

## PHARMACY COVERAGE GUIDELINE

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

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#### **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/or 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](http://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](mailto:Pharmacyprecert@azblue.com).
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## Medical Necessity Requirements for JAYPIRCA (pirtobrutinib)

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### Criteria for Initial Therapy:

#### **Prescriber Qualifications**

- Prescribed by an Oncologist or in consultation with an Oncologist

#### **Indication**

- Relapsed or refractory mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a Bruton Tyrosine Kinase (BTK) inhibitor

## PHARMACY COVERAGE GUIDELINE

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

---

- Chronic lymphocytic leukemia or small lymphocytic lymphoma (CLL/SLL) after at least two prior lines of therapy, including a Bruton Tyrosine Kinase (BTK) inhibitor and a BCL 2 inhibitor (e.g., Venclexta (venetoclax))
- Other oncologic direct treatment use listed in National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A

#### Age Requirement

- 18 years or older

#### Baseline Clinical Evaluation

- Negative pregnancy test in a woman of childbearing potential
- Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 to 2
- Hepatic transaminases and bilirubin
- For Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma **ALL** of the following:
  - Platelet count is at least  $50 \times 10^9/L$  or more
  - Absolute neutrophil count at least  $0.75 \times 10^9/L$  or more
  - Hepatic transaminases are less than or equal to 2.5 times the upper limit of normal

#### Brand Specific Criteria

- Have failure, contraindication, or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

#### Safety

- Not currently taking any significant interacting drugs such as concurrent use with a strong CYP3A inducers (see Definitions section)

#### Documentation Requirements

- A completed request form must be submitted including:
  - Chart notes
  - Lab results (including platelet count, absolute neutrophil count, hepatic transaminases, ECOG status)
  - Supporting clinical documentation

#### Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year

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### Criteria for Continuation of Therapy (renewal therapy):

**Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy.**

#### Prescriber Qualification

- Continues to be seen by a physician specializing in or is in consultation with an Oncologist

#### Clinical Response

- Documented evidence of efficacy, disease stability and/or improvement
- No evidence of significant unacceptable adverse drug reactions

ORIGINAL EFFECTIVE DATE: 02/16/2023 | ARCHIVE DATE: | LAST REVIEW DATE: 02/19/2026 | LAST CRITERIA REVISION DATE: 02/15/2024

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## PHARMACY COVERAGE GUIDELINE

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

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#### Adherence

- Adherence to the prescribed therapy regimen has been documented

#### Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

#### Safety

- No significant adverse drug effects such as:
  - Serious infection
  - Serious hemorrhage
  - Fourth occurrence of moderate or severe cytopenias
  - Cardiac arrhythmia
  - Hepatotoxicity including drug induced liver injury
- Not currently taking any significant interacting drugs such as concurrent use with a strong CYP3A inducers (see Definitions section)

#### Documentation Requirements

- Chart notes
- Supporting clinical documentation with evidence of improvement in given indication
- Lab values that confirm safe use from above criteria

#### Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year
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### Criteria for Off-Label Use Requests:

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
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### 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.

## PHARMACY COVERAGE GUIDELINE

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

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)
- 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 naficillin
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
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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 October 24, 2025.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): B-cell lymphomas Version 3.2025 – Updated August 18, 2025. Available at <https://www.nccn.org>. Accessed November 12, 2025.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Version 1.2026 – Updated October 10, 2025. Available at <https://www.nccn.org>. Accessed November 12, 2025.

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.