



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Rituximab Products

Page: 1 of 2

Effective Date: 3/1/2024

Last Review Date: 2/29/2024

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for rituximab products under the patient's prescription drug benefit.

Description:

This is a regulatory policy for rituximab products applicable to the state of Maryland.

Applicable Drug List:

Riabni
Rituxan
Ruxience
Truxima

Policy/Guideline:

Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections

Authorization may be granted when the patient has a diagnosis of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections.

Pediatric acute onset neuropsychiatric syndrome

Authorization may be granted when the patient has a diagnosis of pediatric acute onset neuropsychiatric syndrome.

Autoimmune encephalitis

Authorization may be granted when the patient has a diagnosis of autoimmune encephalitis.

Approval Duration and Quantity Restrictions:

Approval: 6 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits



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References:

1. Maryland Senate Bill 475. May 2020.