

Aetna Medicare Part B Drug Step Criteria

Rituximab

Preferred product(s):
Ruxience (rituximab-pvvr)
Truxima (rituximab-abbs)

This criteria document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization. Step criteria are applied in addition to any applicable National Coverage Determination (NCD), Local Coverage Determination (LCD), and Aetna Medicare Part B Drug Criteria. [Find Aetna Medicare Part B Drug Criteria documents.](#)

This program applies to rituximab products as specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude use of the preferred product and may be based on previous use of a product. The coverage review process will determine situations where a clinical exception can be made. This program applies to all Medicare members who are new to treatment with a targeted product.

For the indication(s) listed below (new starts only):

1. All hematology/oncology requests
2. All other requests except rheumatoid arthritis

Note: All rituximab products are non-preferred for the treatment of rheumatoid arthritis. Please refer to the Immunologics Step Criteria document for preferred agents and additional criteria information

TABLE. Rituximab

Status	Product(s)
Preferred*	Ruxience (rituximab-pvvr) Truxima (rituximab-abbs)
Non-preferred (targeted)**	Rituxan (rituximab) Rituxan Hycela (rituximab and hyaluronidase, human) Riabni (rituximab-arrx)

*Preferred products may still require a prior authorization review for medical necessity

**Non-preferred products may not be indicated for all indications listed above

EXCEPTION CRITERIA

Coverage for the targeted product(s) is provided when the member meets one or more of the following criteria:

1. Member has received an authorized dose of the requested product in the past 365 days (does not include samples or doses administered without prior authorization).
2. Documented intolerable adverse event to both preferred products, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (documentation required upon request)



Reference number
1025-AMBST

REFERENCES

1. Riabni (rituximab-arrx) [prescribing information]. Thousand Oaks, CA: Amgen, Inc.; February 2023.
2. Ruxience (rituximab-pvvr) [prescribing information]. New York, NY: Pfizer labs, Division of Pfizer Inc.; October 2023.
3. Truxima (rituximab-abbs) [prescribing information]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; February 2022.
4. Rituxan (rituximab) [prescribing information]. South San Francisco, CA: Genentech, Inc.; December 2021.
5. Rituxan Hycela (rituximab and hyaluronidase, human) [prescribing information]. South San Francisco, CA: Genentech, Inc.; June 2021.

DOCUMENT HISTORY

Revised:	07/2025
Aetna Medicare Utilization Management Committee (MUMC) Approved:	09/25/2025
Version:	2026a
Policy effective date:	01/01/2026
Policy termination date:	

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

The formulary may change at any time. You will receive notice when necessary.