Reference number
1997-A

SPECIALTY GUIDELINE MANAGEMENT

IMBRUVICA (ibrutinib)

POLICY

I. 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.

A. FDA-Approved Indications

1. Mantle Cell Lymphoma (MCL)
   Imbruvica is indicated for the treatment of adult patients with MCL who have received at least one prior therapy.

2. Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)
   i. Imbruvica is indicated for the treatment of adult patients with CLL/SLL.
   ii. Imbruvica is indicated for the treatment of adult patients with CLL/SLL with 17p deletion.

3. Waldenström's Macroglobulinemia (WM)
   Imbruvica is indicated for the treatment of adult patients with WM.

4. Marginal Zone Lymphoma (MZL)
   Imbruvica is indicated for the treatment of adult patients with MZL who require systemic therapy and have received at least one prior anti-CD20-based therapy.

5. Chronic Graft versus Host Disease (cGVHD)
   Imbruvica is indicated for the treatment of adult and pediatric patients age 1 year and older with cGVHD after failure of one or more lines of systemic therapy.

B. Compendial Use

1. Mantle cell lymphoma
2. Marginal zone lymphomas
   a. Gastric mucosa associated lymphoid tissue (MALT) lymphoma
   b. Nongastric MALT lymphoma
   c. Nodal marginal zone lymphoma
   d. Splenic marginal zone lymphoma
3. Hairy cell leukemia
4. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma (WM/LPL)
5. Primary central nervous system lymphoma
6. Diffuse large B-cell lymphoma
7. High-grade B-cell lymphoma (including high-grade B-cell lymphoma with translocations of MYC and BCL2 and/or BCL6 [double/triple hit lymphoma], high-grade B-cell lymphoma, not otherwise specified)
8. AIDS-related B-cell lymphoma
9. Monomorphic post-transplant lymphoproliferative disorders (PTLD)
10. Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)

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

II. CRITERIA FOR INITIAL APPROVAL

A. Mantle Cell Lymphoma (MCL)
Authorization of 12 months may be granted for the treatment of MCL when any of the following criteria is met:
1. The member has received at least one prior therapy when the requested medication is used as a single agent or in combination with rituximab or venetoclax.
2. The requested medication will be used in combination with rituximab as pretreatment to induction therapy with RHyperCVAD (rituximab, cyclophosphamide, vincristine, doxorubicin, and dexamethasone) regimen.
3. The requested medication will be used in combination with rituximab for members aged 65 years and older.

B. Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)
Authorization of 12 months may be granted for the treatment of CLL/SLL as a single agent or in combination with rituximab or obinutuzumab.

C. Waldenström's Macroglobulinemia/lymphoplasmacytic lymphoma (WM/LPL)
Authorization of 12 months may be granted for the treatment of WM/LPL when the requested medication is used as a single agent or in combination with rituximab.

D. Marginal Zone Lymphoma (MZL)
Authorization of 12 months may be granted for the treatment of MZL, such as gastric or non-gastric MALT lymphoma, nodal marginal zone lymphoma, or splenic marginal zone lymphoma, when the member has received at least one prior therapy.

E. Chronic Graft-Versus-Host Disease (cGVHD)
Authorization of 12 months may be granted for the treatment of cGVHD when the member has failed one or more lines of therapy.

F. Hairy Cell Leukemia
Authorization of 12 months may be granted for the treatment of hairy cell leukemia when the requested medication is used as a single agent for disease progression.

G. Primary central nervous system lymphoma
Authorization of 12 months may be granted for treatment of primary central nervous system lymphoma when any of the following criteria is met:
1. The requested medication is used for relapsed or refractory disease as either a single agent, or in combination with high-dose methotrexate and rituximab.
2. The requested medication is used for induction therapy as a single agent.

H. Diffuse large B-cell lymphoma
Authorization of 12 months may be granted for single agent subsequent treatment of diffuse large B-cell lymphoma in members who are non-candidates for transplant.

I. High-grade B-cell lymphoma (including high-grade B-cell lymphoma with translocations of MYC and BCL2 and/or BCL6 [double/triple hit lymphoma], high-grade B-cell lymphoma, not otherwise specified)
Authorization of 12 months may be granted for single agent subsequent treatment of high-grade B-cell lymphoma (including high-grade B-cell lymphoma with translocations of MYC and BCL2 and/or BCL6 [double/triple hit lymphoma], high-grade B-cell lymphoma, not otherwise specified) in members who are non-candidates for transplant.

J. AIDS-related B-cell lymphomas
Authorization of 12 months may be granted for single agent subsequent treatment of AIDS-related B-cell lymphomas in members who are non-candidates for transplant.

K. Monomorphic post-transplant lymphoproliferative disorders
Authorization of 12 months may be granted for single agent subsequent treatment of monomorphic post-transplant lymphoproliferative disorders in members who are non-candidates for transplant.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

IV. REFERENCES

1. Imbruvica [package insert]. South San Francisco, CA: Pharmacyclics LLC; August 2022.
2. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network. The NCCN Drugs & Biologics Compendium. http://www.nccn.org. Accessed May 25, 2022.
3. Jain P, Zhao S, Lee HJ, et al Ibrutinib with rituximab in first-line treatment of older patients with mantle cell lymphoma. *J Clin Oncol.* 2022;40(2):202-212.
4. Wang ML, Jurczak W, Jerkeman M, et al. Ibrutinib plus bendamustine and rituximab in untreated mantle-cell lymphoma*. N Engl J Med.* 2022;386:2482-2494.