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Section:	Prescription Drugs	**Effective Date:**	April 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	September 22, 2017
Subject:	Aliqopa	**Page:**	1 of 4

Last Review Date: March 7, 2025

Aliqopa

Description

Aliqopa (copanlisib)

Background
Aliqopa (copanlisib) is an inhibitor of phosphatidylinositol-3-kinase (PI3K) for the treatment of adults with relapsed follicular lymphoma who have received at least two prior treatments known as systemic therapies. Follicular lymphoma is a slow-growing type of non-Hodgkin lymphoma, a cancer of the lymph system. The lymph system is part of the body's immune system and is made up of lymph tissue, lymph nodes, the spleen, thymus, tonsils and bone marrow. Aliqopa has been shown to induce tumor cell death by apoptosis and inhibition of proliferation of primary malignant B cell lines (1-2).

Regulatory Status
FDA-approved indication: Aliqopa is a kinase inhibitor indicated for the treatment of adult patients with relapsed follicular lymphoma (FL) who have received at least two prior systemic therapies (1).

There are many warnings and precautions with use of this agent including monitoring for signs and symptoms of systemic toxicities and adverse reactions. Some adverse reactions and toxicities include the following: infections, hyperglycemia, hypertension, non-infectious pneumonitis (NIP), neutropenia, severe cutaneous reactions, and embryo-fetal toxicity (1).

Safety and effectiveness in pediatric patients have not been established (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Aliqopa may be considered **medically necessary** if the conditions indicated below are met.

Aliqopa may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsed follicular lymphoma (FL)

AND ALL of the following:

1. Patient has received at least two prior systemic therapies
2. Prescriber agrees to monitor patient for signs of severe adverse reactions and toxicity

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsed follicular lymphoma (FL)

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity

2. Prescriber agrees to monitor patient for signs of severe adverse reactions and toxicity

Policy Guidelines

Pre - PA Allowance
None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits
Same as above

Rationale

Summary
Aliqopa is a tyrosine kinase inhibitor in an intravenous infusion indicated for the treatment of adult patients with relapsed follicular lymphoma (FL) who have received at least two prior systemic therapies. Follicular lymphoma is a specific type of Non-Hodgkin lymphoma that effects B-lymphocytes. Some adverse reactions and toxicities from the use of this agent include the following: infections, hyperglycemia, hypertension, non-infectious pneumonitis (NIP), neutropenia, severe cutaneous reactions, and embryo-fetal toxicity (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Aliqopa while maintaining optimal therapeutic outcomes.

References

1. Aliqopa [package insert]. Whippany, NJ: Bayer Healthcare Pharmaceuticals, Inc.; September 2023.
2. NCCN Drugs & Biologics Compendium® Copanlisib 2025. National Comprehensive Cancer Network, Inc. Accessed on January 14, 2025.

Policy History

Date	Action

September 2017	Addition to PA
December 2017	Annual review
March 2018	Annual editorial review Addition of requirement to renewal section: prescriber agrees to monitor patient for signs of severe adverse reactions and toxicity per SME
June 2018	Annual review
March 2019	Annual review and reference update
June 2020	Annual review and reference update
March 2021	Annual review and reference update
June 2021	Annual review and reference update
March 2022	Annual review and reference update
December 2022	Annual review and reference update
March 2023	Annual review and reference update
June 2023	Annual review and reference update
March 2024	Annual review and reference update
March 2025	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.