

Clinical Policy Title:	olutasidenib
Policy Number:	RxA.789
Drug(s) Applied:	Rezlidhia™
Original Policy Date:	04/13/2023
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Acute Myeloid Leukemia (must meet all):

1. Diagnosis of acute myeloid leukemia;
2. Disease is relapsed or refractory
3. Presence of an IDH1 mutation.

Initial Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Acute Myeloid Leukemia (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network Guidelines. Acute Myeloid Leukemia. Version 2.2025. Available at https://www.nccn.org/professionals/physician_gls/pdf/aml.pdf. Accessed March 24, 2025.
2. REZLIDHIA(TM) oral capsules, olutasidenib oral capsules [package insert]. Metrics Contract Services (per FDA), Greenville, NC, 2022. Accessed March 24, 2025.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	03/15/2023	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: <ol style="list-style-type: none"> 1. Removed age and dosing 2. Updated duration for initial approval to 12 months 3. Removed "Member must have an ECOG performance score of 0 to 2" 	4/1/2024	

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Policy was reviewed: 1. Removed prescriber criteria. 2. Updated continuation of therapy language.	03/24/2025	04/10/2025
Policy reviewed.	12/11/2025	12/11/2025