Aliqopa (Copanlisib)

Drug names	1. Aliqopa 2. Copanlisib

Description	Aliqopa (copanlisib) is used to treat adults with follicular lymphoma (FL) when the disease has come back after treatment with at least two prior medicines. It is not known if this medicine is safe and effective in children. It is administered by intravenous (IV) infusion.

Commercial	A Pharmacy Clinical Guideline, *Aliqopa (copanlisib)*, is on Magellan Rx Management. • **Requires prior authorization through Magellan**. Refer to *Review Criteria*. − **Important**: Check policy for limits or exclusions. − **ER or inpatient hospital POS**: PA is not required. − **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.

Government Programs	Refer to the table below.

Plan	Coverage
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	Medicaid only groups: • Refer to Medicaid below. Medicare eligible groups: • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. • Medicare is the primary payer. • Follows Medicare guidelines. • If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.

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Aliqopa (Copanlisib), Continued

Government Programs, continued

Plan	Coverage

AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	• A Pharmacy Clinical Guideline, *Aliqopa (copanlisib)*, is on Magellan Rx Management.
	• **Requires prior authorization through Magellan**. Refer to *Review Criteria*
	  − **Important**: Check policy for limits or exclusions.
	  − **ER or inpatient POS**: PA is not required.
	  − **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.
	• Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.
	• Medica is the only payer.

Advantage	• A Pharmacy Clinical Guideline, *Aliqopa (copanlisib)*, is on Magellan Rx Management.
	• **Requires prior authorization through Magellan**. Refer to *Review Criteria*
	  − **Important**: Check policy for limits or exclusions.
	  − **ER or inpatient POS**: PA is not required.
	  − **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.
	• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.
	  − **Drug administration**: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Refer to the EOC for primary or specialist cost sharing.
	  − **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC.
	• Provider must bill per Medicare Product Grid.
	• Medica is the only payer.

Aliqopa (Copanlisib), Continued

Government Programs, continued

Plan	Coverage

Advantage PartnerCare (I-SNP)	• A Pharmacy Clinical Guideline, *Aliqopa (copanlisib)*, is on [Magellan Rx Management](#).
	• **Requires prior authorization through Magellan**. Refer to *Review Criteria*
	  − **Important**: Check policy for limits or exclusions.
	  − **ER or inpatient POS**: PA is not required.
	  − **Providers**: Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
	• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.
	  − **Drug administration**: Covered based on place of service. Quote office visit or [Home IV Therapy](#) benefits. Refer to the EOC. Copays depend on place of service.
	  − **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC.
	• Provider must bill per [Medicare Product Grid](#).
	• Medica is the only payer.

Medicaid (SPP)	• A Pharmacy Clinical Guideline, *Aliqopa (copanlisib)*, is on [Magellan Rx Management](#).
	• **Requires prior authorization through Magellan**. Refer to *Review Criteria*
	  − **Important**: Check policy for limits or exclusions.
	  − **ER or inpatient POS**: PA is not required.
	  − **Providers**: Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
	• Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

Aliqopa (Copanlisib), Continued

<table>
<tr><th>Plan</th><th>Coverage</th></tr>
<tr><td>Prime</td><td>

- Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.
  - **Drug administration**: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Refer to the EOC for primary or specialist cost sharing.
  - **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC.
- Follows Medicare guidelines.
- Provider must bill per Medicare Product Grid.
- **Reminder**: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.

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<tr><td>Select, Signature</td><td>

- Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.
- Medicare supplement. Medicare is the primary payer.
- Follows Medicare guidelines.

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Government Programs, continued

Individual and Family Business (IFB)

A Pharmacy Clinical Guideline, *Aliqopa (copanlisib)*, is on Magellan Rx Management.

- **Requires prior authorization through Magellan**. Refer to *Review Criteria***.**
  - **Important**: Check policy for limits or exclusions.
  - **ER or inpatient hospital POS**: PA is not required.
  - **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.
- Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.

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Aliqopa (Copanlisib), Continued

Medica Health Plan Solutions (MHPS)

Coverage depends on the employer.

Employer	Coverage
Mayo Medical Plan	• Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.

All others	• A Pharmacy Clinical Guideline, *Aliqopa (copanlisib)*, is on Magellan Rx Management.
	• **Requires prior authorization through Magellan**. Refer to *Review Criteria*
	  − **Important**: Check policy for limits or exclusions.
	  − **ER or inpatient POS**: PA is not required.
	  − **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.
	• Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.

National Account Member Services (NAMS)

A Medical Policy, *Oncology Medication Clinical Coverage Policy*, is on UHC Provider.com.

- May be listed separately, if so, quote from iBAAG.
- If not listed separately and *Coverage Rational* is met, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.
- If *Coverage Rational* is not met, considered unproven and not covered.
- **Non-MSA providers**: Refer to Injectable Drugs Received in a Physician's Office - NAMS for special dispensing requirements.

Document history

Document history outlined below.

Date	Description
12.26.19	Updated to new template.
3.31.19	Updated to new template.

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Aliqopa (Copanlisib), Continued

Applicability

Business Segments		
■ All □ Assoc. □ Comm. □ IFB □ Medicaid □ Medicare □ MHPS □ My Plan □ PSC		
Specific Clients/Products		
■ All □ Other:		
System		
□ CCMS □ COS □ HealthRules Payor □ ISET (Choose an item.) ■ N/A □ Other:		
Departments		
□ All □ Billing ■ Call Center □ Claims □ Enrollment □ Other:		
Approved By	**Document Owner**	**Date**
A-Z Review Team	KNTWs	11.21.17