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Section:	Prescription Drugs	**Effective Date:**	November 21, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	December 6, 2024
Subject:	Revuforj	**Page:**	1 of 4

Last Review Date: March 7, 2025

Revuforj

Description

Revuforj (revumenib)

Background

Revuforj (revumenib) is a menin inhibitor and blocks the interaction of both wild-type lysine methyltransferase 2A (KMT2A) and KMT2A fusion proteins with menin. The binding of KMT2A fusion proteins with menin is involved in nucleophosmin 1 (*NPM1*) mutated acute myeloid leukemias and KMT2A-rearranged acute leukemias, respectively, through activation of a leukemogenic transcriptional pathway. In studies, Revuforj demonstrated antiproliferative and antitumor activity in leukemia cells harboring KMT2a fusion proteins and showed antiproliferative activity in vitro in leukemia cells with an *NPM1* mutation (1).

Regulatory Status

FDA-approved indication: Revuforj is a menin inhibitor indicated for: (1)

- the treatment of relapsed or refractory acute leukemia with a lysine methyltransferase 2A gene (KMT2A) translocation as determined by an FDA-authorized test in adult and pediatric patients 1 year and older.
- the treatment of relapsed or refractory acute myeloid leukemia (AML) with a susceptible nucleophosmin 1 (*NPM1*) mutation in adult and pediatric patients 1 year and older who have no satisfactory alternative treatment options.

Revuforj has a boxed warning for differentiation syndrome, which can be fatal. Signs and symptoms may include fever, dyspnea, hypoxia, pulmonary infiltrates, pleural or pericardial effusions, rapid weight gain or peripheral edema, hypotension, and renal dysfunction. If

differentiation syndrome is suspected, immediately initiate corticosteroid therapy and hemodynamic monitoring until symptom resolution (1).

Revuforj also has a boxed warning for QTc interval prolongation and Torsades de Pointes. Correct electrolyte abnormalities, including hypokalemia and hypomagnesemia, prior to and during treatment with Revuforj. Perform an ECG prior to initiation of treatment, and do not initiate in patients with QTcF > 450 msec. Perform an ECG at least once a week for the first 4 weeks on treatment, and at least monthly thereafter (1).

Revuforj can cause fetal harm when administered to a pregnant woman. Pregnant women should be advised of the potential risk to a fetus. Females of reproductive potential and males with female partners of reproductive potential should be advised to use effective contraception during treatment with Revuforj and for 4 months after the last dose (1).

The safety and effectiveness of Revuforj in pediatric patients less than 1 year old have not been established (1).

Related policies

Policy

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

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

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

Prior-Approval Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following:

1. Relapsed or refractory acute leukemia
    a. Presence of lysine methyltransferase 2A gene (KMT2A) translocation in bone marrow cells, as determined by an FDA-authorized test
2. Relapsed or refractory acute myeloid leukemia (AML)

a. Susceptible nucleophosmin 1 (*NPM1*) mutation
b. Patient has no satisfactory alternative treatment options

AND ALL of the following:
a. Prescriber agrees to correct electrolyte abnormalities, including hypokalemia and hypomagnesemia, prior to treatment
b. Prescriber agrees to monitor for signs and symptoms of differentiation syndrome
c. Prescriber agrees to monitor for QTc interval prolongation
d. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Revuforj and for 4 months after the last dose
e. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Revuforj and for 4 months after the last dose

Prior – Approval *Renewal* Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following:
1. Relapsed or refractory acute leukemia
2. Relapsed or refractory acute myeloid leukemia (AML)

AND ALL of the following:
a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees to monitor for signs and symptoms of differentiation syndrome
c. Prescriber agrees to monitor for QTc interval prolongation
d. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Revuforj and for 4 months after the last dose
e. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Revuforj and for 4 months after the last dose

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 540 mg per day

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Revuforj is a menin inhibitor indicated for the treatment of relapsed or refractory acute leukemia with a KMT2A translocation and relapsed or refractory AML with a susceptible *NPM1* mutation. Revuforj has a boxed warning regarding differentiation syndrome and QTc prolongation/Torsades de Pointes. The safety and effectiveness of Revuforj in pediatric patients less than 1 year old have not been established (1).

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

References

1. Revuforj [package insert]. Waltham, MA: Syndax Pharmaceuticals, Inc.; October 2025.
2. NCCN Drugs & Biologics Compendium® Revumenib 2025. National Comprehensive Cancer Network, Inc. Accessed on January 28, 2025.

Policy History

Date	Action
December 2024	Addition to PA
March 2025	Annual review and reference update
November 2025	Per PI update, added indication of relapsed or refractory AML with a susceptible NPM1 mutation

Keywords

This policy was effective with interim approval on November 21, 2025 and will be reviewed by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026.