

Market Applicability/Effective Date															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Aliqopa (copanlisib)

DRUG.00118

Override(s)	Approval Duration
Prior Authorization	Initial therapy: 1 year Continuation therapy: 6 months

Medications
Aliqopa (copanlisib) vial for infusion

APPROVAL CRITERIA

Initial requests for Aliqopa (copanlisib) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Being used for the treatment of relapsed follicular lymphoma; **AND**
- III. Individual has received at least two prior systemic therapies and have *not* had previous treatment with another PI3-kinase inhibitor previously (for example, idelalisib [Zydelig]).

Requests for continued treatment with Aliqopa (copanlisib) may be approved if the following criteria are met:

- I. There is objective evidence of continuing clinical benefit (for example, complete response, partial response, or stable disease) verified at least every 6 months that is objectively measured.

Aliqopa (copanlisib) may **not** be approved for the following:

- I. All other indications, including but not limited to when the criteria above have not been met.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Aliqopa® [Product Information], Whippany, NJ. Bayer HealthCare Pharmaceuticals. September 14, 2017. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/209936s000lbl.pdf. Accessed on September 26, 2017.

NCCN Clinical Practice Guidelines in Oncology© 2017 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org>. Accessed on September 26, 2017.

- B-Cell Lymphomas (V5.2017). Revised September 26, 2017.

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New Program Date 02/23/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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