OKLAHOMA Health Care Authority

State of Oklahoma SoonerCare

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Zydelig® (idelalisib) Prior Authorization Form

Member Name:_____ ***Date of Birth:***_____ ***Member ID#:***_____

Drug Information

Pharmacy Billing (NDC:_____***) Start Date (or date of next dose):***_____

Dose:_____ ***Regimen:***_____

Pharmacy Information

Pharmacy NPI:_____ ***Pharmacy Name:***_____

Pharmacy Phone:_____ ***Pharmacy Fax:***_____

Prescriber Information

Prescriber NPI:_____ ***Prescriber Name:***_____

Prescriber Phone:_____ ***Prescriber Fax:***_____ ***Specialty:***_____

Criteria

For Initial Authorization (Initial approval will be for the duration of 6 months):

1. Please indicate the diagnosis and information:

☐ **Chronic Lymphocytic Leukemia (CLL)**

A. Will idelalisib be used for relapsed or refractory disease? Yes☐ No☐

B. Will idelalisib be used as subsequent therapy after prior treatment with Bruton tyrosine kinase (BTK) inhibitor- and venetoclax-based regimens? Yes☐ No☐

C. Will idelalisib be used in combination with rituximab? Yes☐ No☐

D. Will idelalisib be used as a single-agent? Yes☐ No☐

☐ **Other:** _____

Additional Information:_____

_____

_____

For Continued Authorization:

1. Date of last dose: _____
2. Does member have any evidence of progressive disease while on idelalisib? Yes☐ No☐
3. Has the member experienced any adverse drug reactions related to idelalisib therapy? Yes☐ No☐

If yes, please specify adverse reactions: _____

Additional Information:_____

_____

Prescriber Signature: _____ **Date:**_____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. *Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.*

Fax completed prior authorization request form to 888-601-8461 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at AetnaBetterHealth.com/Oklahoma.