

PHARMACY COVERAGE GUIDELINE

JAYPIRCA™ (pirtobrutinib) oral tablet Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
- The “Description” section describes the Service.
- The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
- The “Resources” section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Criteria:

- **Criteria for initial therapy:** Jaypirca (pirtobrutinib) and/or generic equivalent (if available) are considered **medically necessary** and will be approved when **ALL** the following criteria are met:
1. Prescriber is a physician specializing in the patient’s diagnosis or is in consultation with an Oncologist
 2. Individual is 18 years of age or older
 3. Individual has a confirmed diagnosis of **ONE** of the following:
 - a. Relapsed or refractory mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a BTK inhibitor

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- b. Chronic lymphocytic leukemia or small lymphocytic lymphoma (CLL/SLL) after at least two prior lines of therapy, including a BTK inhibitor and a BCL-2 inhibitor (e.g., Venclexta (venetoclax))
 - c. Other request for a specific oncologic direct treatment use that is found and listed in the National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A
4. Individual has received and completed **ALL** the following **baseline tests** before initiation of treatment and with continued monitoring of the individual as clinically appropriate:
 - a. Negative pregnancy test in a woman of childbearing potential
 - b. Eastern Cooperative Oncology Group (ECOG) Performance Status of 0-2
 - c. **For CLL/SLL: ALL** of the following:
 - i. Platelet count is at least 50 x 10 /L or more
 - ii. Absolute neutrophil count at least 0.75 x 10 /L or more
 - iii. Hepatic transaminases less than or equal to 2.5 times upper limit of normal (ULN)
5. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] ([see Definitions section](#))
6. Individual is not currently taking any significant interacting drugs such as: concurrent use with a strong CYP3A inducers ([see Definitions section](#))

Initial approval duration: 6 months

- **Criteria for continuation of coverage (renewal request):** Jaypirca (pirtobrutinib) and/or generic equivalent (if available) are considered **medically necessary** and will be approved when **ALL** the following criteria are met (**samples are not considered for continuation of therapy**):

1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with an Oncologist
2. Individual's condition has responded while on therapy with response defined as the following:
 - a. Documented evidence of efficacy, disease stability and/or improvement
 - b. No evidence individual has developed any significant unacceptable adverse drug reactions that may exclude continued use
3. Individual has been adherent with the medication
4. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] ([see Definitions section](#))
5. Individual has not developed any significant adverse drug effects that may exclude continued use such as:
 - a. Serious infection, based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca

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- b. Serious hemorrhage, based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca
 - c. Fourth occurrence of moderate or severe cytopenias, based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca
 - d. Cardiac arrhythmia, based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca
6. Individual is not currently taking any significant interacting drugs such as: concurrent use with a strong CYP3A inducers ([see Definitions section](#))

Renewal duration: 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of Non-Cancer Medications**
2. **Off-Label Use of Cancer Medications**

Description:

Jaypirca (pirtobrutinib) is a kinase inhibitor 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 BTK inhibitor. This indication is approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial. Jaypirca (pirtobrutinib) is also indicated for the treatment of adult patients with chronic lymphocytic leukemia or small lymphocytic lymphoma (CLL/SLL) who have received at least two prior lines of therapy, including a BTK inhibitor and a BCL-2 inhibitor. This indication is approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

Pirtobrutinib is a small molecule, noncovalent inhibitor of Bruton tyrosine kinase (BTK). BTK is a signaling protein of the B-cell antigen receptor (BCR) and cytokine receptor pathways. In B-cells, BTK signaling results in activation of pathways necessary for B-cell proliferation, trafficking, chemotaxis, and adhesion. Pirtobrutinib binds to wild type BTK and BTK harboring C481 mutations, leading to inhibition of BTK activity.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
[MedWatch Forms for FDA Safety Reporting | FDA](#)

Bruton Tyrosine Kinase (BTK) Inhibitors for Mantle Cell

- Brukinsa (zanubrutinib)
- Calquence (acalabrutinib)
- Imbruvica (ibrutinib)

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- Jaypirca (pirtobrutinib)

CYP 3A4 inhibitors & inducers (not a complete listing)

Moderate inhibitors	amprenavir, aprepitant, atazanavir, ciprofloxacin, crizotinib, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, grapefruit products, imatinib, and verapamil
Strong inhibitors	boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, and voriconazole
Moderate inducers	bosentan, efavirenz, etravirine, modafinil and nafcillin
Strong inducers	carbamazepine, phenytoin, rifampin and St. John's Wort

ECOG Performance status: (also known as WHO performance status and Zubrod performance status)

Eastern Co-operative Oncology Group (ECOG) Performance Status	
Grade	ECOG description
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
5	Dead
Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982	

Common Terminology Criteria for Adverse Events (CTCAE) Version 4.0:

Grade 1	Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2	Moderate; minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental ADL*
Grade 3	Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self-care ADL**
Grade 4	Life-threatening consequences; urgent intervention indicated
Grade 5	Death related to AE
U.S. department of Health and Human Services, National Institutes of Health, and National Cancer Institute	

Resources:

Jaypirca (pirtobrutinib) product information, revised by Eli Lilly and Company. 06-2024. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed December 09, 2024.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): B-cell lymphomas Version 1.2025 – Updated December 20, 2024. Available at <https://www.nccn.org>. Accessed January 29, 2025.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Version 1.2025 – Updated October 01, 2024. Available at <https://www.nccn.org>. Accessed January 29, 2025.

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Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.

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