

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Revumenib (Revuforj)

Notes:

- Quantity Limits: Yes
- Boxed warning for differentiation syndrome and prolonged QTc
- ^ >5% blasts after cycle 1 or failure to normalize blood counts

Initiation (new start) Criteria for current AND NEW members as well as Kaiser Permanente members already taking the medication who have not been

reviewed previously: Non-formulary **revumenib (Revuforj)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist/Oncology provider
- Adults or pediatric age 1 year of age or older
- Acute Myeloid Leukemia (AML) patients that are not Acute Promyelocytic Leukemia (APL) subtype
- Relapsed or Refractory on salvage therapy having progressed or failed[^] on 2 prior lines of treatment
 - AND either of the following:
 - Have the presence of a Histone-lysine N-methyltransferase 2A (KMT2A) translocation gene
 - OR
 - Have the presence of a Nucleophosmin (NPM1) Mutation gene
- Post-primary induction who are not a candidate for intensive chemotherapy with no response
 - AND either of the following:
 - Have the presence of a KMT2A translocation
 - OR
 - Have the presence of a NPM1 Mutation