



5.21.096

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| Section: | Prescription Drugs | Effective Date: | April 1, 2026 |
| Subsection: | Antineoplastic Agents | Original Policy Date: | July 14, 2017 |
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Last Review Date: March 6, 2026

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 indications: 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** if the conditions indicated below are met.

Rituxan Hycela may be considered **investigational** 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)

AND ALL of the following:

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- 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

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

[Policy Guidelines](#)

Pre - PA Allowance

None

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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.; June 2021.
2. NCCN Drugs & Biologics Compendium[®] Rituximab and hyaluronidase human 2026. National Comprehensive Cancer Network, Inc. Accessed on January 21, 2026.

Policy History

| Date | Action |
|----------------|--|
| 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 |

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| 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 |
| June 2021 | Annual review and reference update |
| December 2021 | Annual review and reference update |
| January 2022 | Clarified medical exception requirement by adding "if adjudicated through the pharmacy benefit" |
| March 2022 | Annual review and reference update |
| March 2023 | Annual review and reference update. Changed policy number to 5.21.096 |
| December 2023 | Annual review and reference update. Per FEP, removed from MedEx program |
| March 2024 | Annual review and reference update |
| March 2025 | Annual review and reference update |
| March 2026 | Annual review and reference update |

[Keywords](#)

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.