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Section:	Prescription Drugs	**Effective Date:**	April 1, 2026
Subsection:	Antineoplastic Agents	**Original Policy Date:**	July 27, 2018
Subject:	Tibsovo	**Page:**	1 of 5

Last Review Date: March 6, 2026

Tibsovo

Description

Tibsovo (ivosidenib)

Background

Tibsovo (ivosidenib) is an oral cancer agent that inhibits isocitrate dehydrogenase-1 (IDH1). Susceptible IDH1 mutations are defined as those leading to increased levels of 2-hydroxyglutarate (2-HG) in the leukemia cells and where efficacy is predicted by 1) clinically meaningful remissions with the recommended dose of ivosidenib and/or 2) inhibition of mutant IDH1 enzymatic activity at concentrations of ivosidenib sustainable at the recommended dosage according to validated methods. The most common of such mutations are R132H and R132C substitutions. Inhibition of the mutant IDH1 enzyme by ivosidenib led to decreased 2-HG levels and induced myeloid differentiation in vitro and in vivo in mouse xenograft models of IDH1-mutated AML (1).

Regulatory Status

FDA-approved indications: Tibsovo is an isocitrate dehydrogenase-1 (IDH1) inhibitor indicated for patients with a susceptible IDH1 mutation as detected by an FDA-approved test with: (1)

1. Newly Diagnosed Acute Myeloid Leukemia (AML)
    a. In combination with azacitidine or as monotherapy for the treatment of newly diagnosed AML in adults 75 years or older, or who have comorbidities that preclude use of intensive induction chemotherapy.
2. Relapsed or refractory AML
    a. For the treatment of adult patients with relapsed or refractory AML.
3. Relapsed or refractory Myelodysplastic Syndromes (MDS)
    a. For the treatment of adult patients with relapsed or refractory MDS.

4. Locally Advanced or Metastatic Cholangiocarcinoma
    a. For the treatment of adult patients with locally advanced or metastatic cholangiocarcinoma who have been previously treated.

Tibsovo has a boxed warning for differentiation syndrome in AML and MDS, which can be fatal if not treated. Differentiation syndrome is associated with rapid proliferation and differentiation of myeloid cells. While there is no diagnostic test for differentiation syndrome, symptoms in patients treated with Tibsovo included noninfectious leukocytosis, peripheral edema, pyrexia, dyspnea, pleural effusion, hypotension, hypoxia, pulmonary edema, pneumonitis, pericardial effusion, rash, fluid overload, tumor lysis syndrome and increased creatinine. If differentiation syndrome is suspected, initiate corticosteroid therapy and hemodynamic monitoring until symptom resolution (1).

Patients treated with Tibsovo can develop QT (QTc) prolongation and ventricular arrhythmias. Monitor electrocardiograms and electrolytes. If QTc interval prolongation occurs, dose reduce or withhold, then resume dose or permanently discontinue Tibsovo (1).

Guillain-Barré syndrome occurred in <1% of patients treated with Tibsovo. Monitor patients for signs and symptoms of motor and/or sensory neuropathy such as unilateral or bilateral weakness, sensory alterations, paresthesias, or difficulty breathing. Permanently discontinue Tibsovo in patients who are diagnosed with Guillain-Barré syndrome (1).

The safety and effectiveness of Tibsovo in pediatric patients have not been established (1).

Related policies
Idhifa, Rezlidhia

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Tibsovo may be considered **medically necessary** if the conditions indicated below are met.

Tibsovo may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Relapsed or refractory acute myeloid leukemia (AML)
2. Newly diagnosed acute myeloid leukemia (AML)
    a. Patient is 75 years of age or older **OR** patient has comorbidities that preclude the use of intensive induction chemotherapy
    b. Used in combination with azacitidine **OR** as monotherapy
3. Relapsed or refractory myelodysplastic syndromes (MDS)
4. Locally advanced or metastatic cholangiocarcinoma
    a. Previously treated with at least one prior regimen

AND ALL of the following:

1. Susceptible isocitrate dehydrogenase-1 (IDH1) mutation detected by an FDA-approved test
2. Prescriber agrees to monitor for signs and symptoms of differentiation syndrome
3. Prescriber agrees to monitor electrocardiograms (ECGs) for QTc prolongation
4. Prescriber agrees to monitor for signs and symptoms of Guillain-Barre syndrome

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Relapsed or refractory acute myeloid leukemia (AML)
2. Acute myeloid leukemia (AML)
    a. Patient is 75 years of age or older **OR** patient has comorbidities that preclude the use of intensive induction chemotherapy
    b. Used in combination with azacitidine **OR** as monotherapy
3. Relapsed or refractory myelodysplastic syndromes (MDS)
4. Locally advanced or metastatic cholangiocarcinoma

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
2. Prescriber agrees to monitor for signs and symptoms of differentiation syndrome
3. Prescriber agrees to monitor ECGs for QTc prolongation
4. Prescriber agrees to monitor for signs and symptoms of Guillain-Barre syndrome

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 180 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Tibsovo (ivosidenib) is an oral cancer agent that inhibits isocitrate dehydrogenase-1 (IDH1). Tibsovo is indicated for the treatment of adult patients with acute myeloid leukemia (AML), myelodysplastic syndromes (MDS), and locally advanced or metastatic cholangiocarcinoma with a susceptible IDH1 mutation as detected by an FDA-approved test. The safety and effectiveness of Tibsovo in pediatric patients have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Tibsovo while maintaining optimal therapeutic outcomes.

References

1. Tibsovo [package insert]. Boston, MA: Servier Pharmaceuticals, Inc.; October 2023.
2. NCCN Drugs & Biologics Compendium® Ivosidenib 2026. National Comprehensive Cancer Network, Inc. Accessed on January 12, 2026.

Policy History

Date	Action
July 2018	Addition to PA
September 2018	Annual review
November 2018	Annual review. Changed monitoring of ECG for QTc prolongation requirements per SME
March 2019	Annual review

May 2019	Addition of indication of newly-diagnosed AML in patients 75 years and older or in patients that have comorbidities that preclude the use of intensive induction chemotherapy
June 2019	Annual review
June 2020	Annual review
September 2021	Addition of indication per PI: previously treated locally advanced or metastatic cholangiocarcinoma
December 2021	Annual review and reference update
June 2022	Addition of “used in combination with azacitidine or as monotherapy” to newly diagnosed AML diagnosis per PI update
September 2022	Annual review and reference update
March 2023	Annual review and reference update
November 2023	Per PI update, added indication of MDS
December 2023	Annual review and reference update
December 2024	Annual review and reference update
March 2025	Annual review and reference update
March 2026	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.