



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

UMBRALISIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
UMBRALISIB TOSYLATE	UKONIQ	47104		GPI-10 (2153308040)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of relapsed or refractory marginal zone lymphoma (MZL) and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient has received at least one prior anti-CD20-based regimen

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**  
If no, continue to #2.

2. Does the patient have a diagnosis of relapsed or refractory follicular lymphoma (FL) and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient has received at least three prior lines of systemic therapy

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 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 **UMBRALISIB (Ukoniq)** requires the following rule(s) be met for approval:

- A. You have relapsed or refractory marginal zone lymphoma or follicular lymphoma (types of immune system cancer that have returned or are not responding to treatment)
- B. You are 18 years of age or older
- C. **If you have marginal zone lymphoma, approval also requires:**
  - 1. You have received at least one prior anti-CD20-based regimen (type of cancer treatment)
- D. **If you have follicular lymphoma, approval also requires:**
  - 1. You have received at least three prior lines of systemic therapy (treatment that travels throughout the body)

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.

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**RATIONALE**

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

**REFERENCES**

- Ukoniq [Prescribing Information]. Edison, NJ: TG Therapeutics, Inc.; February 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 03/01/21

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P&T Approval: 01/21