroid refractory chronic graft vs. host disease
3. Immune thrombocytopenic purpura
4. Thrombotic thrombocytopenic purpura
5. Refractory autoimmune hemolytic anemia
6. Leptomeningeal metastases
7. Primary central nervous system lymphoma
8. Hodgkin’s lymphoma

Rituxan or its biosimilar as monotherapy or in conjunction with various chemotherapy agents as well as other monoclonal antibodies is supported by clinical trial data and NCCN guideline recommendations. The following chemoimmunotherapy regimens are used for either first-line therapy or relapsed/refractory therapy depending on the results of genetic testing and comorbidities in affected patients: (6)

1. Alemtuzumab + rituximab
2. Bendamustine, rituximab (BR)
3. CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) + rituximab
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4. HyperCVAD (cyclophosphamide, vincristine, doxorubicin, and dexamethasone alternating with high-dose methotrexate and cytarabine) + rituximab
5. Dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) + rituximab
6. HDMP (high-dose methylprednisolone) + rituximab
7. Pentostatin, cyclophosphamide, rituximab) (PCR)
8. CFAR (cyclophosphamide, fludarabine, alemtuzumab, rituximab)
9. OFAR (oxaliplatin, fludarabine, cytarabine, rituximab)
10. Lenalidomide + rituximab

Summary
Rituxan and its biosimilar are monoclonal antibodies that are manufactured through biotechnology methods rather than by the human body’s own immune system. The drugs work by greatly reducing the number of specific immune cells in the blood, known as B-cells. The drugs bind to a particular protein, the CD20 antigen, on the surface of normal and malignant B-cells, making it easier for the patient’s immune system to attack the cancer cell as if it were a foreign pathogen. Rituxan and its biosimilar are therefore used to treat diseases which are characterized by excessive numbers of B cells, overactive B cells, or dysfunctional B cells. This includes non-hodgkin lymphoma (NHL), chronic lymphocytic leukemia (CLL), rheumatoid arthritis (RA), microscopic polyangiitis (MPA), granulomatosis with polyangiitis, and pemphigus vulgaris (PV) (1-5).

Prior authorization is required to ensure the safe, clinically appropriate and cost effective use of Rituxan (rituximab) and its biosimilar while maintaining optimal therapeutic outcomes.

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