Clinical Policy Title:	idelalisib
Policy Number:	RxA.581
Drug(s) Applied:	Zydelig®
Original Policy Date:	03/06/2020
Last Review Date:	8/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. **Initial Approval Criteria**
   A. **Chronic Lymphocytic Leukemia (CLL)** (must meet all)**:**
      1. Diagnosis of CLL;
      2. Used in combination with rituximab;
      3. Disease is relapsed or refractory after at least 1 prior therapy (eg, purine analogues [fludarabine, pentostatin, cladribine], alkylating agents [chlorambucil, cyclophosphamide]), or monoclonal antibodies [rituximab]).
      *Prior authorization may be required.
      Approval Duration
      All Lines of Business (except Medicare): 6 months

II. **Continued Therapy Approval**
   A. **All Indications in Section I** (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. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Version 3.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cll.pdf . Accessed August 28, 2024.
2. National Comprehensive Cancer Network. B-cell lymphomas Version 3. 2024. Available at https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf. Accessed August 28, 2024.
3. NCI Dictionary of Cancer Terms. National Cancer Institute website. https://www.cancer.gov/publications/dictionaries/cancer-terms. Accessed August 28, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed:	10/09/2020	12/07/2020

1. Clinical policy title was updated as "idelalisib". 2. Lines of business policy applies to all lines of business. 3. Continued therapy criteria II.A.1. was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance…". 4. References were reviewed and updated.		
Policy was reviewed: 1. References were reviewed and updated.	10/10/2021	12/07/2021
Policy was reviewed:	7/29/2022	10/19/2022
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed age restrictions. 2. Removed prescriber restrictions. 3. Removed dose restrictions. 4. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 5. Removed reauthorization requirement for positive response to therapy. 6. Updated approval duration verbiage. 7. References were reviewed and updated.	8/28/2024	9/13/2024