Reference number(s)
2374-A

Specialty Guideline Management Venclexta

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Venclexta	venetoclax

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications[1]

- Venclexta is indicated for the treatment of adult patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).
- Venclexta is indicated in combination with azacitidine, or decitabine, or low-dose cytarabine for the treatment of newly-diagnosed acute myeloid leukemia (AML) in adults 75 years or older, or who have comorbidities that preclude use of intensive induction chemotherapy.

Compendial Uses[2-5]

- Mantle cell lymphoma (MCL)
- Acute myeloid leukemia (AML)
- Blastic plasmacytoid dendritic cell neoplasm (BPDCN)
- Multiple myeloma (MM) with translocation t(11;14)
- Systemic light chain amyloidosis (SLCA) with translocation t(11;14)

- Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma (WM/LPL)
- Myelodysplastic syndrome (MDS)
- Hairy cell leukemia
- Accelerated/blast phase myeloproliferative neoplasms
- B-cell Acute Lymphoblastic Leukemia (B-ALL)
- T-cell Acute Lymphoblastic Leukemia (T-ALL)
- Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL)
- Chronic myelomonocytic leukemia (CMML)-2
- POEMS (Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal protein, Skin changes) Syndrome
- Monoclonal Immunoglobulin Deposition Disease (MIDD)
- Plasma Cell-Related Monoclonal Gammopathy of Renal Significance (MGRS)
- Histologic (Richter) transformation to diffuse large B-cell lymphoma

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review: Documentation of the presence of translocation t(11;14) and TP53-mutation (where applicable).

Coverage Criteria

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)[1,2]

Authorization of 12 months may be granted for treatment of chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) when either of the following criteria is met:

- The requested medication will be used as monotherapy, in combination with rituximab (Rituxan), or in combination with obinutuzumab (Gazyva).
- The requested medication will be used as first line therapy in combination with one of the following regimens:
    - acalabrutinib (Calquence) with or without obinutuzumab
    - ibrutinib (Imbruvica)
    - zanubrutinib (Brukinsa)

Newly-Diagnosed Acute Myeloid Leukemia (AML)[1,2,5]

Authorization of 12 months may be granted for treatment of newly-diagnosed acute myeloid leukemia (AML) when used in combination with decitabine, azacitidine, or low-dose cytarabine and when one of the following criteria is met:

- The member is 75 years of age or older.
- The member has comorbidities that preclude treatment with intensive induction chemotherapy or is not a candidate for or declines intensive induction therapy.
- The member has poor/adverse risk disease (including therapy-related AML [excluding core binding factor (CBF)-AML], antecedent myelodysplastic syndrome [MDS]/chronic myelomonocytic leukemia [CMML], cytogenetic or molecular changes consistent with MDS, poor-risk AML without TP53-mutation and del[17p] abnormality) and is a candidate for intensive induction therapy.
- The member will use the requested medication in a post-induction therapy regimen following response to a Venclexta-based regimen.

Relapsed or Refractory Acute Myeloid Leukemia (AML)[2]

Authorization of 12 months may be granted for treatment of relapsed or refractory AML when one of the following criteria is met:

- The requested medication will be used in combination with azacitidine, decitabine, or low-dose cytarabine.
- The requested medication will be used in combination with fludarabine, cytarabine, a granulocyte colony-stimulating factor (G-CSF), and with or without idarubicin.
- The requested medication will be used in combination with cladribine, idarubicin, and cytarabine.

Mantle Cell Lymphoma (MCL)[2]

Authorization of 12 months may be granted for treatment of mantle cell lymphoma when one of the following criteria is met:

- The requested medication will be used as subsequent treatment as a single agent or in combination with rituximab or ibrutinib.
- The requested medication will be used as induction therapy for TP53 mutated disease in combination with obinutuzumab (Gazyva) and zanubrutinib (Brukinsa).

Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN)[2]

Authorization of 12 months may be granted for treatment of BPDCN in combination with azacitidine or decitabine.

