STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

OLUTASIDENIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
OLUTASIDENIB	REZLIDHIA	48490		GPI-10 (2153496000)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of relapsed or refractory acute myeloid leukemia (AML) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient has a susceptible isocitrate dehydrogenase-1 (IDH1) mutation as detected by an FDA-approved test

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **OLUTASIDENIB (Rezlidhia)** requires the following rule(s) be met for approval:
   A. You have relapsed or refractory acute myeloid leukemia (AML: a type of blood cancer that has returned or did not respond to treatment)
   B. You are 18 years of age or older
   C. You have a susceptible (can be treated with the drug) isocitrate dehydrogenase-1 (IDH1: a type of enzyme) mutation as detected by a Food and Drug Administration (FDA)-approved test

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Rezlidhia.

REFERENCES

- Rezlidhia [Prescribing Information]. Greenville, NC: Forma Therapeutics, Inc., December 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/01/23
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P&T Approval: 01/23