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Coverage Policy Number **IP0320**

Ibrutinib for Non-Oncology Indications

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Related Coverage Resources

Oncology Medications (CP1403)

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Overview

This policy supports medical necessity review for ibrutinib (Imbruvica) for non-oncology indications.

The use of ibrutinib for oncology indications are addressed in a separate coverage policy. Please refer to the related coverage policy link above (Oncology Medications).

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Ibrutinib (Imbruvica) is considered medically necessary when the following are met:

1. **Graft-Versus-Host Disease, Chronic**. Individual meets **ALL** of the following criteria (A and B):
   A. Individual is 1 year of age or older
   B. There is documentation that the individual has had an inadequate response to **ONE** conventional systemic treatment for graft-versus-host disease (for example, corticosteroids

[methylprednisolone, prednisone], imatinib, methotrexate, sirolimus, mycophenolate mofetil, and Jakafi [ruxolitinib tablets]), unless contraindicated or intolerant

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Ibrutinib (Imbruvica) is considered medically necessary for continued use when initial criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration is up to 12 months.

Reauthorization approval duration is up to 12 months.

Conditions Not Covered

Any other non-oncology use is considered experimental, investigational or unproven.

Background

OVERVIEW

Imbruvica, a Bruton kinase inhibitor, is indicated for the following uses:[1]

- **Chronic lymphocytic leukemia (CLL)** or **small lymphocytic lymphoma (SLL),** in adults**.**
- **CLL** or **SLL,** with 17p deletion, in adults.
- **Graft-versus-host disease, chronic**, in adults and pediatric patients ≥ 1 year old after failure of one or more lines of systemic therapy.
- **Mantle cell lymphoma,** in adults who have received at least one prior therapy.
- **Marginal zone lymphoma**, in adults who require systemic therapy and have received at least one prior anti-CD20-based therapy.
- **Waldenström macroglobulinemia,** in adults.

Guidelines

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

- **B-Cell Lymphomas:** NCCN guidelines (version 4.2022 – June 9, 2022) address mantle cell lymphoma, marginal zone lymphoma, gastric mucosa-associated lymphoid tissue (MALT) lymphoma, non-gastric MALT lymphoma, follicular lymphoma, diffuse large B-cell lymphomas, Acquired Immune Deficiency Syndrome (AIDS)-related B-Cell lymphomas, and post-transplant lymphoproliferative disorders.[2] For mantle cell lymphoma, the guidelines state that Imbruvica can be used in combination with rituximab as pretreatment in order to limit the number of cycles of aggressive induction therapy with RHyperCVAD (rituximab, cyclophosphamide, vincristine, doxorubicin, and dexamethasone) regimen; Imbruvica can also be used as second-line and subsequent therapy (category 2A).[2] The NCCN compendium recommends Imbruvica as a preferred second-line and subsequent therapy for marginal zone lymphoma, gastric MALT lymphoma, non-gastric MALT lymphoma, diffuse large B-cell lymphomas, AIDS-related B-Cell lymphomas, post-transplant lymphoproliferative disorders, double/triple hit lymphoma, and high-grade B-cell lymphoma (category 2A).[3]
- **Central Nervous System (CNS) Cancers**: NCCN guidelines (version 1.2022 – June 2, 2022) recommend Imbruvica as one of the options for patients with relapsed or refractory disease for primary CNS lymphoma (category 2A).[4] The guidelines also recommend Imbruvica (category 2A) for induction therapy as a single agent (useful in certain circumstances) if the patient is unsuitable for or intolerant to high-dose methotrexate.[4] In some clinical scenarios it is used with high-dose methotrexate and rituximab.[4]

- **CLL/SLL:** NCCN guidelines (version 3.2022 – June 3, 2022) recommend Imbruvica as a treatment option in various scenarios (e.g., first-line therapy for patients with or without deletion 17p/TP53 mutation; and as second-line and subsequent therapy [category 1 recommendations for many scenarios]).[5] Imbruvica plays a vital role in the management of CLL/SLL and many trials describe its efficacy.[5]
- **Hairy Cell Leukemia**: NCCN guidelines (version 1.2022 – September 8, 2021) recommend Imbruvica as one of the options for progression after therapy for relapsed or refractory disease (category 2A).[6]
- **Graft-Versus-Host Disease:** NCCN guidelines for hematopoietic stem cell transplantation (version 1.2022 – April 1, 2022) recommend Imbruvica as a systemic agent for steroid-refractory chronic graft-versus-host disease after failure of one or more lines of systemic therapy (category 2A).[7]
- **Waldenstrom Macroglobulinemia/Lymphoplasmacytic Lymphomas:** NCCN guidelines (version 1.2023 – July 6, 2022) recommend Imbruvica, with or without rituximab, as a primary therapy option as one of several preferred regimens (category 1).[8] For previously treated patients, Imbruvica, with or without rituximab, is also cited as a preferred regimen (category 1). Imbruvica is also a preferred regimen for symptomatic management of Bing Neel Syndrome (category 2A).[8]

References

1. Imbruvica® tablets, capsules, and oral solution [prescribing information]. Sunnyvale, CA and Horsham, PA: Pharmacyclics/Janssen; August 2022.
2. The NCCN B-Cell Lymphomas Guidelines in Oncology (version 4.2022 – June 9, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 11, 2022.
3. The NCCN Drugs and Biologics Compendium. © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed July 11, 2022. Search term: ibrutinib.
4. The NCCN Central Nervous System Cancers Guidelines in Oncology (version 1.2022 – June 2, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 11, 2022.
5. The NCCN Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Clinical Practice Guidelines in Oncology (version 3.2022 – June 3, 2022). © 2022 National Comprehensive Cancer Network. Available at http://www.nccn.org. Accessed on July 11, 2022.
6. The NCCN Hairy Cell Leukemia Guidelines in Oncology (version 1.2022 – September 8, 2021). © 2021 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 11, 2022.
7. The NCCN Hematopoietic Cell Transplantation (HCT): Pre-Transplantation Recipient Evaluation and Management of Graft-Versus-Host Disease (version 1.2022 – April 1, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 11, 2022.
8. 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 11, 2022.