

Commercial & Healthcare Exchange PA Criteria

Effective: December 20th, 2019

Prior Authorization: Brukinsa

<u>Products Affected:</u> Brukinsa (zanubrutinib) oral capsule

<u>Medication Description</u>: Zanubrutinib is a Bruton tyrosine kinase (BTK) inhibitor approved for the treatment of adult patients with mantle cell lymphoma who have received at least 1 prior therapy. Zanubrutinib is a second generation Bruton tyrosine kinase (BTK) inhibitor. BTK is a signaling molecule early within the B-cell antigen receptor (BCR) signaling cascade. Signaling from BCR regulates several pro-survival mechanisms of B-cells, including proliferation, trafficking, chemotaxis, and adhesion. Zanubrutinib forms a covalent bond with a cysteine residue in the BTK active site leading to inhibition of BTK enzymatic activity, inhibition of malignant B-cell proliferation, and reduced tumor growth.

<u>Covered Uses</u>: Treatment of adult patients with mantle cell lymphoma (MCL) who have received at least one prior therapy

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis

2. Previous therapies tried/failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, an oncologist

Coverage Duration: 12 Months

Other Criteria:

A. Patient has a diagnosis of Mantle Cell Lymphoma; AND

B. Patient must have received at least one prior therapy for mantle cell lymphoma

References:

1. Product Information: BRUKINSA(TM) oral capsules, zanubrutinib oral capsules. BeiGene USA Inc (per FDA), San Mateo, CA, 2019.





Policy Revision history

Rev#	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	12.5.19