

Reference number(s)
2238-A

# SPECIALTY GUIDELINE MANAGEMENT

## IDHIFA (enasidenib)

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Idhifa is indicated for the treatment of adult patients with relapsed or refractory acute myeloid leukemia (AML) with an isocitrate dehydrogenase-2 (IDH2) mutation as detected by an FDA-approved test.

All other indications are considered experimental/investigational and are not a covered benefit.

#### II. CRITERIA FOR INITIAL APPROVAL

Authorization of 12 months may be granted for the treatment of relapsed or refractory acute myeloid leukemia with an isocitrate dehydrogenase-2 (IDH2) mutation as detected by an FDA-approved test.

#### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

#### IV. REFERENCES

1. Idhifa [package insert]. Summit, NJ: Celgene Corporation; August 2017.