PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Zydelig Prior Authorization Policy
- Zydelig® (idelalisib tablets – Gilead)

REVIEW DATE: 06/04/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Zydelig, a phosphatidylinositol 3-kinase (PI3K) inhibitor, is indicated for relapsed **chronic lymphocytic leukemia (CLL)** in combination with rituximab, in patients for whom rituximab alone would be considered appropriate therapy due to other comorbidities.[1]

Limitations of use: Zydelig is not indicated and is not recommended for first-line treatment of any patient, including patients with CLL, small lymphocytic lymphoma (SLL), follicular lymphoma (FL), and other indolent non-Hodgkin lymphomas. Zydelig is not indicated and is not recommended in combination with bendamustine and rituximab, or in combination with rituximab for the treatment of patients with FL, SLL, and other indolent non-Hodgkin lymphomas.[1]

Guidelines

Zydelig is discussed in guidelines from the National Comprehensive Cancer Network (NCCN). NCCN **CLL/SLL** guidelines (version 3.2025 – April 2, 2025) recommend Zydelig with or without rituximab as "other recommended regimens" for relapsed or refractory disease after prior Bruton tyrosine kinase inhibitor and B-cell lymphoma 2 inhibitor-containing regimen for patients with or without del(17p)/TP53 mutations.[2] Many other agents have a more prominent role in the first-line management of CLL. The guidelines note that CLL and SLL are different manifestations of the same condition and are treated similarly.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Zydelig. All approvals are provided for the duration noted below.

- **Zydelig® (idelalisib tablets - Gilead)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Chronic Lymphocytic Leukemia.** Approve for 1 year if the patient meets ALL of the following (A, B and C):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has tried at least one Bruton tyrosine kinase inhibitor; AND
   Note: Examples of a Bruton tyrosine kinase inhibitor includes: Imbruvica (ibrutinib capsules, tablets, and oral solution), Brukinsa (zanubrutinib capsules), Calquence (acalabrutinib tablets), or Jaypirca (pirtobrutinib tablets).
   C) Patient has tried at least one B-cell lymphoma 2 inhibitor.
   Note: Example of B-cell lymphoma 2 inhibitor includes Venclexta (venetoclax tablets).

Other Uses with Supportive Evidence

2. **Small Lymphocytic Lymphoma.** Approve for 1 year if the patient meets ALL of the following (A, B and C):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has tried at least one Bruton tyrosine kinase inhibitor; AND
   Note: Examples of a Bruton tyrosine kinase inhibitor includes: Imbruvica (ibrutinib capsules, tablets, and oral solution), Brukinsa (zanubrutinib capsules), Calquence (acalabrutinib tablets), or Jaypirca (pirtobrutinib tablets).
   C) Patient has tried at least one at least one B-cell lymphoma 2 inhibitor.
   Note: Example of B-cell lymphoma 2 inhibitor includes Venclexta (venetoclax tablets).

CONDITIONS NOT COVERED

- **Zydelig® (idelalisib tablets - Gilead)**

is(are) considered not medically necessary for ANY other use(s); criteria will be updated as new published data are available.

REFERENCES

1. Zydelig® tablets [prescribing information]. Foster City, CA: Gilead Sciences; February 2022.
2. The NCCN Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Clinical Practice Guidelines in Oncology (version 3.2025 – April 2, 2025). © 2025 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on May 30, 2025.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Chronic Lymphocytic Leukemia:** The requirement that the patient has tried at least two systemic regimens was changed to one systemic regimen. **Marginal Zone Lymphoma:** Condition of approval and criteria was removed from the policy based on NCCN guideline changes. **Small Lymphocytic Lymphoma:** The requirement that the patient has tried at least two systemic regimens was changed to one systemic regimen.	06/28/2023
Annual Revision	**Chronic Lymphocytic Leukemia:** Criteria were added which states that the patient has tried at least one Bruton tyrosine kinase inhibitor with a note with examples of a Bruton tyrosine kinase inhibitor AND patient has tried at least one Venclexta-based regimen. The criterion which states that the patient has tried at least one systemic regimen with a note of examples of a systemic regimen were removed. **Small Lymphocytic Lymphoma:** Criteria were added which states that the patient has tried at least one Bruton tyrosine kinase inhibitor with a note with examples of a Bruton tyrosine kinase inhibitor AND patient has tried at least one Venclexta-based regimen. The criterion which states that the patient has tried at least one systemic regimen with a note of examples of a systemic regimen were removed.	06/12/2024
Annual Revision	**Chronic Lymphocytic Leukemia:** The requirement that the patient has tried at least one Venclexta-based regimen was reworded to "Patient has tried at least one B-cell lymphoma 2 inhibitor". A Note of an example of a B-cell lymphoma 2 inhibitor was added. **Small Lymphocytic Lymphoma:** The requirement that the patient has tried at least one Venclexta-based regimen was reworded to "Patient has tried at least one B-cell lymphoma 2 inhibitor". A Note of an example of a B-cell lymphoma 2 inhibitor was added.	06/04/2025