

Clinical Policy Title:	pirtobrutinib
Policy Number:	RxA.794
Drug(s) Applied:	Jaypirca™
Original Policy Date:	04/13/2023
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Mantle Cell Lymphoma (must meet all):

1. Diagnosis of relapsed or refractory mantle cell lymphoma (MCL);
2. Trial and failure of at least two prior systemic therapies including at least one BTK inhibitor.

Approval Duration

All Lines of Business (except Medicare): 12 months

B. Chronic Lymphocytic Leukemia/Small Lymphocytic Leukemia

1. Diagnosis of relapsed or refractory chronic lymphocytic leukemia or small lymphocytic leukemia;
2. Trial and failure of at least two prior systemic therapies including a BTK inhibitor and a BCL-2 inhibitor.

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Mantle cell lymphoma (MCL) (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network Guidelines. B-Cell Lymphomas. Version 2.2025. Available at: https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf. Accessed March 24, 2025.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	03/20/2023	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed:	03/24/2025	04/10/2025

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<ol style="list-style-type: none"> 1. Removed age criteria. 2. Removed dosing criteria. 3. Updated approval duration verbiage 4. Removed reauthorization requirement for positive response to therapy. 5. Updated continuation of therapy language. 		
Policy reviewed	12/11/2025	12/11/2025