

**Jaypirca (pirtobrutinib)**  
**Effective 07/01/2023**

|                       |   |                     |   |
|-----------------------|---|---------------------|---|
| Plan                  | <input type="checkbox"/> MassHealth UPPL<br><input checked="" type="checkbox"/> Commercial/Exchange     | Program Type        | <input checked="" type="checkbox"/> Prior Authorization<br><input type="checkbox"/> Quantity Limit<br><input type="checkbox"/> Step Therapy |
| Benefit               | <input checked="" type="checkbox"/> Pharmacy Benefit<br><input type="checkbox"/> Medical Benefit (NLX)  |                     |   |
| Specialty Limitations | These medications have been designated specialty and must be filled at a contracted specialty pharmacy. |                     |   |
| Contact Information   | Specialty Medications   |                     |   |
|                       | All Plans   | Phone: 866-814-5506 | Fax: 866-249-6155   |
|                       | Non-Specialty Medications   |                     |   |
|                       | MassHealth  | Phone: 877-433-7643 | Fax: 866-255-7569   |
|                       | Commercial  | Phone: 800-294-5979 | Fax: 888-836-0730   |
|                       | Exchange  | Phone: 855-582-2022 | Fax: 855-245-2134   |
|                       | Medical Specialty Medications (NLX)   |                     |   |
|                       | All Plans   | Phone: 844-345-2803 | Fax: 844-851-0882   |
| Exceptions            | N/A   |                     |   |

### Overview

Jaypirca is indicated for the treatment of adult patients with relapsed or refractory mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a Bruton tyrosine kinase (BTK) inhibitor.

### Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

**OR**

Authorization may be granted for treatment when all the following criteria are met:

1. Member has a diagnosis of relapsed or refractory mantle cell lymphoma
2. Provider attests member has had at least 2 lines of prior systemic therapy (one being a BTK inhibitor)
3. Prescribed by or in consultation with an oncologist

**Note:** Medication regimens being used in accordance with National Comprehensive Cancer Network (NCCN) guidelines with at least a 2a or 2b level evidence can be reviewed for medical necessity.

### Continuation of Therapy

Reauthorization will be granted for a covered indication when there is physician attestation that there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

### Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

|                         |                        |
|-------------------------|------------------------|
| Jaypirca 50mg and 100mg | 60 tablets per 30 days |
|-------------------------|------------------------|

**References**

1. Jaypirca [package insert]. Indianapolis, IN: Eli Lilly and Company; January 2023.

**Review History**

05/10/2023 – Reviewed and Created for May P&T. Effective 7/1/23

