



**GEORGIA MEDICAID FEE-FOR-SERVICE  
IMBRUVICA PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Imbruvica (ibrutinib)	n/a

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

- ❖ Approvable for members with a diagnosis of mantle cell lymphoma (MCL) who have received at least one prior chemotherapeutic regimen
- ❖ Approvable for members with a diagnosis of chronic lymphocytic leukemia (CLL)/small lymphocytic leukemia (SLL)
- ❖ Approvable for symptomatic members with a diagnosis of Waldenstrom’s macroglobulinemia

*AND*

- ❖ For all above diagnoses, member must be advised of the risk of embryo-fetal toxicity and use effective contraception (if applicable) during treatment and for 1 month after the last dose of medication.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.