

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Zydelig (idelalisib)

Override(s)	Approval Duration
Prior Authorization	Initial: 6 months
Quantity Limit	Maintenance: 6 months

Medications	Quantity Limit
Zydelig (idelalisib)	May be subject to quantity limit

APPROVAL CRITERIA

Initial requests for Zydelig (idelalisib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of relapsed/refractory/progressive chronic lymphocytic leukemia (CLL)/Small lymphocytic lymphoma (SLL);

OR

- II. Individual has a diagnosis of relapsed/refractory/progressive:
 - A. Follicular lymphoma; **OR**
 - B. MALT Lymphoma (NCCN 2A); **OR**
 - C. Nodal or Splenic Marginal Zone Lymphoma (NCCN 2A);

AND

- III. Individual has previously received at least 2 prior therapies.

Requests for continuation of therapy with Zydelig (idelalisib) may be approved if the following criteria are met:

- I. Individual has achieved and sustained continuing clinical benefit (e.g. complete response, partial response, or stable disease); **AND**
- II. Results are confirmed.

Zydelig (idelalisib) may **not** be approved for the following:

- I. Individual is using for first-line treatment; **OR**
- II. Individual is using in combination with bendamustine and/or rituximab for the treatment of follicular lymphoma; **OR**
- III. Individual has had a previous treatment with another PI3-kinase inhibitor (e.g. duvelisib, copanlisib).

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Applicable	X	X	X	X	X	X	X

Note:

Zydelig (idelalisib) labeling includes black box warnings for hepatotoxicity, severe diarrhea, colitis, infections, pneumonitis and intestinal perforation. Fatal and/or serious hepatotoxicity, infections, diarrhea or colitis, pneumonitis occurred in Zydelig-treated individuals. Monitor and interrupt, reduce dose, or discontinue if needed. Fatal and serious intestinal perforation can occur; discontinue if this occurs.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: October 2, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on October 2, 2019.
 - a. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma. V1.2020. Revised August 23, 2019.
 - b. B-Cell Lymphomas. V5.2019. Revised September 23, 2019.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.