

State of Oklahoma Oklahoma Health Care Authority Zydelig® (Idelalisib) Prior Authorization Form

Member Name:	Date of Birth:	Member ID#:
	Drug Information	n
Pharmacy billing (NDC :	ling (NDC :) Start Date (or date of next dose):	
Dose:	Regimen:	
	Billing Provider Inforn	nation
Provider NPI:	Provider Name:	
Provider Phone:	Provider Fa	ax:
	Prescriber Informat	ion
Prescriber NPI:	Prescriber Name:	
Prescriber Phone:	Prescriber Fax:	Specialty:
	Criteria	
B. Refractory to alkyla C. Refractory to rituxir Gastric or Nongastric Marginal Zone Lymphoma A. Refractory to alkyla B. Refractory to rituxir Ghronic Lymphocytic L A. Will idelalisib be us B. Will idelalisib be us	and information: L) 1 to Grade 2 follicular lymphoma ator therapy? Yes No mab therapy? Yes No Mucosa-Associated Lymphoid Tiss (MZL) ator therapy? Yes No mab therapy? Yes No eukemia (CLL)/Small Lymphocytic sed as a single agent? Yes No ded in combination with rituximab of d above, please indicate diagnosis	? Yes No sue (MALT) Lymphoma, Nodal or Splenic c Lymphoma (SLL) o or rituximab/bendamustine? Yes No s:
If yes, please specify adve	erse reactions:	on idelalisib? Yes No ed to idelalisib therapy? Yes No
Prescriber Signature:		Date:

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4

CONFIDENTIALITY NOTICE

This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.