

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Relapsed or refractory chronic lymphocytic leukemia (CLL)
 - a. Patient has had at least **TWO** prior lines of systemic therapies
2. Relapsed or refractory small lymphocytic lymphoma (SLL)
 - a. Patient has had at least **TWO** prior lines of systemic therapies
3. Breast implant-associated anaplastic large cell lymphoma (ALCL)
4. Hepatosplenic T-Cell lymphoma
5. Peripheral T-Cell lymphoma (PTCL)

AND ALL of the following:

1. Prescriber agrees to monitor for serious toxicities including infections, diarrhea or colitis, cutaneous reactions, and pneumonitis
2. Patient will receive prophylaxis for *Pneumocystis jirovecii* (PJP)

Prior - Approval Limits

Quantity 168 capsules per 84 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Relapsed or refractory chronic lymphocytic leukemia (CLL)
2. Relapsed or refractory small lymphocytic lymphoma (SLL)
3. Breast implant-associated anaplastic large cell lymphoma (ALCL)
4. Hepatosplenic T-Cell lymphoma
5. Peripheral T-Cell lymphoma (PTCL)

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
2. Prescriber agrees to monitor for serious toxicities including infections, diarrhea or colitis, cutaneous reactions, and pneumonitis
3. Patient will receive prophylaxis for *Pneumocystis jirovecii* (PJP)

Prior - Approval *Renewal* Limits

Same as above