



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1465-1
Program	Prior Authorization/Notification
Medication	Revuforj [®] (revumenib)
P&T Approval Date	1/2025
Effective Date	4/1/2025

1. Background:

Revuforj (revumenib) is a menin inhibitor indicated for the treatment of relapsed or refractory acute leukemia with a lysine methyltransferase 2A gene (KMT2A) translocation in adult and pediatric patients 1 year and older.

2. Coverage Criteria^a:

A. Patients less than 19 years of age

1. **Revuforj** will be approved based on the following criterion:

- a. Patient is less than 19 years of age

Authorization will be issued for 12 months.

B. Acute Leukemia

1. **Initial Authorization**

a. **Revuforj** will be approved based on **all** of the following criteria:

- (1) Diagnosis of acute leukemia

-AND-

- (2) Disease is relapsed or refractory

-AND-

- (3) Positive for lysine methyltransferase 2A gene (KMT2A) translocation

Authorization will be issued for 12 months.

2. **Reauthorization**

a. **Revuforj** will be approved based on the following criterion:

- (1) Patient does not show evidence of progressive disease while on Revuforj therapy

Authorization will be issued for 12 months.

C. NCCN Recommended Regimens

1. The drug has been recognized for treatment of the cancer indication by The National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1, 2A, or 2B

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Revuforj [package insert]. Syndax Pharmaceuticals, Inc; Waltham, MA; November 2024.

Program	Prior Authorization/Notification - Revuforj® (revumenib)
Change Control	
1/2025	New program