

PART B STEP THERAPY CRITERIA FOR APPROVAL

Riabni, Rituxan, and Rituxan Hycela will be approved when ALL of the following are met:

1. The requested medication is being used for ONE of the following:
 - A. An FDA approved indication

OR

 - B. An indication in CMS approved compendia
- AND**
2. ONE of the following:
 - A. Information has been provided that indicates the patient has been treated with the request medication in the past 365 days

OR

 - B. There is documentation that the patient has had an ineffective treatment response to the active ingredient(s) of ALL preferred medication(s)

OR

 - C. The patient has a documented intolerance, hypersensitivity, or FDA labeled contraindication to the active ingredient(s) of ALL preferred medication(s)

OR

 - D. The prescriber has submitted documentation indicating ALL preferred medication(s) are likely to be ineffective or are likely to cause an adverse reaction or other harm to the patient

OR

 - E. BOTH of the following (for oncology indications):
 - i. The National Comprehensive Cancer Network (NCCN) does NOT specify the preferred medication(s) as a preferred regimen for the requested indication

AND

 - ii. NCCN specifies the requested medication as a preferred regimen for the requested indication

Length of Approval: up to 12 months

See table of preferred medications on the next page

NOTES:

- Rituxan Hycela is NOT indicated for non-oncologic diagnoses
- Prerequisite medications may require prior review under Medicare Part D or Medicare Part B. Medicare Part D prerequisites will not be required for Medical Only members.
- Length of approval may be shorter due to provider network participation status.
- Coverage of one Medicare Part B Step Therapy medication could equate to multiple medication authorizations when they share the same Medicare Part B Step Therapy criteria.
- LCD/NCD criteria review completed, if applicable, in addition to the Plan's Medicare Part B Step Therapy criteria.

Targeted Part B Medication	Preferred Medications*†
Riabni (rituximab-arrx)	Ruxience (rituximab-pvvr) and Truxima (rituximab-abbs)
Rituxan (rituximab)	Ruxience (rituximab-pvvr) and Truxima (rituximab-abbs)
Rituxan Hycela (rituximab and hyaluronidase human)	Ruxience (rituximab-pvvr) and Truxima (rituximab-abbs)

*Preferred medications may vary based upon indication

†Preferred medications require prior authorization under the member's medical (Part B) benefit