



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DUVELISIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DUVELISIB	COPIKTRA	45269		GPI-10 (2153803000)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient has received at least two prior therapies for CLL or SLL

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **DUVELISIB (Copiktra)** requires the following rule(s) be met for approval:

- A. You have ONE of the following diagnoses:
 1. Relapsed or refractory chronic lymphocytic leukemia (CLL: a type of blood cancer that has returned after treatment or does not fully respond to treatment)
 2. Small lymphocytic lymphoma (SLL: a type of blood cancer)
- B. You are 18 years of age or older
- C. You have received at least two prior therapies for chronic lymphocytic leukemia or small lymphocytic lymphoma

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Copiktra.

REFERENCES

- Copiktra [Prescribing Information]. Needham, MA: Verastem, Inc.; December 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/22

Created: 11/18

Client Approval: 03/22

P&T Approval: 10/18