

## Idhifa® (enasidenib) (Oral)

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### I. Length of Authorization

Coverage will be provided for six months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC unit]:

- Idhifa 50 mg tablets: 1 tablet per day
- Idhifa 100 mg tablets: 1 tablet per day

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- 100 mg daily

### III. Initial Approval Criteria <sup>1,4</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

#### Universal Criteria

- Patient does not have active CNS leukemia; **AND**

#### Acute Myeloid Leukemia (AML) † Φ <sup>1-4</sup>

- Patient has an isocitrate dehydrogenase-2 (IDH2) mutation as detected by an FDA-approved or CLIA-compliant test ❖; **AND**
  - Patient has relapsed or refractory disease †; **OR**
  - Used as single agent therapy; **AND**
    - Used as induction therapy in patients ≥ 60 years of age who are not candidates for, or decline, intensive therapy ‡; **OR**
    - Used as post-induction therapy following response to previous lower intensity therapy with the same regimen in patients ≥ 60 years of age ‡

❖ *If confirmed using an immunotherapy assay-<http://www.fda.gov/companiondiagnostics>*

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Ⓢ Orphan Drug

#### IV. Renewal Criteria <sup>1</sup>

Authorizations may be renewed based on the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include symptoms of differentiation syndrome (e.g., fever, dyspnea, acute respiratory distress, pulmonary infiltrates, pleural or pericardial effusions, rapid weight gain or peripheral edema, lymphadenopathy, bone pain, and hepatic, renal, or multi-organ dysfunction), etc.; **AND**
- Disease response with treatment as defined by stabilization or improvement of as evidenced by a complete response [CR] (i.e. morphologic, cytogenetic or molecular complete response CR), complete hematologic response, or a partial response by CBC, bone marrow cytogenic analysis, QPCR, or FISH

#### V. Dosage/Administration <sup>1</sup>

Indication	Dose
AML	Administer 100 mg orally once daily. <i>**For patients without disease progression or unacceptable toxicity, treat for a minimum of 6 months to allow time for clinical response.</i>

#### VI. Billing Code/Availability Information

HCPCS Code:

- J8999: Prescription drug, oral, chemotherapeutic, nos

NDC:

- Idhifa 50 mg tablets: 59572-0705-xx
- Idhifa 100 mg tablets: 59572-0710-xx

#### VII. References

1. Idhifa [package insert]. Summit, NJ; Celgene Corporation, November 2020. Accessed June 2021.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Acute Myeloid Leukemia. Version 3.2021. National Comprehensive Cancer Network, 2021. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN

GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2021.

3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for enasidenib. 2021 National Comprehensive Cancer Network. The NCCN Compendium® is a derivative work of the NCCN Guidelines®, NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2021.
4. Stein EM, DiNardo CD, Pollyea DA, et al. Enasidenib in mutant-IDH2 relapsed or refractory acute myeloid leukemia. *Blood*. 2017 Aug 10;130(6):722-731. doi: 10.1182/blood-2017-04-779405. Epub 2017 Jun 6.
5. Amatangelo MD, Quek L, Shih A, et al. Enasidenib induces acute myeloid leukemia cell differentiation to promote clinical response. *Blood*. 2017 Jun 6. pii: blood-2017-04-779447.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C92.00	Acute myeloblastic leukemia not having achieved remission
C92.01	Acute myeloblastic leukemia in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia not having achieved remission
C92.51	Acute myelomonocytic leukemia in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C93.00	Acute monoblastic/monocytic leukemia not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C94.00	Acute erythroid leukemia not having achieved remission
C94.01	Acute erythroid leukemia in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission

### IDH1FA® (enasidenib) Prior Auth Criteria

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ICD-10	ICD-10 Description
C94.21	Acute megakaryoblastic leukemia in remission
C94.22	Acute megakaryoblastic leukemia, in relapse

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC