STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ZANUBRUTINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ZANUBRUTINIB	BRUKINSA	46212		GPI-10 (2153219500)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of mantle cell lymphoma (MCL) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient has received at least ONE prior therapy for mantle cell lymphoma

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**
   If no, continue to #2.

2. Does the patient have a diagnosis of Waldenstrom's macroglobulinemia (WM) **AND** meet the following criterion?
   - The patient is 18 years of age or older

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**
   If no, continue to #3.

3. Does the patient have a diagnosis of relapsed or refractory marginal zone lymphoma (MZL) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient has received at least ONE anti-CD20-based regimen

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **ZANUBRUTINIB (Brukinsa)** requires the following rule(s) be met for approval:
   A. You have ONE of the following diagnoses:
      1. Mantle cell lymphoma (MCL: type of white blood cell cancer)
      2. Waldenstrom's macroglobulinemia (WM: type of blood cancer)
      3. Relapsed or refractory marginal zone lymphoma (MZL: a type of blood cancer)
   B. You are 18 years of age or older
   C. **If you have Mantel cell lymphoma (MCL), approval also requires:**
      1. You have previously received at least ONE prior therapy for mantle cell lymphoma

   (Denial text continued on next page)

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ZANUBRUTINIB

GUIDELINES FOR USE (CONTINUED)

D. **If you have relapsed or refractory marginal zone lymphoma (MZL), approval also requires:**
   1. You have received at least ONE anti-CD20-based regimen (a type of blood cancer treatment plan)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Brukinsa.

REFERENCES

- Brukinsa [Prescribing Information]. San Mateo, CA: BeiGene USA, Inc.; September 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 10/01/21

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