Imbruvica®

Products affected

- Imbruvica®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	GVHD, initial approval 12 weeks. Subsequent approvals 12 months. All other indications 12 months.
Other criteria	For mantle cell lymphoma, must have prior use of one other treatment (cyclophosphamide, vincristine, doxorubicin, cytarabine, rituximab, etoposide, ifosfamide, carboplatin, cladribine). For GVHD, must fail one systemic corticosteroid and one immunosuppressant (tacrolimus, cyclosporine). Failure is defined as disease progression, inability to taper steroid dose, or failure to improve after 1 month of therapy and/or treatment-related toxicity. For GVHD, continuation requires no disease progression of chronic GVHD, recurrence of malignancy, or unacceptable toxicity.