Commercial PA Criteria

Effective: June 29, 2024

Prior Authorization: Ojemda (sorafenib)

Products Affected: Ojemda (sorafenib) oral tablets and suspension

Medication Description: Ojemda is indicated for the treatment of relapsed or refractory pediatric low-grade glioma (LGG) harboring a BRAF fusion or rearrangement, or BRAF V600 mutation in patients ≥ 6 months of age.

Covered Uses: Treatment of relapsed or refractory pediatric low-grade glioma (LGG)

Exclusion Criteria:

1. None

Required Medical Information:

1. Medical History

Prescriber Restriction: None

Age Restriction: Patient is ≥ 6 months of age or older

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. Pediatric Low-Grade Glioma. Approve for 1 year if the patient meets ALL the following (A, B, **AND** C):

A. Patient is ≥ 6 months of age; **AND**
B. Patient has relapsed or refractory disease; **AND**
C. The tumor is positive for ONE of the following (i, ii, **OR** iii):
    i. *BRAF* fusion; **OR**
    ii. *BRAF* rearrangement; **OR**
    iii. *BRAF V600* mutation.

References:

1. Ojemda® tablets and oral suspension [prescribing information]. Brisbane, CA: Day One Biopharmaceuticals; April 2024.
2. The NCCN Central Nervous System Cancers Clinical Practice Guidelines in Oncology (version 1.2023 – March 24, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org/. Accessed on May 2, 2024.

3. The NCCN Pediatric Central Nervous System Cancers Clinical Practice Guidelines in Oncology (version 1.2024 – February 26, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org/. Accessed on May 2, 2024.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	06/28/2024