Rituxan *(rituximab)*

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Rituxan 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. Rituxan was the original rituximab product launched, but many biosimilars have since come to market including Riabni, Ruxience, Truxima, and Rituxan Hycela.
Exclusion Criteria	None.
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.
Other Criteria	Must follow LCD L35026: Rituximab. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=35026
Age Restriction	None.
Prescriber Restrictions	None.
Coverage Duration	Up to two years. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice.
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.

HCPCS	Description	Billing Units/How Supplied
J9312	Rituxan (rituximab)	**Billing unit: 10 mg** 100 mg/10 mL, 500 mg/50 mL SDV

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