

IMBRUVICA
(ibrutinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Chronic lymphocytic leukemia (CLL)
2. Waldenström's macroglobulinemia (WM)/lymphoplasmacytic lymphoma
3. Follicular lymphoma (FL)
4. Diffuse large B-cell lymphoma (DLBCL)
5. Small lymphocytic lymphoma (SLL)

AND ALL of the following:

1. Prescriber agrees to monitor for bleeding and malignancies
 2. Prescriber agrees to monitor CBC for cytopenias
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Age 1 years of age and older

Diagnosis

Patient must have the following:

1. Chronic graft versus host disease (cGVHD)
 - a. The patient has received at least one prior systemic therapy

AND ALL of the following:

1. Prescriber agrees to monitor for bleeding and malignancies
2. Prescriber agrees to monitor CBC for cytopenias

Prior - Approval Limits

Quantity

Strength	Daily Dosing Limits
70 mg	420 mg per day
140 mg	
140 mg	



Federal Employee Program.

IMBRUVICA

(ibrutinib)

280 mg	
420 mg	
70 mg/mL oral suspension	

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Chronic lymphocytic leukemia (CLL)
2. Waldenström's macroglobulinemia (WM)/ lymphoplasmacytic lymphoma
3. Follicular lymphoma (FL)
4. Diffuse large B-cell lymphoma (DLBCL)
5. Small lymphocytic lymphoma (SLL)

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
 2. Prescriber agrees to monitor for bleeding and malignancies
 3. Prescriber agrees to monitor CBC for cytopenias
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Age 1 years of age and older

Diagnosis

Patient must have the following:

1. Chronic graft versus host disease (cGVHD)

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
2. Prescriber agrees to monitor for bleeding and malignancies
3. Prescriber agrees to monitor CBC for cytopenias

Prior - Approval *Renewal* Limits

Same as above