

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

1. Relapsed or refractory acute myeloid leukemia (AML)
  - a. Isocitrate dehydrogenase-2 (IDH2) mutation AML detected by FDA-approved test
  - b. Prescriber agrees to monitor for signs and symptoms of differentiation syndrome

## Prior - Approval Limits

### Quantity

Strength	Quantity
50 mg	90 tablets per 90 days <b>OR</b>
100 mg	90 tablets per 90 days

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

1. Relapsed or refractory acute myeloid leukemia (AML)
  - a. **NO** disease progression or unacceptable toxicity
  - b. Prescriber agrees to monitor for signs and symptoms of differentiation syndrome

## Prior - Approval *Renewal* Limits

Same as above