

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Ibrutinib (Imbruvica)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Formulary **ibrutinib (Imbruvica)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by hematology/oncology -AND-
- Patient is 18 years of age or older -AND-
- Diagnosis of Chronic Lymphoid Leukemia (CLL) with or without del(17p) or TP53 positive -AND-
- Documented Central Nervous System (CNS) disease (e.g., primary central nervous system lymphoma (PCNSL) **-OR-**
- Diagnosis of Chronic Graft Versus Host Disease (cGVHD) **-OR-**
- Patient has an intolerance or contraindication to zanubrutinib and acalabrutinib and requires a dose of ibrutinib 140 mg per day or less

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Formulary **ibrutinib (Imbruvica)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by hematology/oncology -AND-
- Patient is 18 years of age or older -AND-
- Diagnosis of Chronic Lymphoid Leukemia (CLL) -AND-
- Documented Central Nervous System (CNS) disease (e.g., primary central nervous system lymphoma (PCNSL) **-OR-**
- No CNS disease and patient requires a dose of less than or equal to 140 mg/day **-OR-**
- Diagnosis of Chronic Graft Versus Host Disease (cGVHD) **-OR-**
- Patient has an intolerance or contraindication to zanubrutinib and acalabrutinib and requires a dose of ibrutinib 140 mg per day or less

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Formulary **ibrutinib (Imbruvica)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by hematology/oncology -AND-
- Patient is 18 years of age or older -AND-
- Diagnosis of Chronic Lymphoid Leukemia (CLL) -AND-
- Documented Central Nervous System (CNS) disease (e.g., primary central nervous system lymphoma (PCNSL) **-OR-**
- No CNS disease and patient requires a dose of less than or equal to 140 mg/day **-OR-**

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Revised: 08/10/23
Effective: 10/05/23

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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