

duvelisib (COPIKTRA)

Diagnoses Considered for Coverage:

- Chronic lymphocytic leukemia (CLL)
- Small lymphocytic lymphoma (SLL)
- T-cell lymphomas [hepatosplenic T-cell lymphoma, breast implant-associated anaplastic large cell lymphoma (ALCL), and select peripheral T-cell lymphomas] – *NCCN category 2A support*

Coverage Criteria:

1. For CLL or SLL:

- Being used as subsequent therapy, **and**
- Being used as single agent therapy, **and**
- Dose does not exceed 50 mg per day.

2. For T-cell lymphomas (hepatosplenic T-cell lymphoma, breast implant-associated ALCL, and select peripheral T-cell lymphomas):

- Being used as single agent therapy, **and**
- Dose does not exceed 75 mg BID for two 28-day cycles, then 25 mg BID, **and**
- Patient has one of the following (a, b, or c):
 - a. Refractory hepatosplenic T-cell lymphoma, **or**
 - b. Relapsed/refractory breast implant-associated ALCL, **or**
 - c. One of the following peripheral T-cell lymphoma subtypes:

peripheral T-cell lymphoma not otherwise specified (PTCL-NOS), enteropathy-associated T-cell lymphoma (EATL), monomorphic epitheliotropic intestinal T-cell lymphoma (MEITL), angioimmunoblastic T-cell lymphoma (AITL), nodal peripheral T-cell lymphoma with TFH phenotype (PTCL, TFH), follicular T-cell lymphoma (FTCL), or anaplastic large cell lymphoma (ALCL)

Coverage Duration: one year

Effective Date: 1/31/2024