

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 1<sup>st</sup>, 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:	4/1/2024	
<ol> <li>Removed age and dosing</li> <li>Updated duration for initial approval to 12 months</li> </ol>		

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.



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