

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Brukinsa (zanubrutinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Brukinsa (zanubrutinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Brukinsa (zanubrutinib) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual has no prior BTK inhibitor usage; **AND**
- III. Individual has an ECOG score of 0-2; **AND**
- IV. Individual has a diagnosis of mantle cell lymphoma (MCL); **AND**
- V. Individual has received at least one prior therapy.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: December 5, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology TM. 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on December 5, 2019.
 - a. B cell Lymphomas. V6.2019. Revised November 26, 2019.