PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Oncology – Imbruvica Preferred Specialty Management Policy
- Imbruvica® (ibrutinib 140 mg and 280 mg tablets, 140 mg capsules – Pharmacyclics/Janssen)

REVIEW DATE: 06/12/2024

OVERVIEW

Imbruvica, a Bruton kinase inhibitor, is indicated for the following:[1]
- **Chronic lymphocytic leukemia** or **small lymphocytic lymphoma**, including adults with 17p deletion.
- **Graft-Versus-Host Disease, chronic** in adult and pediatric patients ≥ 1 year and older after failure of one or more lines of systemic therapy.
- **Waldenström Macroglobulinemia**, in adults.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Product. For all medications (Preferred and Non-Preferred), the patient is required to meet the standard *Oncology – Imbruvica Prior Authorization Policy* criteria. The program also directs the patient to try the Preferred Product (Imbruvica 140 mg capsules) prior to approval of a Non-Preferred Product (Imbruvica 140 mg and 280 mg tablets). Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). If the patient meets the standard *Oncology – Imbruvica Prior Authorization Policy* criteria but has not tried a Preferred Product, approval for a Preferred Product will be authorized. Imbruvica is also available as a 70 mg capsule, a 420 mg tablet, a 560 mg tablet, and oral solution that are not targeted in this policy. All approvals are provided for 1 year in duration.

Automation: None.

Preferred Product: Imbruvica 140 mg capsules
Non-Preferred Products: Imbruvica 140 mg tablets and 280 mg tablets

RECOMMENDED EXCEPTION CRITERIA

REFERENCES

1. Imbruvica® tablets and capsules [prescribing information]. Sunnyvale, CA and Horsham, PA: Pharmacyclics and Janssen Biotech; May 2023.