PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Imbruvica Prior Authorization Policy
- Imbruvica® (ibrutinib tablets, capsules, and oral suspension – Pharmacyclics/Janssen)

REVIEW DATE: 07/13/2022; selected revision 08/31/2022

OVERVIEW

Imbruvica, a Bruton kinase inhibitor, is indicated for the following uses:[1]

- **Chronic lymphocytic leukemia (CLL)** or **small lymphocytic lymphoma (SLL),** in adults**.**
- **CLL** or **SLL,** with 17p deletion, in adults.
- **Graft-versus-host disease, chronic**, in adults and pediatric patients ≥ 1 year old after failure of one or more lines of systemic therapy.
- **Mantle cell lymphoma,** in adults who have received at least one prior therapy.
- **Marginal zone lymphoma**, in adults who require systemic therapy and have received at least one prior anti-CD20-based therapy.
- **Waldenström macroglobulinemia,** in adults.

Guidelines

Imbruvica is discussed in guidelines from the National Comprehensive Cancer Network (NCCN):

- **B-Cell Lymphomas:** NCCN guidelines (version 4.2022 – June 9, 2022) address mantle cell lymphoma, marginal zone lymphoma, gastric mucosa-associated lymphoid tissue (MALT) lymphoma, non-gastric MALT lymphoma, diffuse large B-cell lymphomas, Acquired Immune Deficiency Syndrome (AIDS)-related B-Cell lymphomas, and post-transplant lymphoproliferative disorders.[2] For mantle cell lymphoma, the guidelines state that Imbruvica can be used in combination with rituximab as pretreatment in order to limit the number of cycles of aggressive induction therapy with RHyperCVAD (rituximab, cyclophosphamide, vincristine, doxorubicin, and dexamethasone) regimen; Imbruvica can also be used as second-line and subsequent therapy (category 2A).[2] The NCCN compendium recommends Imbruvica as a preferred second-line and subsequent therapy for marginal zone lymphoma, gastric MALT lymphoma, non-gastric MALT lymphoma, diffuse large B-cell lymphomas, AIDS-related B-Cell lymphomas, post-transplant lymphoproliferative disorders, double/triple hit lymphoma, and high-grade B-cell lymphoma (category 2A).[3]
- **Central Nervous System (CNS) Cancers**: NCCN guidelines (version 1.2022 – June 2, 2022) recommend Imbruvica as one of the options for patients with relapsed or refractory disease for primary CNS lymphoma (category 2A).[4] The guidelines also recommend Imbruvica (category 2A) for induction therapy as a single agent (useful in certain circumstances) if the patient is unsuitable for or intolerant to high-dose methotrexate.[4] In some clinical scenarios it is used with high-dose methotrexate and rituximab.[4]
- **CLL/SLL:** NCCN guidelines (version 3.2022 – June 3, 2022) recommend Imbruvica as a treatment option in various scenarios (e.g., first-line therapy for patients with or without deletion 17p/TP53 mutation; and as second-line and subsequent therapy [category 1 recommendations for many scenarios]).[5] Imbruvica plays a vital role in the management of CLL/SLL and many trials describe its efficacy.[5]
- **Hairy Cell Leukemia**: NCCN guidelines (version 1.2022 – September 8, 2021) recommend Imbruvica as one of the options for progression after therapy for relapsed or refractory disease (category 2A).[6]

- **Graft-Versus-Host Disease:** NCCN guidelines for hematopoietic stem cell transplantation (version 1.2022 – April 1, 2022) recommend Imbruvica as a systemic agent for steroid-refractory chronic graft-versus-host disease after failure of one or more lines of systemic therapy (category 2A).[7]
- **Waldenstrom Macroglobulinemia/Lymphoplasmacytic Lymphomas:** NCCN guidelines (version 1.2023 – July 6, 2022) recommend Imbruvica, with or without rituximab, as a primary therapy option as one of several preferred regimens (category 1).[8] For previously treated patients, Imbruvica, with or without rituximab, is also cited as a preferred regimen (category 1). Imbruvica is also a preferred regimen for symptomatic management of Bing Neel Syndrome (category 2A).[8]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Imbruvica. All approvals are provided for the duration noted below.

Automation: When available, the ICD-9/ICD-10 codes for patients ≥ 18 years of age with chronic lymphocytic leukemia (ICD-9: 204.1* [lymphoid leukemia chronic] and ICD-10: C91.1* [chronic lymphocytic leukemia of B-cell type]), small lymphocytic lymphoma (ICD-10: C83.0* [small cell B-cell lymphoma]) and Waldenström macroglobulinemia (ICD-9: 273.3* [macroglobulinemia] and ICD-10: C88.0* [Waldenström macroglobulinemia]) will be used as part of automation to allow approval of the requested medication.

RECOMMENDED AUTHORIZATION CRITERIA

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

FDA-Approved Indications

1. **Chronic Lymphocytic Leukemia.** Approve for 1 year if the patient is ≥ 18 years of age.

