

**REZLIDHIA
(olutasidenib)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Relapsed or refractory acute myeloid leukemia (AML)

AND ALL of the following:

1. Susceptible isocitrate dehydrogenase-1 (IDH1) mutation as detected by an FDA-approved test
2. Prescriber agrees to monitor for signs and symptoms of differentiation syndrome
3. Prescriber agrees to monitor liver function tests (LFTs)

Prior - Approval Limits

Quantity 180 capsules per 90 days

Duration 12 months

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)

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
2. Prescriber agrees to monitor for signs and symptoms of differentiation syndrome
3. Prescriber agrees to monitor liver function tests (LFTs)



**BlueCross
BlueShield**

Federal Employee Program.

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Prior - Approval *Renewal* Limits

Same as above