

PHARMACY COVERAGE GUIDELINE

COPIKTRA™ (duvelisib) oral capsule Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
 - This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
 - Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
 - The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary y as defined in the Member’s benefit plan.
 - The “Description” section describes the Service.
 - The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
 - The “Resources” section lists the information and materials we considered in developing this PCG
 - **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
 - Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.
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Medical Necessity Requirements for COPIKTRA (duvelisib)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by an Oncologist or is in consultation with an Oncologist

Indication

- Relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) after at least two prior therapies
- Other oncologic direct treatment use listed in the National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A

ORIGINAL EFFECTIVE DATE: 02/21/2019 | ARCHIVE DATE: | LAST REVIEW DATE: 02/19/2026 | LAST CRITERIA REVISION DATE: 02/19/2026

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Age Requirement

- 18 years or older

Baseline Clinical Evaluation

- Negative pregnancy test in a woman of reproductive potential
- Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 or 1

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- There is **NO** concurrent use with the following:
 - Strong CYP3A inducers (e.g., rifampin, rifabutin, phenobarbital, carbamazepine, others)
 - Another PI3 kinase inhibitor (e.g., alpelisib, copanlisib, idelalisib, inavolisib)

Additional Requirements

- It is not indicated for initial or second line treatment due to increased risk of treatment related mortality
- Prophylaxis for *pneumocystis jirovecii* has been initiated

Documentation Requirements

- A completed request form must be submitted including:
 - Chart notes
 - Lab results (pregnancy test, ECOG status)
 - Supporting clinical documentation

Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year
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Criteria for Continuation of Therapy (renewal therapy):

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy.

Prescriber Qualifications

- Continues to be seen by an Oncologist or is in consultation with an Oncologist

Clinical Response

- Positive clinical response defined as no evidence of disease progression or unacceptable toxicity

Adherence

- Adherence to the prescribed therapy regimen has been documented

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Safety

- There is **NO** concurrent use with the following:
 - Strong CYP3A inducers (e.g., rifampin, rifabutin, phenobarbital, carbamazepine, others)
 - Another PI3 kinase inhibitor (e.g., alpelisib, copanlisib, idelalisib, inavolisib)
- If clinically appropriate, withhold, reduce dose, or permanently discontinue based on severity, recurrence, persistence, or duration of the following adverse reactions
 - Diarrhea
 - Colitis
 - Cutaneous reactions such as Stevens Johnson Syndrome, toxic epidermal necrolysis, or drug rash with eosinophilia and systemic symptoms (DRESS)
 - Pneumonitis or first occurrence of severe or life threatening pneumonitis
 - *Pneumocystis jirovecii* infection
 - ALT/AST elevation greater than 20 times upper limit of normal

Additional Requirements

- Requested dose is at least 15 mg twice daily
- Following completion Copiktra treatment, prophylaxis for *pneumocystis jirovecii* is continued until the absolute CD4+ T cell count is greater than 200 cells/ μ L

Documentation Requirements

- Chart notes
- Supporting clinical documentation with evidence of improvement in given indication
- Lab values that confirm safe use from above criteria

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year
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Criteria for Off-Label Use Requests:

Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. Off-Label Use of Non-Cancer Medications
2. Off-Label Use of Cancer Medications

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Description:

Copiktra (duvelisib) indicated for the treatment of adult patients with a) relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) after at least two prior therapies and b) relapsed or refractory follicular lymphoma (FL) after at least two prior systemic therapies. This indication is approved under accelerated approval based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials

Copiktra (duvelisib) is a dual inhibitor of phosphatidylinositol 3-kinases PI3K- δ and PI3K- γ . Duvelisib induced growth inhibition and reduced viability in cell lines derived from malignant B-cells and in primary CLL tumor cells. Duvelisib inhibits several key cell-signaling pathways, including B-cell receptor signaling and CXCR12-mediated chemotaxis of malignant B-cells.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
[MedWatch Forms for FDA Safety Reporting | FDA](#)

NCCN recommendation definitions:

Category 1:

Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2A:

Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2B:

Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.

Category 3:

Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

Eastern Co-operative Oncology Group (ECGO) Performance Status:

Grade	ECOG description
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physical strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all self-care but unable to carry out any work activities, up and about more than 50% of waking hours
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4	Completely disabled, cannot carry on any self-care, totally confined to bed or chair
5	Dead

Oken, MM, Creech, RH, Tormey, DC, et al.: Toxicity and Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982

PI3-kinase inhibitors:

- Piqray (alpelisib)
- Copiktra (duvelisib)

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- Aliqopa (copanlisib)
 - Zydelig (idelalisib)
 - Itovebi (inavolisib)
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Resources:

Copiktra (duvelisib) product information, revised by Secura Bio, Inc. 07-2024. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed November 10, 2025.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Version 1.2025 – Updated December 22, 2025. Available at <https://www.nccn.org>. Accessed January 06, 2026.

Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.