

Specialty Guideline Management

Zydelig

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Zydelig	idelalisib

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications¹

Relapsed chronic lymphocytic leukemia (CLL)

Zydelig is indicated, in combination with rituximab, for the treatment of patients with relapsed CLL for whom rituximab alone would be considered appropriate therapy due to other co-morbidities.

Limitations of Use

Zydelig is not indicated and is not recommended for first-line treatment of any patient, including patients with chronic lymphocytic leukemia (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.

Compendial Uses²

Relapsed or refractory Chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL)

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria

Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)^{1,2}

Authorization of 12 months may be granted for treatment of relapsed or refractory CLL/SLL when all of the following criteria are met:

- The member has received prior therapy with Bruton Tyrosine Kinase inhibitor (BTKi) [e.g., Brukinsa, Calquence] and B-cell lymphoma 2 inhibitor (BCL2i) [e.g., venetoclax] containing regimens.
- The requested drug will be used as a single agent or in combination with rituximab.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Zydelig [package insert]. Foster City, CA: Gilead Sciences, Inc.; February 2022.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. <https://www.nccn.org>. Accessed June 4, 2025.