

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Duvelisib (Copiktra®)

Non-formulary **duvelisib (Copiktra®)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Oncology/Hematology

– AND –

- Diagnosis of relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL)

– AND –

- Patient received at least two prior therapies
 - The following first-line therapies must be tried first unless documented/predicted toxicity/ intolerance:
 - Ibrutinib
 - Venetoclax