

Ibrutinib



Included Products: Imbruvica (ibrutinib)

Created: 09/14/2017

Revised: 11/10/2022

Reviewed: 11/10/2022

Updated: 12/01/2022

Cancer			
Initial Criteria		If yes	If no
1.	Is the treatment being prescribed by a hematologist or oncologist for a type of cancer?	Continue to #2.	Continue to #5.
2.	Is the treatment supported for the diagnosis in the NCCN guidelines?	Continue to #4.	Continue to #3.
3.	Is the treatment being used according to the FDA indication?	Continue to #4.	Do not approve.
4.	Does the request meet criteria for treatment coverage specified in Guideline Note 12 of the Prioritized List of Health Services, considering treatment of cancer with little or no benefit?	Continue to #5.	Do not approve.
5.	Is the request for suspension and there is a medical reason capsules or tablets cannot be used?	Continue to #6.	Do not approve.
6.	Approve 12 months.		
Renewal Criteria		If yes	If no
1.	Is there evidence of tumor response and resolution or improvement of disease-related signs and symptoms?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		

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Chronic Graft versus Host Disease

Initial Criteria		If yes	If no
1.	Is the treatment being prescribed by a hematologist/ oncologist or transplant specialist for the treatment of chronic graft vs host disease?	Continue to #2.	Continue to #5.
2.	Is the condition refractory to systemic corticosteroids?	Continue to #3.	Do not approve.
3.	Has the member tried and failed another systemic immunosuppressant, such as a calcineurin inhibitor?	Continue to #4.	Do not approve.
4.	Is the request for suspension and there is a medical reason capsules or tablets cannot be used?	Continue to #6.	Do not approve.
5.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Is there documentation of clinical response?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		