

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Vorasidenib (Vorango)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **Vorasidenib (Vorango)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Oncology/Hematology prescriber
- Patient is at least 12 years of age or older
- Patient has a diagnosis of Grade 2 astrocytoma or oligodendroglioma with isocitrate dehydrogenase-1 (IDH1) or isocitrate dehydrogenase-2 (IDH2) mutation

-AND-

- Patient has undergone surgery, including biopsy, sub-total resection or gross total resection

-OR-

- Patient has a diagnosis of Grade 3 or 4 Astrocytoma with IDH mutations and have failed an adequate trial of lomustine and temozolomide or has contraindications to these therapies

Criteria for *current Kaiser Permanente members* already taking the medication who have not been reviewed previously: Non-formulary **Vorasidenib (Vorango)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Oncology/Hematology prescriber
- Patient is at least 12 years of age or older
- Patient has a diagnosis of Grade 2 Astrocytoma or Oligodendroglioma with isocitrate dehydrogenase-1 (IDH1) or isocitrate dehydrogenase-2 (IDH2) mutation

-OR-

- Patient has a diagnosis of Grade 3 or 4 Astrocytoma with IDH mutations

Criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **Vorasidenib (Vorango)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Oncology/Hematology prescriber
- Patient is at least 12 years of age or older
- Patient has a diagnosis of Grade 2 Astrocytoma or Oligodendroglioma with isocitrate dehydrogenase-1 (IDH1) or isocitrate dehydrogenase-2 (IDH2) mutation

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Revised: 10/17/24
Effective: 01/16/25

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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-OR-

- Patient has a diagnosis of Grade 3 or 4 Astrocytoma with IDH mutations

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