



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

PIRTOBRUTINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
PIRTOBRUTINIB	JAYPIRCA	48657		GPI-10 (2153216500)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of relapsed or refractory 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 TWO lines of systemic therapy including a Bruton's tyrosine kinase (BTK) inhibitor (e.g., Imbruvica [ibrutinib], Calquence [acalabrutinib], Brukinsa [zanubrutinib])

If yes, **approve for 12 months by GPID or GPI-14 for all strengths with the following quantity limits:**

- **50 mg: #3 per day.**
- **100 mg: #2 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 **PIRTOBRUTINIB (Jaypirca)** requires the following rule(s) be met for approval:

- A. You have relapsed or refractory mantle cell lymphoma (MCL: type of white blood cell cancer)
- B. You are 18 years of age or older
- C. You have previously received at least TWO lines of systemic therapy (treatment that targets the entire body) for mantle cell lymphoma, including a BTK inhibitor (Bruton's tyrosine kinase inhibitors such as Imbruvica [ibrutinib], Calquence [acalabrutinib], Brukinsa [zanubrutinib])

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 Jaypirca.

REFERENCES

- Jaypirca [Prescribing Information]. Indianapolis, IN: Eli Lilly and Company; January 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/01/23

Created: 05/23

Client Approval: 05/23

P&T Approval: 04/23

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