

Specialty Guideline Management

Jaypirca

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Jaypirca	pirtobrutinib

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications¹

Relapsed or Refractory Mantle Cell Lymphoma (MCL)

Jaypirca is indicated for the treatment of adult patients with relapsed or refractory mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a Bruton tyrosine kinase (BTK) inhibitor.

Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)

Jaypirca is indicated for the treatment of adult patients with relapsed or refractory chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) who have previously been treated with a covalent BTK inhibitor.

Compendial Use²

- Histologic (Richter) transformation to diffuse large B-cell lymphoma
- Marginal Zone Lymphoma (MZL)

- Extranodal (gastric and nongastric MALT) marginal zone lymphoma
- Nodal marginal zone lymphoma
- Splenic marginal zone lymphoma
- Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria

Mantle Cell Lymphoma (MCL)^{1,2}

Authorization of 12 months may be granted for subsequent treatment of relapsed or refractory MCL when the member has tried a covalent BTK inhibitor.

Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)^{1,2}

Authorization of 12 months may be granted as a single agent for treatment of relapsed or refractory CLL/SLL when the member has been previously treated with or is intolerant to prior cBTKi therapy (e.g., acalabrutinib [Calquence], zanubrutinib [Brukinsa]).

Histologic (Richter) Transformation to Diffuse Large B-Cell Lymphoma

Authorization of 12 months may be granted as a single agent for histologic (Richter) transformation to diffuse large B-cell lymphoma.

Marginal Zone Lymphoma (MZL)²

Authorization of 12 months may be granted for subsequent treatment of relapsed, refractory, or progressive MZL, including extranodal (gastric or non-gastric MALT lymphoma) marginal zone lymphoma, nodal marginal zone lymphoma, or splenic marginal zone lymphoma.

Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma²

Authorization of 12 months may be granted for treatment of Waldenström macroglobulinemia/lymphoplasmacytic lymphoma when the requested medication is used as a single agent for previously treated disease.

Reference number(s)
5767-A

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Jaypirca [package insert]. Indianapolis, IN: Lilly USA LLC; December 2025.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed June 5, 2025.