PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Idhifa Prior Authorization Policy
- Idhifa® (ensidenib tablets – Celgene/Agios)

REVIEW DATE: 02/10/2021

OVERVIEW

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

Disease Overview

AML is a heterogeneous hematologic malignancy characterized by clonal expansion of myeloid blasts in the peripheral blood, bone marrow, and/or other tissues.[2] Undifferentiated blast cells proliferate in bone marrow instead of maturing into normal blood cells. Among adults, it is the most common form of acute leukemia and accounts for the largest number of annual deaths from leukemias in the US. An estimated 19,940 individuals will be diagnosed with AML in 2019 and 11,180 are projected to die from the condition. The median age at diagnosis is 67 years. Diagnosis occurs at ≥ 65 years of age for 54% of patients with around one-third of patients diagnosed at ≥ 75 years of age. The incidence of AML increase as the population ages. Environmental factors such as prolonged exposure to petrochemicals, solvents such as benzene, pesticides, and ionizing radiation have been established to increase the risks for AML, as well as myelodysplastic syndrome (MDS).[2] The cure rates of AML have improved with this outcome noted in 35% to 40% of adult patients who are ≤ 60 years of age and 5% to 15% for patients who are > 60 years of age.[3] However, among patients who are older and unable to receive intensive chemotherapy the survival rates are dismal with a median survival of only 5 to 10 months. Various gene mutations are present in adults with AML. The incidence of IDH2 mutations increase with advancing age.[3] IDH2 mutations have been reported in up to 12% of patients with AML.[2] Mutations have been identified in R172 and R140 of the IDH2 gene with the R140 mutation more frequently occurring.

Guidelines

The National Comprehensive Cancer Network (NCCN) guidelines on AML (version 2.2021 – November 12, 2020) note Idhifa as an alternative for IDH2 mutated AML in a variety of clinical scenarios. Idhifa is recommended for patients who have relapsed or refractory disease who have the IDH2 mutation. Another clinical scenario is for treatment induction among patients ≥ 60 years of age who are not a candidate for intensive remission induction therapy or declines such therapy. In patients ≥ 60 years of age who had a response to previous lower intensity therapy, Idhifa can be continued. Both clinical scenarios apply to patients who are IDH2 mutation positive.

Safety

Idhifa has a Boxed Warning regarding differentiation syndrome.[1]

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 (AML).** Approve for 3 years if the disease is isocitrate dehydrogenase-2 (IDH2)-mutation positive 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® tablets [prescribing information]. Summit, NJ: Celgene; November 2020.
2. The NCCN Acute Myeloid Leukemia Clinical Practice Guidelines in Oncology (version 2.2021 – November 12, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on February 1, 2021.
3. Dohner H, Weisdorf DJ, Bloomfield CD. Acute myeloid leukemia. *N Engl J Med*. 2015;373(12):1136-1152.