

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	<p>Riabni is a monoclonal antibody that induces apoptosis in DHL 4 human B cell lymphoma cells and inhibits rheumatoid factor production, antigen presentation, T-cell activation and proinflammatory cytokine production in rheumatoid arthritis.</p> <p>Rituxan was the original rituximab product launched, but many biosimilars have since come to market including Riabni, Ruxience, Truxima, and Rituxan Hycela.</p>						
<b>Exclusion Criteria</b>	None.						
<b>Required Medical Information</b>	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
<b>Other Criteria</b>	<p>Must follow LCD L35026: Rituximab.  <a href="https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=35026">https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=35026</a></p>						
<b>Age Restriction</b>	None.						
<b>Prescriber Restrictions</b>	None.						
<b>Coverage Duration</b>	Up to two years. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice.						
<b>Other Criteria/Information</b>	<p>Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.</p> <table border="1"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>Q5123</td> <td>Riabni (rituximab-arrx) biosimilar</td> <td> <b>Billing unit: 10 mg</b>             100 mg/10 mL, 500 mg/50 mL            SDV         </td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	Q5123	Riabni (rituximab-arrx) biosimilar	<b>Billing unit: 10 mg</b>  100 mg/10 mL, 500 mg/50 mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025