BlueCross BlueShield Federal Employee Program

TIBSOVO
(ivosidenib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Relapsed or refractory acute myeloid leukemia (AML)
2. Newly-diagnosed acute myeloid leukemia (AML)
    a. Patient is 75 years of age or older **OR** patient has comorbidities that preclude the use of intensive induction chemotherapy
    b. Used in combination with azacitidine **OR** as monotherapy
3. Relapsed or refractory myelodysplastic syndromes (MDS)
4. Locally advanced or metastatic cholangiocarcinoma
    a. Previously treated with at least one prior regimen

AND ALL of the following:

1. Susceptible isocitrate dehydrogenase-1 (IDH1) mutation detected by an FDA-approved test
2. Prescriber agrees to monitor for signs and symptoms of differentiation syndrome
3. Prescriber agrees to monitor electrocardiograms (ECGs) for QTc prolongation
4. Prescriber agrees to monitor for signs and symptoms of Guillain-Barre syndrome

Prior - Approval Limits

Quantity 180 tablets per 90 days

Duration 12 months

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Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Relapsed or refractory acute myeloid leukemia (AML)
2. Acute myeloid leukemia (AML)
    a. Patient is 75 years of age or older **OR** patient has comorbidities that preclude the use of intensive induction chemotherapy
    b. Used in combination with azacitidine **OR** as monotherapy
3. Relapsed or refractory myelodysplastic syndromes (MDS)
4. Locally advanced or metastatic cholangiocarcinoma

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 ECGs for QTc prolongation
4. Prescriber agrees to monitor for signs and symptoms of Guillain-Barre syndrome

Prior - Approval *Renewal* Limits

Same as above