Commercial PA Criteria

Effective: January 30, 2025

Prior Authorization: Revuforj (revumenib)

Products Affected: Revuforj (revumenib tablets)

Medication Description: Revuforj, a menin inhibitor, is indicated for the treatment of relapsed or refractory acute leukemia with a lysine methyltransferase 2A (KMT2A) gene translocation in adults and pediatric patients ≥ 1 year of age.

Covered Uses: treatment of relapsed or refractory acute leukemia

Exclusion Criteria:

1. None

Required Medical Information:

1. Diagnosis
2. Patient medication profile and history
3. Past therapies tried and failed

Prescriber Restriction: Prescribed by or in consultation with a oncologist or hematologist.

Age Restriction: Adult and pediatric patients 1 year of age and older

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. **Acute Leukemia.** Approve for 1 year if the patient meets ALL of the following (A, B, **AND** C):
   A. Patient is ≥ 1 year of age; **AND**
   B. Patient meets ONE of the following (i **OR** ii):
      i. Patient has relapsed disease; **OR**
      ii. Patient has refractory disease; **AND**
   C. The disease is positive for a lysine methyltransferase 2A (*KMT2A*) gene translocation.

References:

1. Revuforj™ [prescribing information]. Waltham MA: Syndax; November 2024.
2. Salman MY, Stein EM. Revumenib for patients with acute leukemia: a new tool for differentiation therapy. *Haematologica*. 2024;109:3488-3495.
3. Issa GC, Aldoss I, Dipersio J, et al. The menin inhibitor ruvemenib in *KMT2A*-rearrranged or *NPM1*-mutant leukemia. *Nature*. 2023;615:920-924.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	01/30/2025