CareSource Rx Innovations

PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	Imbruvica (ibrutinib)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Imbruvica, approved by the FDA in 2013, is indicated for the treatment of chronic graft-versus-host disease (cGVHD) after failure of one or more lines of systemic therapy. GVHD, a common complication following allogenic hematopoietic stem cell transplant (HSCT), occurs in about 50% of HSCT patients. Prednisone is the mainstay of initial therapy but at least half of patients require at least 2 lines of therapy. Chronic GVHD generally presents more than 100 days after transplant.
Imbruvica is a small molecule inhibitor of Bruton's tyrosine kinase (BTK). BTK is a signaling molecule of the B-cell antigen receptor (BCR) and cytokine receptor pathways. Imbruvica can exert its effects on B cells and T cells, both of which are thought to be involved in cGVHD pathogenesis. Initial approval was based on a phase 1b/2 study of 42 adults with cGVHD after failure of first line corticosteroid therapy and requiring additional therapy. Pediatric use was evaluated in the iMAGINE study.

Imbruvica (ibrutinib) will be considered for coverage when the following criteria are met:

Chronic Graft-Versus-Host Disease (cGVHD)

For initial authorization:
1. Member is at least 1 year of age; AND
2. Medication must be prescribed by or in consultation with a transplant or hematology/oncology specialist; AND
3. Member has a documented diagnosis of cGVHD following allogeneic stem cell transplantation; AND
4. Member's disease is steroid refractory or dependent (progression while on prednisone 1 mg/kg/day or greater after at 1-2 weeks, or at least 2 unsuccessful taper attempts separated by at least 8 weeks).
5. **Dosage allowed/Quantity limit**:
   12 years and older: 420 mg orally once daily (until progression, recurrence of underlying malignancy, or unacceptable toxicity).
   1 to less than 12 years of age: 240 mg/m^2 orally once daily (up to 420 mg).
   QL: 28 tablets per 28 days, QL suspension: 2 bottles per 36 days, QL capsules: 1/day of each strength.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:
1. Chart notes must show improvement of signs and symptoms of disease in at least 1 organ/site, without progression in any other organ/site.

If all the above requirements are met, the medication will be approved for an additional 12 months.

Mantle Cell Lymphoma, Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma, Waldenstrom's Macroglobulinemia, Marginal Zone Lymphoma

Any request for cancer must be submitted through NantHealth/Eviti portal.

CareSource considers Imbruvica (ibrutinib) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
10/04/2021	New policy created for Imbruvica.
09/23/2022	Updated age limit from 18 years to 1 year per label change; added pediatric dosing.
03/11/2024	Updated references. Added QL for capsules. Removed bleeding disorder exclusion (need to monitor but not a contraindication per label). Added definition of steroid refractory, dependent (NCCN). Added "following allogeneic stem cell transplantation."

References:

1. Imbruvica [prescribing information]. Pharmacyclics LLC and Janssen Biotech, Inc.; 2024.
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3. Waller EK, Miklos D, Cutler C, et al. Ibrutinib for Chronic Graft-versus-Host Disease After Failure of Prior Therapy: 1-Year Update of a Phase 1b/2 Study. *Biol Blood Marrow Transplant*. 2019;25(10):2002-2007. doi:10.1016/j.bbmt.2019.06.023
4. Wolff D, Fatobene G, Rocha V, Kröger N, Flowers ME. Steroid-refractory chronic graft-versus-host disease: treatment options and patient management. *Bone Marrow Transplant*. 2021;56(9):2079-2087. doi:10.1038/s41409-021-01389-5
5. Carpenter PA, Kang HJ, Yoo KH, et al. Ibrutinib Treatment of Pediatric Chronic Graft-versus-Host Disease: Primary Results from the Phase 1/2 iMAGINE Study. *Transplant Cell Ther*. 2022;28(11):771.e1-771.e10. doi:10.1016/j.jtct.2022.08.021
6. National Comprehensive Cancer Network. Hematopoietic Cell Transplantation (HCT). Version 3.2023. https://www.nccn.org/professionals/physician_gls/pdf/hct.pdf. Accessed March 8, 2024.
7. Penack O, Marchetti M, Aljurf M, et al. Prophylaxis and management of graft-versus-host disease after stem-cell transplantation for haematological malignancies: updated consensus recommendations of the European Society for Blood and Marrow Transplantation. *Lancet Haematol*. 2024;11(2):e147-e159. doi:10.1016/S2352-3026(23)00342-3

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