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# 5.21.96

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<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2021
<b>Subsection:</b>	Antineoplastic Agents	<b>Original Policy Date:</b>	July 14, 2017
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**Last Review Date:** March 12, 2021

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## Rituxan Hycela

### Description

#### Rituxan Hycela (rituximab and hyaluronidase human)

#### Background

Rituxan Hycela (rituximab and hyaluronidase human) is a monoclonal antibody that is manufactured through biotechnology methods rather than by the body's own immune system. The drug works by reducing the number of specific immune cells in the blood, known as B-cells. The drug binds 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 Hycela is used in the treatment of chronic lymphocytic leukemia (CLL), a slowly progressing blood and bone marrow cancer that arises from a group of white blood cells known as B-cells, in the treatment of CD20 positive, Non-Hodgkin's Lymphoma (NHL), which is a type of cancer that occurs in B-cells (1).

#### Regulatory Status

FDA-approved indication: Rituxan Hycela is a combination of rituximab, a CD20-directed cytolytic antibody, and hyaluronidase human, an endoglycosidase, indicated for the treatment of adult patients with: (1)

1. Follicular Lymphoma (FL)
  - a. Relapsed or refractory, follicular lymphoma as a single agent
  - b. Previously untreated follicular lymphoma in combination with first line chemotherapy and, in patients achieving a complete or partial response to rituximab in combination with chemotherapy, as single-agent maintenance therapy

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- c. Non-progressing (including stable disease), follicular lymphoma as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy
2. Diffuse Large B-cell Lymphoma (DLBCL)
  - a. Previously untreated diffuse large B-cell lymphoma in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens
3. Chronic Lymphocytic Leukemia (CLL)
  - a. Previously untreated and previously treated CLL in combination with fludarabine and cyclophosphamide (FC)

Limitations of use:

Initiate treatment with Rituxan Hycela only after patients have received at least one full dose of a rituximab product by intravenous infusion. Rituxan Hycela is not indicated for the treatment of non-malignant conditions (1).

Rituxan Hycela has several boxed warnings regarding severe mucocutaneous reactions, Hepatitis B virus (HBV) reactivation can occur, in some cases resulting in fulminant hepatitis, hepatic failure, and progressive multifocal leukoencephalopathy (PML) resulting in death (1).

Acute renal failure, hyperkalemia, hypocalcemia, hyperuricemia, or hyperphosphatemia from tumor lysis, some fatal, can occur. 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).

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

The safety of immunization with live viral vaccines following Rituxan Hycela therapy has not been studied and vaccination with live virus vaccines is not recommended (1).

In patients with lymphoid malignancies, during treatment with Rituxan Hycela monotherapy, obtain complete blood counts (CBC) and platelet counts prior to each Rituxan Hycela course. During treatment with Rituxan Hycela and chemotherapy, obtain CBC and platelet counts at weekly to monthly intervals and more frequently in patients who develop cytopenias (1).

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The safety and effectiveness of Rituxan Hycela in patients less than 18 years of age have not been established (1).

### Related policies

Arzerra, Gazyva, Rituximab

### Policy

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Rituxan Hycela may be considered **medically necessary** in patients 18 years of age or older for the treatment of chronic lymphocytic leukemia, follicular lymphoma, diffuse large B-cell lymphoma and if the conditions indicated below are met.

Rituxan Hycela may be considered **investigational** in patients less than 18 years of age and for all other indications.

## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnoses

Patient must have **ONE** of the following:

1. Follicular lymphoma with ONE of the following:
  - a. Relapsed or refractory
  - b. In combination with first line chemotherapy
  - c. Non-progressing after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy
2. Diffuse large B-cell lymphoma
  - a. In combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens
3. Chronic Lymphocytic Leukemia (CLL)
  - a. In combination with fludarabine and cyclophosphamide (FC)

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**AND ALL** of the following:

- a. Patient has received at least one full dose of a rituximab product by intravenous infusion
- b. **NOT** given concurrently with live vaccines, (Non-live vaccines should be administered at 4 weeks prior to a course of Rituxan Hycela)
- c. If the patient has a history of Hepatitis B (HBV) infection
  - i. Prescriber agrees to monitor for HBV reactivation
- d. **NO** severe active infections
- e. Prescriber agrees to monitor for signs of progressive multifocal leukoencephalopathy (PML) or severe mucocutaneous reactions
- f. Patient **MUST** have tried at least **TWO** of the preferred products (Riabni, Ruxience, and Truxima) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

### Diagnoses

Patient must have **ONE** of the following:

1. Follicular lymphoma
2. Diffuse large B-cell lymphoma
3. Chronic Lymphocytic Leukemia (CLL)

**AND ALL** of the following:

- a. **NO** disease progression or unacceptable toxicity
- b. **NOT** given concurrently with live vaccines, (Non-live vaccines should be administered at 4 weeks prior to a course of Rituxan Hycela)
- c. If the patient has a history of Hepatitis B (HBV) infection
  - i. Prescriber agrees to monitor for HBV reactivation
- d. **NO** severe active infections
- e. Prescriber agrees to monitor for signs of progressive multifocal leukoencephalopathy (PML) or severe mucocutaneous reactions

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- f. Patient **MUST** have tried at least **TWO** of the preferred products (Riabni, Ruxience, and Truxima) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

## Policy Guidelines

### Pre - PA Allowance

None

### Prior - Approval Limits

**Duration** 12 months

### Prior – Approval *Renewal* Limits

Same as above

## Rationale

### Summary

Rituxan Hycela is a monoclonal antibody that is manufactured through biotechnology methods rather than by the human body's own immune system. The drug works by greatly reducing the number of specific immune cells in the blood, known as B-cells. The drug binds 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 Hycela is 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), and granulomatosis with polyangiitis (1).

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

### References

1. Rituxan Hycela [package insert]. South San Francisco, CA: Genentech Inc.; May 2020.

## Policy History

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July 2017	Addition to PA
September 2017	Annual review
June 2018	Annual editorial review and reference update
March 2019	Annual review and reference update
June 2019	Annual review
March 2020	Annual review and reference update
June 2020	Annual review
December 2020	Annual review and reference update. Added requirement to t/f the preferred products
February 2021	Added Riabni as a preferred product
March 2021	Annual editorial review

## Keywords

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.**