Multiple Myeloma (MM)[2-4,6]

Authorization of 12 months may be granted for treatment of multiple myeloma in members with translocation t(11;14) when one of the following criteria is met:

- Member has relapsed or progressive disease and the requested medication will be used in combination with dexamethasone with or without daratumumab or daratumumab and hyaluronidase-fihj or a proteasome inhibitor (e.g., bortezomib, carfilzomib, ixazomib).
- Member has refractory disease and the requested medication will be used in combination with dexamethasone.
- Member has multiple myeloma with CNS disease and the requested medication will be part of a multimodality therapy regimen when there are no other therapy options available.

Systemic Light Chain Amyloidosis (SLCA)[2]

Authorization of 12 months may be granted for treatment of relapsed or refractory systemic light chain amyloidosis with translocation t(11;14) as a single agent or in combination with dexamethasone or daratumumab (Darzalex) or daratumumab and hyaluronidase-fihj (Darzalex Faspro).

Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma (WM/LPL)[2]

Authorization of 12 months may be granted for subsequent treatment of Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma as a single agent.

Myelodysplastic Syndrome (MDS)[2,3]

Authorization of 12 months may be granted for treatment of higher risk (e.g., International Prognostic Scoring System-Revised [IPSS-R] intermediate, high and very high risk) MDS, in combination with azacitidine or decitabine with or without cedazuridine.

Hairy Cell Leukemia[2]

Authorization of 12 months may be granted for treatment of relapsed or refractory hairy cell leukemia as a single agent or in combination with rituximab when all of the following criteria are met:

- Member has progressed on previous therapy for relapsed or refractory disease.
- Member has disease resistant to BRAF inhibitor therapy.

Accelerated/Blast Phase Myeloproliferative Neoplasms[2]

Authorization of 12 months may be granted for the management of disease progression of accelerated/blast phase myeloproliferative neoplasms in combination with azacitidine or decitabine.

B-Cell Acute Lymphoblastic Leukemia (B-ALL)[2]

Authorization of 12 months may be granted for the treatment of B-cell acute lymphoblastic leukemia (B-ALL).

T-Cell Acute Lymphoblastic Leukemia (T-ALL)[2]

Authorization of 12 months may be granted for the treatment of relapsed or refractory T-cell acute lymphoblastic leukemia (T-ALL) when used in combination with vincristine, pegaspargase or calaspargase, and prednisone or dexamethasone.

Chronic Myelomonocytic Leukemia (CMML)-2[2]

Authorization of 12 months may be granted for CMML-2 in combination with a hypomethylating agent (e.g., azacitidine, decitabine).

POEMS (Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal Protein, Skin Changes) Syndrome, Monoclonal Immunoglobulin Deposition Disease (MIDD), and Plasma Cell-Related Monoclonal Gammopathy of Renal Significance (MGRS)[2]

Authorization of 12 months may be granted for the treatment of POEMS syndrome, MIDD, and plasma cell-related MGRS.

Histologic (Richter) Transformation to Diffuse Large B-Cell Lymphoma[2]

Authorization of 12 months may be granted for treatment of Histologic (Richter) transformation to diffuse large B-cell lymphoma when the requested medication will be used in combination with atezolizumab (Tecentriq) or atezolizumab and hyaluronidase-tqjs (Tecentriq Hybreza) and obinutuzumab (Gazyva).

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria when there is no evidence of unacceptable toxicity or disease progression while on the current regimen. For members with CLL/SLL who will use the requested medication with Rituxan, approval will be for up to 24 months from cycle 1 day 1 of Rituxan initiation. For members with CLL/SLL who will use the requested medication with Gazyva, approval will be for up to 12 cycles. For members with CLL/SLL who will use the requested medication with Imbruvica or Calquence, approval will be for up to 13 cycles.

References

1. Venclexta [package insert]. North Chicago, IL: AbbVie Inc.; July 2024.
2. The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed January 14, 2026.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com. Accessed January 21, 2026.
4. The NCCN Clinical Practice Guidelines in Oncology Multiple Myeloma Version 5.2026 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed January 21, 2026.
5. The NCCN Clinical Practice Guidelines in Oncology Acute Myeloid Leukemia Version 3.2026 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed January 21, 2026.
6. Lexicomp Online, Lexi-Drugs Online. Waltham, MA: UpToDate, Inc.; 2025 http://online.lexi.com. Accessed January 21, 2026.