VENTURA COUNTY
HEALTH CARE PLAN

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Oncology (Injectable) – Rituxan Hycela Utilization Management Medical Policy
- Rituxan Hycela® (rituximab and hyaluronidase human subcutaneous injection – Biogen and Genentech/Roche)

REVIEW DATE: 01/10/2024

OVERVIEW

Rituxan Hycela, a combination of rituximab and hyaluronidase human, is indicated for treatment of adults with the following indications:[1]

- **Diffuse large B-cell lymphoma**, in combination with CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) or other anthracycline-based chemotherapy regimens in patients with previously untreated disease.
- **Chronic lymphocytic leukemia**, in combination with FC (fludarabine + cyclophosphamide) for previously treated and previously untreated disease.
- **Follicular lymphoma**, as a single agent for relapsed or refractory disease; in previously untreated disease in combination with first-line chemotherapy; as single-agent maintenance therapy in patients achieving a complete or partial response to rituximab + chemotherapy; and as a single agent after first-line CVP (cyclophosphamide, vincristine, and prednisone) in non-progressing (including stable disease) disease.

Rituxan Hycela contains the identical molecular antibody of rituximab available in Rituxan intravenous, but hyaluronidase has been added to facilitate systemic delivery. Rituxan Hycela should be administered under the care of a healthcare professional with appropriate medical support to manage severe and potentially fatal reactions. The dose of Rituxan Hycela is fixed regardless of the patient's body surface area; dose reductions are not recommended. When given in combination with chemotherapy, reduce the dose of chemotherapeutic drugs to manage adverse events. Rituxan Hycela is not indicated for treatment of non-malignant conditions. Additionally, treatment should only be initiated after receiving at least one full dose of a rituximab product by intravenous infusion.

Guidelines

Rituximab features prominently in the National Comprehensive Cancer Network (NCCN) guidelines for multiple conditions. The following guidelines from NCCN have been updated to list Rituxan Hycela (noted as rituximab + hyaluronidase) in most clinical scenarios when the intravenous formulation is recommended if the patient has received the first full dose with rituximab intravenous.

- **B-cell Lymphomas:** In the guidelines (version 6.2023 – October 10, 2023), rituximab is included in multiple treatment regimens across the spectrum of disease.[2] For primary cutaneous B-cell lymphomas (version 1.2024 – December 21, 2023), rituximab is a treatment option for patients with primary cutaneous B-cell lymphoma.[7]
- **Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma:** Rituximab features prominently in the guidelines (version 1.2024 – November 03, 2023) and is included in multiple treatment regimens across the spectrum of disease.[3]
- **Hairy Cell Leukemia:** Guidelines (version 1.2024 – November 03, 2023) recommend rituximab in multiple regimens for relapsed/refractory disease, including in patients with progressive disease after relapsed/refractory therapy.[4]
- **Hodgkin Lymphoma:** Guidelines (version 1.2024 – October 12, 2023) recommend rituximab ± chemotherapy and/or radiation (depending on the clinical presentation) in the first-line setting for

nodular lymphocyte-predominant disease.[8] Rituximab is also used for relapsed/refractory disease and for maintenance.

- **Waldenstrom Macroglobulinemia/Lymphoplasmacytic Lymphoma:** Guidelines (version 2.2024 – December 5, 2023) include rituximab in regimens across the spectrum of disease (primary therapy, previously treated disease, and maintenance).[5]

Safety

There is a higher risk of hypersensitivity and other acute reactions during the first infusion.[1] Therefore, all patients must receive at least one full dose of rituximab intravenous, which allows for management by slowing or stopping the infusion, before receiving Rituxan Hycela. Patients who are unable to complete one full intravenous infusion should continue to receive subsequent cycles with Rituxan intravenous and should not switch to Rituxan Hycela until a full intravenous dose is successfully administered. Safety is otherwise comparable to rituximab intravenous.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Rituxan Hycela. Approval is recommended for those who meet the conditions of coverage for **Criteria** and **Dosing** for the listed indications. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Rituxan Hycela as well as the monitoring required for adverse events and long-term efficacy, approval requires Rituxan Hycela to be prescribed by or in consultation with a physician who specializes in the condition being treated.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Rituxan Hycela is recommended in those who meet one of the following criteria:

FDA-Approved Indications

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1. B-Cell Lymphoma. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
Note: Examples of B-cell lymphomas include diffuse large B-cell lymphoma [DLBCL], follicular lymphoma, acquired immune deficiency [AIDS]-related B-cell lymphoma, Burkitt lymphoma, Castleman's disease, marginal zone lymphoma [e.g., extranodal or MALT {gastric or nongastric}, nodal, or splenic marginal zone lymphoma], primary mediastinal large B-cell lymphoma, mantle cell lymphoma, high grade B-cell lymphoma, histologic transformation of indolent lymphoma to DLBCL, post-transplant lymphoproliferative disorders, gray zone lymphoma, primary cutaneous B-cell lymphoma.

