

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Tibsovo (ivosidenib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Tibsovo (ivosidenib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Tibsovo (ivosidenib) may be approved if the following criteria are met:

- I. Individual has newly-diagnosed acute myeloid leukemia (AML); **AND**
- II. Individual has a susceptible isocitrate dehydrogenase-1 (IDH1) mutation and test result confirmed; **AND**
- III. Individual is ≥ 75 years of age or has comorbidities that preclude the use of intensive induction chemotherapy;

OR

- IV. Individual has a diagnosis of relapsed or refractory acute myeloid leukemia (AML); **AND**
- V. Individual has a susceptible isocitrate dehydrogenase-1 (IDH1) mutation, and test result confirmed.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 4, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.

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New Program Date 08/01/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

CRX-ALL-0410-19

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Applicable	X	X	X	X	X	X	X

4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on June 4, 2019.
 - a. Acute Myeloid Leukemia. V3.2019. Revised May 7, 2019.

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