Mass General Brigham
Health Plan

Brukinsa (zanubrutinib)
Effective 04/01/2023

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Zanubrutinib is a highly selective Bruton tyrosine kinase (BTK) inhibitor. Zanubrutinib forms a covalent bond with a cysteine residue in the BTK active site to inhibit BTK activity. BTK is a signaling molecule of the B-cell antigen receptor and cytokine receptor pathways. BTK signals activation of pathways necessary for B-cell proliferation, trafficking, chemotaxis, and adhesion. Zanubrutinib inhibits malignant B-cell proliferation and reduces tumor growth.

Coverage Guidelines
Authorization may be reviewed for members new to the plan who are currently receiving treatment with Brukinsa excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met, and documentation is provided:
Mantle Cell Lymphoma (relapsed or refractory)

1. The member is ≥ 18 years of age
2. The member is using Brukinsa for the treatment of mantle cell lymphoma
3. The member has had 1 prior therapy for mantle cell lymphoma (see appendix)
4. Provider specialty is oncology/hematology, or the medication is being prescribed in consultation with oncologist or hematologist
5. Appropriate dosing

Marginal Zone Lymphoma (relapsed or refractory)

1. The member is ≥ 18 years of age
2. The member is using Brukinsa for the treatment of relapsed or refractory marginal zone lymphoma
3. The member has had 1 prior therapy with an anti-CD20-based regimen.
4. Provider specialty is oncology/hematology, or the medication is being prescribed in consultation with oncologist or hematologist
5. Appropriate dosing

Waldenström's Macroglobulinemia

1. The member is ≥ 18 years of age

2. The member is using Brukinsa for the treatment of Waldenström's macroglobulinemia
3. Provider specialty is oncology/hematology, or the medication is being prescribed in consultation with oncologist or hematologist
4. Appropriate dosing

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member's condition.

Limitations

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

Brukinsa 80mg	120 capsules per 30 days

Appendix:

The NCCN Guidelines for the treatment of B-Cell Lymphomas (section on MCL) note that first-line therapy for patients with MCL is radiation therapy alone or radiation therapy in combination with chemo-immunotherapy. Examples of acceptable induction chemo-immunotherapy regimens (both aggressive and less aggressive) are listed below. Please note this list is **not** all inclusive.

a. Rituximab, dexamethasone, and cytarabine (RDHA) plus platinum (cisplatin, carboplatin, or oxaliplatin)
b. Alternating RCHOP and rituximab, dexamethasone, cisplatin and cytarabine (RDHAP)
c. Rituximab plus cyclophosphamide, vincristine, doxorubicin, and prednisone (maxi-CHOP) alternating with rituximab plus high dose cytarabine (NORDIC regimen)
d. Cyclophosphamide, vincristine, doxorubicin and dexamethasone alternating with high-dose methotrexate and cytarabine (HyperCVAD) and rituximab
e. Bendamustine and rituximab
f. Bortezomib, rituximab, cyclophosphamide, doxorubicin, and prednisone (VR-CAP)
g. Rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone (RCHOP)
h. Lenalidomide plus rituximab
i. Modified HyperCVAD and rituximab

References

1. Brukinsa (zanubrutinib) [prescribing information]. San Mateo, CA: BeiGene USA Inc; June 2022.
2. Song Y, Zhou K, Zou D, et al. Safety and activity of the investigational Bruton tyrosine kinase inhibitor zanubrutinib (BGB-3111) in patients with mantle cell lymphoma from a phase 2 trial. *Blood*. 2018;132(suppl 1):S132. [Abstract 132 from ASH 20187 Annual meeting].
3. Tam CS, Trotman J, Opat S, et al. Phase 1 study of the selective BTK inhibitor zanubrutinib in B-cell malignancies and safety and efficacy evaluation in CLL. *Blood*. 2019;134(11):851-859.[PubMed 31340982]
4. Dimopoulos M, Sanz RG, Lee HP, et al. Zanubrutinib for the treatment of MYD88 wild-type Waldenström macroglobulinemia: a substudy of the phase 3 ASPEN trial. *Blood Adv.* 2020;4(23):6009-6018. doi:10.2337/dci18-0033 [PubMed 33284944]
5. Opat S, Tedeschi A, Linton K, et al. The MAGNOLIA trial: zanubrutinib, a next generation bruton tyrosine kinase inhibitor, demonstrates safety and efficacy in relapsed/refractory marginal zone lymphoma. *Clin Cancer Res*. 2021;27(23):6323-6332. doi:10.1158/1078-0432.CCR-21-1704[PubMed 34526366]

Review History

07/22/2020 – Reviewed at P&T. Effective 09/01/2020

11/5/2020 – Effective 1/1/21 Updated to be in compliance with the Masshealth partial unified formulary requirements; Added appropriate dosing and appendix
07/20/22 – Reviewed and updated for July P&T. Separated out Masshealth from Comm/Exch policy. Effective 10/1/22.
01/11/2023- Updated and reviewed for Jan P&T; Added 2 new FDA indications and respective criteria. References updated. Effective 4/1/23