Clinical Policy Title:	olutasidenib
Policy Number:	RxA.789
Drug(s) Applied:	Rezlidhia™
Original Policy Date:	04/13/2023
Last Review Date:	4/1/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Acute Myeloid Leukemia (must meet all):

1. Diagnosis AML;
2. Prescribed by or in consultation with an oncologist or hematologist;
3. Disease is relapsed or refractory;
4. Presence of an IDH1 mutation.
5.

Initial Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Acute Myeloid Leukemia (must meet all):

1. Member is currently receiving or has been treated with this medication within the past 30 days.**Approval Duration**

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network Guidelines. Acute Myeloid Leukemia. Version 2.2023. Available at https://www.nccn.org/professionals/physician_gls/pdf/aml.pdf. Accessed March 15, 2023.
2. REZLIDHIA(TM) oral capsules, olutasidenib oral capsules [package insert]. Metrics Contract Services (per FDA), Greenville, NC, 2022. Accessed April 1st, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	03/15/2023	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed age and dosing 2. Updated duration for initial approval to 12 months	4/1/2024	

3. Removed “Member must have an ECOG performance score of 0 to 2”		