BlueCross BlueShield
Federal Employee Program

REVUFORJ
(revumenib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following:

1. Relapsed or refractory acute leukemia

AND ALL of the following:

a. Presence of lysine methyltransferase 2A gene (KMT2A) translocation in bone marrow cells
b. Prescriber agrees to correct electrolyte abnormalities, including hypokalemia and hypomagnesemia, prior to treatment
c. Prescriber agrees to monitor for signs and symptoms of differentiation syndrome
d. Prescriber agrees to monitor for QTc interval prolongation
e. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Revuforj and for 4 months after the last dose
f. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Revuforj and for 4 months after the last dose

Prior - Approval Limits

Quantity 540 mg per day

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following:

REVUFORJ
(revumenib)

1. Relapsed or refractory acute leukemia

AND ALL of the following:

a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees to monitor for signs and symptoms of differentiation syndrome
c. Prescriber agrees to monitor for QTc interval prolongation
d. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Revuforj and for 4 months after the last dose
e. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Revuforj and for 4 months after the last dose

Prior - Approval *Renewal* Limits

Same as above