

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Zanubrutinib (Brukinsa)

Initiation (new start) criteria: Formulary **zanubrutinib (Brukinsa)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by hematology/oncology
- Patient is 18 years of age or older
- Diagnosis of Chronic Lymphocytic Leukemia (CLL), Small Lymphocytic Lymphoma (SLL), Mantle Cell Lymphoma (MCL), Marginal Zone Lymphoma (MZL), or Waldenstrom Macroglobulinemia (WM)

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Formulary **zanubrutinib (Brukinsa)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by hematology/oncology
- Patient is 18 years of age or older
- Diagnosis of Chronic Lymphocytic Leukemia (CLL), Small Lymphocytic Lymphoma (SLL), Mantle Cell Lymphoma (MCL), Marginal Zone Lymphoma (MZL), or Waldenstrom Macroglobulinemia (WM)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously. Formulary **zanubrutinib (Brukinsa)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by hematology/oncology
- Patient is 18 years of age or older
- Diagnosis of Chronic Lymphocytic Leukemia (CLL), Small Lymphocytic Lymphoma (SLL), Mantle Cell Lymphoma (MCL), Marginal Zone Lymphoma (MZL), or Waldenstrom Macroglobulinemia (WM)