

ivosidenib (TIBSOVO)

Diagnoses Considered for Coverage:

- Acute myeloid leukemia (AML)
- Cholangiocarcinoma

Coverage Criteria:

For diagnosis of acute myeloid leukemia (AML):

- Provider attestation that patient has IDH1 gene mutation, **and**
- Being used as a single agent, **and**
- Dose does not exceed FDA label maximum, **and**
- One of the following:
 - Patient is 60 years old or older, or
 - Patient has already been treated for AML (refractory or relapsed disease).

For diagnosis of cholangiocarcinoma:

- Patient has unresectable or metastatic disease, **and**
- Provider attestation that patient has IDH1 gene mutation, **and**
- Patient has received primary treatment, **and**
- Being used as a single agent, **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: length of benefit