UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Idhifa

Program	Prior Authorization
Medication	Idhifa® (enasidenib)
Issue Date	9/2017
Pharmacy and Therapeutics Approval Date	9/2017
Effective Date	11/2017

1. Background:

Idhifa® (enasidenib) is an isocitrate dehydrogenase-2 inhibitor 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.

2. Coverage Criteria:

A. Acute Myeloid Leukemia (AML)

1. Initial Authorization

a. **Idhifa** will be approved based on **all** of the following criteria:

(1) Diagnosis of acute myeloid leukemia (AML)

-AND-

(2) Disease is relapsed or refractory

-AND-

(3) AML is IDH2 mutation-positive

Authorization will be issued for 12 months.

2. Reauthorization

a. **Idhifa** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Idhifa therapy

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Authorization will be issued for 12 months.

3. References:

1. Idhifa [package insert]. Cambridge, MA: Celgene Corporation; August 2017.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at www.nccn.org. Accessed August 7, 2017.

Program	Prior Authorization –Idhifa (enasidenib)
Change Control	
Date	Change
9/2017	New program