Zydelig (idelalisib)
Prior Approval Criteria
April 2017

OVERVIEW: Zydelig, an inhibitor of phosphatidylinositol 3-kinase, is FDA approved for the treatment of patients with 1) relapsed chronic lymphocytic leukemia (CLL), in combination with Rituxan (rituximab for intravenous [IV] infusion), in patients for whom Rituxan alone would be considered appropriate therapy due to other comorbidities; 2) relapsed follicular B-cell non-Hodgkin lymphoma in patients who have received at least two prior systemic therapies; and 3) relapsed small lymphocytic lymphoma (SLL) in patients who have received at least two prior systemic therapies. There is also supportive evidence for Zydelig in marginal zone lymphoma and MALT lymphoma.

POLICY STATEMENT: In order to be considered for coverage, this drug must be prescribed by or in consultation with a hematologist or oncologist.

Recommended Authorization Criteria
Coverage of Zydelig is recommended in those who meet the following criteria:

1. **Chronic Lymphocytic Leukemia (CLL).** Approve if patient has received at least 1 prior systemic therapy.

2. **Follicular B-Cell Non-Hodgkin Lymphoma.** Approve if patient has received at least 1 prior systemic therapy.

3. **Small Lymphocytic Lymphoma (SLL).** Approve if patient has received at least 1 prior systemic therapy.

4. **Gastric and Nongastric MALT Lymphoma.** Approve if patient has received at least 1 prior systemic therapy.

5. **Marginal Zone Lymphoma.** Approve if patient has received at least 1 prior systemic therapy.

6. **Patients with another indication that is not listed but is cited in the National Comprehensive Cancer Network (NCCN) guidelines as a category 1, 2A, or 2B recommendation.** Prescriber will provide specific diagnosis for documentation. Approve.

7. **Patient has been started on Zydelig.** Approve for an indication or condition addressed as an approval in this document.
Approval Duration: 365 days (1 year)

References