

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age and 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)

**AND ALL** of the following:

- a. Prior therapy with an alkylator and rituximab therapy
- b. Prescriber agrees to monitor hepatic function prior to and during treatment and to interrupt, reduce, or discontinue Zydelig as clinically appropriate
- c. Prescriber agrees to monitor for the development of severe diarrhea, colitis, pneumonitis, and intestinal perforation and to interrupt, reduce, or discontinue Zydelig as clinically appropriate

## Prior - Approval Limits

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age and 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)

**AND ALL** of the following:

- a. Prescriber agrees to monitor hepatic function prior to and during treatment and to interrupt, reduce, or discontinue Zydelig as clinically appropriate

- b. Prescriber agrees to monitor for the development of severe diarrhea, colitis, pneumonitis, and intestinal perforation and to interrupt, reduce, or discontinue Zydelig as clinically appropriate

### **Prior - Approval *Renewal* Limits**

Same as above