2. **Graft-Versus-Host Disease, Chronic:** Approve for 1 year if the patient meets the following criteria (A and B):
   - **A)** Patient is ≥ 1 year of age; AND
   - **B)** Patient has tried at least one conventional systemic treatment for graft-versus-host disease.
     Note: Examples of conventional systemic treatments include: corticosteroids (methylprednisolone, prednisone), imatinib, low-dose methotrexate, sirolimus, mycophenolate mofetil, and Jakafi (ruxolitinib tablets).

3. **Mantle Cell Lymphoma.** Approve for 1 year if the patient meets the following criteria (A and B):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient meets one of the following criteria: (i or ii):
     - **i.** Patient has tried at least one systemic regimen; OR
       Note: Examples of a systemic regimen include one or more of the following products: bendamustine, rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone, cytarabine, carboplatin, cisplatin, oxaliplatin, or lenalidomide.
     - **ii.** Imbruvica is used in combination with rituximab prior to induction therapy.
       Note: Examples of induction therapy include: rituximab, cyclophosphamide, vincristine, doxorubicin, and dexamethasone.

4. **Marginal Zone Lymphoma.** Approve for 1 year if the patient meets the following criteria (A and B):

Note: Marginal zone lymphoma includes gastric mucosa-associated lymphoid tissue (MALT) lymphoma, non-gastric MALT lymphoma, nodal marginal zone lymphoma, and splenic marginal zone lymphoma.

A) Patient is ≥ 18 years of age; AND

B) Patient has tried at least one systemic regimen.
Note: Examples of a systemic regimen include one or more of the following products: bendamustine, rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone, or lenalidomide.

5. Small Lymphocytic Lymphoma. Approve for 1 year if the patient is ≥ 18 years of age.

6. Waldenström Macroglobulinemia. Approve for 1 year if the patient is ≥ 18 years of age.
Note: This includes lymphoplasmacytic lymphoma and Bing-Neel syndrome.

Other Uses with Supportive Evidence

7. B-Cell Lymphoma. Approve for 1 year if the patient meets the following criteria (A and B):
Note: Examples of B-cell lymphomas include: diffuse large B-cell lymphomas, Acquired Immune Deficiency Syndrome (AIDS)-related B-cell lymphomas, post-transplant lymphoproliferative disorders, double/triple hit lymphoma, and high-grade B-cell lymphoma.

A) Patient is ≥ 18 years of age; AND

B) Patient has tried at least one systemic regimen.
Note: Examples of a systemic regimen includes one or more of the following products: cisplatin, cytarabine, rituximab, oxaliplatin, gemcitabine, ifosfamide, carboplatin, etoposide, or rituximab.

8. Central Nervous System Lymphoma (Primary). Approve for 1 year if the patient meets the following criteria (A and B):

A) Patient ≥ 18 years of age; AND

B) Patient meets one of the following criteria (i or ii):

i. According to the prescriber, the patient is not a candidate for or is intolerant to high-dose methotrexate; OR

ii. Patient has tried at least one therapy.
Note: Examples of therapies include methotrexate, rituximab, vincristine, procarbazine, cytarabine, thiotepa, carmustine, intrathecal methotrexate, cytarabine, or rituximab.

9. Hairy Cell Leukemia. Approve for 1 year if the patient meets the following criteria (A and B):

A) Patient is ≥ 18 years of age; AND

B) Patient has tried at least two systemic regimens.
Note: Examples of a systemic regimen include one or more of the following products: cladribine, Nipent (pentostatin injection), rituximab, or Pegasys (peginterferon alfa-2a subcutaneous injection).

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Imbruvica is not recommended in the following situations:

1. 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. Imbruvica® tablets, capsules, and oral solution [prescribing information]. Sunnyvale, CA and Horsham, PA: Pharmacyclics/Janssen; August 2022.
2. The NCCN B-Cell Lymphomas Guidelines in Oncology (version 4.2022 – June 9, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 11, 2022.
3. The NCCN Drugs and Biologics Compendium. © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed July 11, 2022. Search term: ibrutinib.
4. The NCCN Central Nervous System Cancers Guidelines in Oncology (version 1.2022 – June 2, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 11, 2022.
5. The NCCN Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Clinical Practice Guidelines in Oncology (version 3.2022 – June 3, 2022). © 2022 National Comprehensive Cancer Network. Available at http://www.nccn.org. Accessed on July 11, 2022.
6. The NCCN Hairy Cell Leukemia Guidelines in Oncology (version 1.2022 – September 8, 2021). © 2021 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 11, 2022.
7. The NCCN Hematopoietic Cell Transplantation (HCT): Pre-Transplantation Recipient Evaluation and Management of Graft-Versus-Host Disease (version 1.2022 – April 1, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 11, 2022.
8. The NCCN Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma Clinical Practice Guidelines in Oncology (version 1.2023 – July 6, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 11, 2022.