

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### pirtobrutinib (Jaypirca)

**Notes:**

- Quantity Limits: Yes

**Initiation (new start) criteria: Non-formulary pirtobrutinib (Jaypirca) will be covered on the prescription drug benefit when the following criteria are met:**

- Prescribed by Oncologist or Hematologist
- Patient is greater than or equal to 18 years of age
- Patient has a diagnosis of advance CLL/SLL and failed an adequate trial or has a contraindication or intolerance to at least ONE covalent BTK inhibitor (Ibrutinib, acalabrutinib, Zanubrutinib)  
-OR-
- Patient has a diagnosis of MCL and failed an adequate trial or has a contraindication or intolerance to at least ONE BTK inhibitor (Ibrutinib, acalabrutinib, Zanubrutinib) OR Venetoclax.

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously OR for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously for continued use:** Non-formulary pirtobrutinib (Jaypirca) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Oncologist or Hematologist
- Patient is greater than or equal to 18 years of age
- Patient has a diagnosis of CLL/SLL or MCL