PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Venclexta Prior Authorization Policy
- Venclexta® (venetoclax tablets – AbbVie and Genentech)

REVIEW DATE: 07/19/2023

INSTRUCTIONS FOR USE

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Venclexta, a B-cell lymphoma-2 inhibitor, is indicated in adults for the following uses:[1]

- **Acute myeloid leukemia (AML)**, in combination with azacitidine or decitabine or low-dose cytarabine for newly diagnosed AML in patients ≥ 75 years of age or who have comorbidities that preclude use of intensive induction chemotherapy.
- **Chronic lymphocytic leukemia (CLL)**.
- **Small lymphocytic lymphoma (SLL)**.

Guidelines

Venclexta is discussed in guidelines from the National Comprehensive Cancer Network (NCCN):

- **AML**: NCCN guidelines (version 4.2023 – July 11, 2023) recommend Venclexta (in combination with decitabine, azacitidine or low-dose cytarabine) in a variety of clinical scenarios, such as induction therapy, post induction therapy, and relapsed or refractory disease. The guidelines recommend Venclexta (in combination with decitabine, azacitidine, or low-dose cytarabine) (category 2A) for Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN) for systemic disease treated with palliative intent (patients with low performance and/or nutritional status) or relapsed/refractory disease.

- **B-Cell Lymphomas**: NCCN guidelines (version 5.2023 – July 7, 2023) address mantle cell lymphoma.[3] The guidelines cite Venclexta (continuous) ± rituximab (category 2A), Venclexta + Imbruvica® (ibrutinib tablets, capsules, and oral solution) [category 2A] as second-line therapy regimens as "useful in certain circumstances".
- **CLL/SLL**: NCCN guidelines (version 3.2023 – June 12, 2023) cite Venclexta in several scenarios.[4] For patients without 17p deletion/TP53 mutation, Venclexta + Gazyva® (obinutuzumab intravenous infusion) is listed as a "preferred" first-line therapy (category 1); Venclexta + rituximab is listed as a "preferred regimen" (category 1) and single-agent Venclexta is listed as "other recommended regimen" (category 2A) for second-line or third-line therapy.[3] For patients with 17p deletion/TP53 mutation, Venclexta + Gazyva is recommended as a "preferred regimen" first-line (category 2A); Venclexta + rituximab (category 1) and single-agent Venclexta (category 2A) are preferred second-line and subsequent therapy in this population. Many other first-line options are recommended. CLL and SLL are different manifestations of the same disease which are managed similarly.
- **Multiple Myeloma:** NCCN guidelines (version 3.2023 – December 8, 2022) recommend Venclexta + dexamethasone for previously treated multiple myeloma for relapse or progressive disease for patients with t (11;14) translocation as "useful in certain circumstances for early relapses (1-3 prior therapies) [category 2A].[5]
- **Systemic Light Chain Amyloidosis:** NCCN guidelines (version 2.2023 – November 28, 2022) list Venclexta ± dexamethasone as a therapy for previously treated disease for patients with t (11;14) translocation as "useful in certain circumstances" (category 2A).[6]
- **Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma:** NCCN guidelines (version 1.2023 – July 6, 2022) recommend single-agent Venclexta as "other recommended regimen" for previously treated disease (category 2A).[4-5]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Venclexta. All approvals are provided for the duration noted below.

- **Venclexta® (venetoclax tablets (AbbVie and Genentech)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. **Acute Myeloid Leukemia.** Approve for 1 year if the patient meets the following (A and B):
   Note: Acute Myeloid Leukemia includes Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN).

A) Patient is ≥ 18 years of age; AND
B) Venclexta is used in combination with either azacitidine, decitabine, or cytarabine.

2. **Chronic Lymphocytic Leukemia.** Approve for 1 year if the patient is ≥ 18 years of age.

3. **Small Lymphocytic Lymphoma.** Approve for 1 year if the patient is ≥ 18 years of age.

Other Uses with Supportive Evidence

4. **Mantle Cell Lymphoma.** Approve for 1 year if the patient meets the following (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has tried at least one systemic regimen.
   Note: Examples of systemic regimens include those containing one or more of the following products: Imbruvica (ibrutinib tablets, capsules, and oral solution), rituximab, Calquence (acalabrutinib tablets), lenalidomide, dexamethasone, cytarabine, cisplatin, cyclophosphamide, doxorubicin, vincristine, high-dose methotrexate, cytarabine, or Treanda (bendamustine intravenous infusion).

5. **Multiple Myeloma**. Approve for 1 year if the patient meets the following (A, B, C, and D):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has t (11;14) translocation; AND
   C) Patient has tried at least one systemic regimen for multiple myeloma; AND
   Note: Examples of systemic regimens include those containing one or more of the following products: bortezomib, Kyprolis (carfilzomib intravenous injection), lenalidomide, cyclophosphamide, or Ninlaro (ixazomib capsules).
   D) Venclexta is used in combination with dexamethasone.

6. **Systemic Light Chain Amyloidosis.** Approve for 1 year if the patient meets the following (A, B, and C):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has t (11;14) translocation; AND
   C) Patient has tried at least one systemic regimen.
   Note: Examples of systemic regimens include those containing one or more of the following products: bortezomib, lenalidomide, cyclophosphamide, and melphalan.

7. **Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma.**
   Approve for 1 year if the patient meets the following (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has tried at least one systemic regimen.
   Note: Examples of a systemic regimen contain one or more of the following products: Brukinsa (zanubrutinib capsules), Imbruvica (ibrutinib tablets,

capsules, and oral solution), rituximab, bendamustine, cyclophosphamide, dexamethasone, bortezomib, fludarabine, or cladribine.

CONDITIONS NOT COVERED

- **Venclexta® (venetoclax tablets (AbbVie and Genentech) is(are) considered experimental, investigational or unproven for ANY other use(s).**

REFERENCES

1. Venclexta® tablets [prescribing information]. North Chicago, IL and South San Francisco, CA: AbbVie and Genentech; June 2022.
2. The NCCN Acute Myeloid Leukemia Clinical Practice Guidelines in Oncology (version 4.2023 – July 11, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 14, 2023.
3. The NCCN B-Cell Lymphomas Clinical Practice Guidelines in Oncology (version 5.2023 – July 7, 2023). © 2023 National Comprehensive Cancer Network. Available at http://www.nccn.org. Accessed on July 14, 2023.
4. The NCCN Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Clinical Practice Guidelines in Oncology (version 3.2023 – June 12, 2023). © 2023 National Comprehensive Cancer Network. Available at http://www.nccn.org. Accessed on July 14, 2023.
5. The NCCN Multiple Myeloma Clinical Practice Guidelines in Oncology (version 3.2023 – December 8, 2022). © 2022 National Comprehensive Cancer Network. Available at http://www.nccn.org. Accessed on July 14, 2023.
6. The NCCN Systemic Light Chain Amyloidosis Clinical Practice Guidelines in Oncology (version 2.2023 – November 28, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 14, 2023.
7. The NCCN Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma Clinical Practice Guidelines in Oncology (version 1.2023 – July 6, 2022). © 2022 National Comprehensive Cancer Network. Available at http://www.nccn.org. Accessed on July 14, 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Systemic Light Chain Amyloidosis:** This new approval condition was added to Other Uses with Supportive Evidence based on NCCN guideline recommendations. **Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma:** This new approval condition was added to Other Uses with Supportive Evidence based on NCCN guideline recommendations.	07/13/2022
Annual Revision	No criteria changes.	07/19/2023