

# PRIOR AUTHORIZATION POLICY

**POLICY:** Oncology – Idhifa Prior Authorization Policy

- Idhifa<sup>®</sup> (enasidenib tablets – Celgene/Servier/Bristol-Myers Squibb)

**REVIEW DATE:** 03/06/2024

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## OVERVIEW

Idhifa, an isocitrate dehydrogenase-2 (*IDH2*) inhibitor, is indicated for the treatment of relapsed or refractory **acute myeloid leukemia** in adults with an *IDH2* mutation as detected by an FDA-approved test.<sup>1</sup>

## Guidelines

The National Comprehensive Cancer Network (NCCN) guidelines on acute myeloid leukemia (version 1.2024 – February 28, 2024) recommend Idhifa for *IDH2* mutated AML in a variety of clinical scenarios, such as treatment induction, follow-up after induction therapy, consolidation therapy, or relapsed or refractory disease (category 2A).

## POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Idhifa. All approvals are provided for the duration noted below.

**Automation:** None.

## RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Idhifa is recommended in those who meet the following criteria:

### FDA-Approved Indication

1. **Acute Myeloid Leukemia.** Approve for 1 year if the patient meets the following (A and B):
  - A) Patient is  $\geq 18$  years of age; AND
  - B) Patient has isocitrate dehydrogenase-2 (*IDH2*) mutation-positive disease as detected by an approved test.

## CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Idhifa is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

## REFERENCES

1. Idhifa<sup>®</sup> tablets [prescribing information]. Summit, NJ: Celgene; December 2023.
2. The NCCN Acute Myeloid Leukemia Clinical Practice Guidelines in Oncology (version 1.2024 – February 28, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on March 1, 2024.

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