PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Imbruvica® (ibrutinib tablets and capsules – Pharmacyclics/Janssen)

DATE REVIEWED: 06/03/2020

OVERVIEW

Imbruvica, a Bruton kinase inhibitor, is indicated for the treatment mantle cell lymphoma in adults with who have received at least one prior therapy.[1] Accelerated approval for this indication was granted based on overall response rate. Continued approval for this condition may be contingent on verification of clinical benefit in confirmatory trials. Imbruvica is also indicated for the treatment chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL) in adults. Regarding CLL and SLL, Imbruvica is also indicated for the treatment of 17p deletion CLL and SLL in adults. Imbruvica is also indicated for the treatment Waldenström's macroglobulinemia in adults. Imbruvica is indicated for the treatment of marginal zone lymphoma in adults with who require systemic therapy and have received at least one prior anti-CD20-based therapy. Accelerated approval was granted for this indication was based on the overall response rate. Continued approval may be based contingent upon verification and description of clinical benefit in a confirmatory trial. Imbruvica is also indicated for the treatment of chronic graft-versus-host disease (GVHD) in adults with after failure of one or more lines of systemic therapy.

Guidelines

The National Comprehensive Cancer Network (NCCN) guidelines for CLL/SLL (version 4.2020 – December 20, 2019) 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 relapsed/refractory therapy [category 1 recommendations for many scenarios]).[2] Imbruvica plays a vital role in the management of CLL/SLL and many trials describe its efficacy.

The NCCN guidelines for B-Cell Lymphomas (version 1.2020 – January 22, 2020) address mantle cell lymphoma.[3] Imbruvica is recommended as a one of the preferred second-line therapies, with or without rituximab (category 2A).

The NCCN guidelines for B-Cell Lymphomas (version 1.2020 – January 22, 2020) address marginal zone lymphoma.[3] Preferred first-line regimens include use of rituximab with other agents. Imbruvica is cited as an option as a second-line and subsequent therapy.

The NCCN guidelines for Waldenstrom's macroglobulinemia/lymphoplasmacytic lymphomas (version 2.2020 – April 15, 2020) recommend Imbruvica, with or without rituximab, as a primary therapy option as one of several preferred regimens (category 2).[4] For previously treated patients Imbruvica, with or without rituximab, is also cited as a preferred regimen.

The NCCN guidelines for Central Nervous System (CNS) Cancers B-Cell Lymphomas (version 2.2020 – April 30, 2020) recommend Imbruvica as one of the options for patients with relapsed or refractory disease.[5] In some clinical scenarios it is used with rituximab.

The NCCN guidelines for Hairy Cell Leukemia (version 1.2020 – August 23, 2019) recommend Imbruvica as one of the options for patients with relapsed or refractory disease following progression.[6]

The NCCN guidelines for B-Cell Lymphomas (version 1.2020 – January 22, 2020) address diffuse large B-cell lymphoma.[3] Imbruvica is cited as a second-line and subsequent therapy. Other therapy regimens are recommended first-line, many of which are rituximab-based.

The NCCN has guidelines regarding hematopoietic cell transplantation (version 1.2020 – October 30, 2019) that address GVHD.[8] Imbruvica is cited as one of many therapies recommended for steroid-refractory, chronic GVHD. Some other agents include imatinib, low-dose methotrexate, sirolimus, mycophenoate mofetil, Jakafi® (ruxolitinib tablets). Data are also available for Imbruvica.[9]

POLICY STATEMENT

Prior authorization is recommended for prescription benefit coverage of Imbruvica. All approvals are provided for 3 years in duration unless otherwise noted below.

Automation: When available, the ICD-9/ICD-10 codes for chronic lymphocytic leukemia (CLL) (ICD-9: 204.1* [lymphoid leukemia chronic] and ICD-10: C91.1* [chronic lymphocytic leukemia of B-cell type]), Mantle Cell Lymphoma (ICD-9: 200.4* and ICD-10: C83.1*), Small Lymphocytic Lymphoma (ICD-10: C83.0* [small cell B-cell lymphoma]) and Waldenström's macroglobulinemia (ICD-9: 273.3* [macroglobulinemia] and ICD-10: C88.0*) 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 the following criteria:

FDA-Approved Indications

1. **Chronic Lymphocytic Leukemia (CLL).** Approve for 3 years.

2. **Mantle Cell Lymphoma.** Approve for 3 years.

3. **Marginal Zone Lymphoma.** Approve for 3 years.

4. **Small Lymphocytic Lymphoma (SLL).** Approve for 3 years.

5. **Waldenström's Macroglobulinemia.** Approve for 3 years.

6. **Graft versus Host Disease, Chronic:** Approve for 1 year if the patient has tried at least one conventional systemic treatment for graft versus host disease.
   Note: Examples include corticosteroids (methylprednisolone, prednisone), imatinib, low-dose methotrexate, sirolimus, mycophenolate mofetil, and Jakafi® (ruxolitinib tablets).

Other Uses with Supportive Evidence

1. **Central Nervous System (CNS) Lymphoma (Primary).** Approve for 3 years if according to the prescribing physician the patient has relapsed or refractory disease.

2. **B-Cell Lymphoma.** Approve for 3 years if according to the prescribing physician the patient is using the agent as second-line or subsequent therapy.
   Note: Examples of B-Cell Lymphomas include follicular lymphoma, diffuse large B-cell lymphomas, gastric mucosa-associated lymphoid tissue (MALT) lymphoma, nongastric MALT lymphoma, Acquired Immune Deficiency Syndrome (AIDS)-related, and post-transplant lymphoproliferative disorders.

3. **Hairy Cell Leukemia.** Approve for 3 years if the according to the prescribing physician the patient has relapsed or refractory disease.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Imbruvica has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

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 and capsules [prescribing information]. Sunnyvale, CA and Horsham, PA: Pharmacyclics and Janssen Biotech; April 2020.
2. The NCCN Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Clinical Practice Guidelines in Oncology (Version 4.2020 – December 20, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at http://www.nccn.org. Accessed on May 29, 2020.
3. The NCCN B-cell Lymphomas Guidelines in Oncology (Version 1.2020 – January 22, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on May 29, 2020.
4. The NCCN Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma Clinical Practice Guidelines in Oncology (Version 2.2020 – April 15, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on May 29, 2020.
5. The NCCN Central Nervous System Cancers Guidelines in Oncology (Version 2.2020 – April 30, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on May 29, 2020.
6. The NCCN Hairy Cell Leukemia Guidelines in Oncology (Version 1.2020 – August 23, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on May 29, 2020.
7. Treon SP, Tripsas CK, Meid K, et al. Ibrutinib in previously treated Waldenström's Macroglobulinemia. *N Engl J Med*. 2015;372(15):1430-1440.
8. The NCCN Hematopoietic Cell Transplantation (HCT): Pre-Transplantation Recipient Evaluation and Management of Graft-Versus-Host Disease (version 2.2020 – March 23, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on May 29, 2020.
9. Miklos D, Cutler CS, Arora M, et al. Ibrutinib for chronic graft-versus-host disease after failure or prior therapy. *Blood*. 2017;130(21):2243-2250.