



Follicular Lymphoma
Aliqopa (copanlisib) J9057
Prior Authorization Request
Medicare Part B Form

Instructions: \* Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.

Form with checkboxes for Standard Request (72 Hours) and Urgent Request, and fields for Date Requested, Requestor, Clinic name, Phone, and Fax.

MEMBER INFORMATION

\*Name: \*ID#: \*DOB:

PRESCRIBER INFORMATION

\*Name: MD FNP DO NP PA \*Phone:

\*Address: \*Fax:

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

\*Name: Phone:

\*Address: Fax:

PROCEDURE / PRODUCT INFORMATION

Table with 5 columns: HCPC Code, Name of Drug, Dose (Wt: kg Ht: ), Frequency, End Date if known.

Self-administered Provider-administered Home Infusion

Chart notes attached. Other important information:

Diagnosis: ICD10: Description:

Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

New Start or Initial Request: (Clinical documentation required for all requests)
Patient has a diagnosis of relapsed or refractory follicular lymphoma; AND
Patient has received at least two prior systemic therapies; AND
Patient has not had previous treatment with another PI3-kinase inhibitor (e.g. idelasib (Zydelig)).

- Requests for Aliqopa (copanlisib) may not be approved any other indication, including but not limited to when the criteria above have not been met;

Continuation Requests: (Clinical documentation required for all requests)

Patient had an adequate response or significant improvement while on this medication.
If not, please provide clinical rationale for continuing this medication:

**Part B Prior Authorization Guidelines**

**ACKNOWLEDGEMENT**

**Request By (Signature Required):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

## Prior Authorization Group – Follicular Lymphoma I PA

### Drug Name(s):

ALIQOPA

COPANLISIB

### Criteria for approval of Prior Authorization Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
  - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
  - Quantity limits and Tiering will be determined by the Plan.

### Exclusion Criteria:

N/A

### Prescriber Restrictions:

Oncologist or related specialist

### Coverage Duration:

Initial approval will be for 6 months

Continuation will be approved for 12 months

### FDA Indications:

Aliqopa

- Follicular lymphoma, Relapsed, in patients who received at least 2 prior systemic therapies

### Off-Label Uses:

N/A

### Age Restrictions:

Safety and efficacy have not been established in pediatric patients

### Other Clinical Considerations:

N/A

### Resources:

[https://www.micromedexsolutions.com/micromedex2/librarian/CS/87B0FC/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYNC/E13C0A/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=932336&contentSetId=100&title=Copanlisib&servicesTitle=Copanlisib&brandName=Aliqopa&UserMdxSearchTerm=Aliqopa&=null#](https://www.micromedexsolutions.com/micromedex2/librarian/CS/87B0FC/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/E13C0A/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=932336&contentSetId=100&title=Copanlisib&servicesTitle=Copanlisib&brandName=Aliqopa&UserMdxSearchTerm=Aliqopa&=null#)