A) Patient is ≥ 18 years of age; AND
B) Patient has already received at least one full dose of rituximab intravenous; AND
C) Rituxan Hycela is administered under the care of a healthcare professional; AND
D) The medication is being prescribed by or in consultation with an oncologist.

Dosing. Approve the following dosing regimen (A and B):
A) The dose is 1,400 mg/23,400 units given subcutaneously; AND
B) Doses are separated by at least 7 days.

2. **Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has already received at least one full dose of rituximab intravenous; AND
   - **C)** Rituxan Hycela is administered under the care of a healthcare professional; AND
   - **D)** The medication is being prescribed by or in consultation with an oncologist.

   Dosing. Approve 1,600 mg/26,800 units given subcutaneously on Day 1 of each cycle.

Other Uses with Supportive Evidence

3. **Hairy Cell Leukemia.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has relapsed/refractory hairy cell leukemia; AND
   - **C)** Patient has already received at least one full dose of rituximab intravenous; AND
   - **D)** Rituxan Hycela is administered under the care of a healthcare professional; AND
   - **E)** The medication is prescribed by or in consultation with an oncologist.

   Dosing. Approve the following dosing regimen (A and B):
   - **A)** The dose is 1,600 mg/26,800 units or 1,400 mg/23,400 units given subcutaneously; AND
   - **B)** Doses are separated by at least 7 days.

4. **Hodgkin Lymphoma**. Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has nodular lymphocyte-predominant disease; AND
   - **C)** Patient has already received at least one full dose of rituximab intravenous; AND
   - **D)** Rituxan Hycela is administered under the care of a healthcare professional; AND
   - **E)** The medication is prescribed by or in consultation with an oncologist

   Dosing. Approve the following dosing regimen (A and B):
   - **A)** The dose is 1,600 mg/26,800 units or 1,400 mg/23,400 units given subcutaneously; AND
   - **B)** Doses are separated by at least 7 days.

5. **Waldenstrom's Macroglobulinemia/Lymphoplasmacytic Lymphoma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has already received at least one full dose of rituximab intravenous; AND
   - **C)** Rituxan Hycela is administered under the care of a healthcare professional; AND
   - **D)** The medication is being prescribed by or in consultation with an oncologist.

   Dosing. Approve the following dosing regimen (A and B):
   - **A)** The dose is 1,600 mg/26,800 units or 1,400 mg/23,400 units given subcutaneously; AND
   - **B)** The patient receives a maximum of four doses per 28-day treatment cycle.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Rituxan Hycela is not recommended in the following situations:

1. **Granulomatosis with Polyangiitis (Wegener's granulomatosis) or Microscopic Polyangiitis.** Rituximab intravenous is indicated for treatment of these indications.[6] Rituxan Hycela has not been evaluated and does not have established dosing in this setting.

2. **Pemphigus Vulgaris.** Rituximab intravenous is indicated for treatment of pemphigus vulgaris.[6] Rituxan Hycela has not been evaluated and does not have established dosing for pemphigus vulgaris.

3. **Rheumatoid Arthritis.** Rituximab intravenous is indicated for treatment of rheumatoid arthritis.[6] Rituxan Hycela has not been evaluated and does not have established dosing for rheumatoid arthritis.

4. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Rituxan Hycela® subcutaneous injection [prescribing information]. South San Francisco, CA: Biogen and Genentech/Roche; June 2021.
2. The NCCN B-Cell Lymphoma Clinical Practice Guidelines in Oncology (version 6.2023 – October 10, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on December 07, 2023.
3. The NCCN Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Clinical Practice Guidelines in Oncology (version 1.2024 – November 03, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on December 07, 2023.
4. The NCCN Hairy Cell Leukemia Clinical Practice Guidelines in Oncology (version 1.2024 – November 03, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on December 07, 2023.
5. The NCCN Waldenstrom's Macroglobulinemia/Lymphoplasmacytic Lymphoma Clinical Practice Guidelines in Oncology (version 2.2024 – December 5, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on December 07, 2023.
6. Rituxan® intravenous infusion [prescribing information]. South San Francisco, CA: Biogen and Genentech/Roche; June 2021.
7. The NCCN Primary Cutaneous Lymphomas Clinical Practice Guidelines in Oncology (version 1.2024 – December 21, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on December 22, 2023.
8. The NCCN Hodgkin Lymphoma Clinical Practice Guidelines in Oncology (version 1.2024 – October 12, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on December 07, 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**B-Cell Lymphoma:** A requirement that the patient is ≥ 18 years of age was added. **Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma:** A requirement that the patient is ≥ 18 years of age was added. **Hairy Cell Leukemia:** A requirement that the patient is ≥ 18 years of age was added. **Hodgkin Lymphoma:** This condition was added to the policy under Other Uses with Supportive Evidence. **Waldenstrom's Macroglobulinemia/Lymphoplasmacytic Lymphoma:** A requirement that the patient is ≥ 18 years of age was added.	12/21/2022
Annual Revision	No criteria changes. Updated note for B-cell lymphoma to include histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma and high-grade B-cell lymphoma as examples.	01/10/2024