Idhifa® (enasidenib)
(Oral)

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I. Length of Authorization

Coverage will be provided for 6 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 [1]

Coverage is provided in the following conditions:

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

Universal Criteria [1]

- Patient does not have active CNS leukemia; **AND**
- Will not be used in combination with other isocitrate dehydrogenase (IDH)-inhibitors (e.g., ivosidenib, olutasidenib, etc.); **AND**
- Used as single agent therapy; **AND**

Acute Myeloid Leukemia (AML) † Φ [1-4]

- Patient has isocitrate dehydrogenase-2 (IDH2) mutation-positive disease as detected by an FDA-approved or CLIA-compliant test ❖; **AND**
  - Used as lower intensity induction therapy ‡; **AND**
    - Patient is not a candidate for, or declines, intensive induction therapy; **OR**
  - Used as post-induction therapy ‡; **AND**

- Used following response to previous lower intensity therapy with the same regimen; **OR**

- Used as consolidation therapy ‡; **AND**
  - Used as continuation of low-intensity regimen used for induction in patients with poor-risk AML, therapy-related AML other than CBF-AML, antecedent MDS/CMML), or cytogenetic changes consistent with MDS (AML-MRC); **OR**
- Used for relapsed or refractory disease †

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

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1]

Coverage may be renewed based on the following criteria:

- Patient continues to meet the 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 stabilization or improvement 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 [1]

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

VI. Billing Code/Availability Information

HCPCS Code:

- J8999: Prescription drug, oral, chemotherapeutic, nos

NDC(s):

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

VII. References

1. Idhifa [package insert]. Princeton, NJ; Celgene Corporation, December 2023. Accessed June 2024.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Acute Myeloid Leukemia. Version 3.2024. National Comprehensive Cancer Network, 2024. 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 2024.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for enasidenib. 2024 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 2024.
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

ICD-10	ICD-10 Description
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

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

The preceding information is intended for non-Medicare coverage determinations. 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 Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied 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
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
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