STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

IDELALISIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
IDELALISIB	ZYDELIG	41297		GPI-10 (2153804000)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of relapsed chronic lymphocytic leukemia (CLL) **AND** meet the following criterion?
   - Zydelig will be used in combination with rituximab

   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 **IDELALISIB (Zydelig)** requires the following rule(s) be met for approval:
   A. You have relapsed chronic lymphocytic leukemia (CLL: a type of blood cancer)
   B. Zydelig will be used in combination with rituximab

   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 Zydelig.

REFERENCES

- Zydelig [Prescribing Information]. Foster City, CA: Gilead Sciences, Inc.; February 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/01/22
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P&T Approval: 11/14