Reference number(s)
7597-A

Specialty Guideline Management Rasonque

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Rasonque	daraxonrasib

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication[1]

Rasonque is indicated for the treatment of adult patients with metastatic pancreatic adenocarcinoma who have received at least one prior systemic therapy or who are not candidates for multiagent systemic therapy.

Compendial Uses[2]

- Pancreatic Adenocarcinoma
- Non-Small Cell Lung Cancer (NSCLC)

All other indications are considered experimental/investigational and not medically necessary.

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Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Documentation of the presence of KRAS mutation at codon G12, G13 or Q61, where applicable.

Coverage Criteria

Pancreatic Adenocarcinoma[1-3]

Authorization of 12 months may be granted for treatment of metastatic pancreatic adenocarcinoma and one of the following criteria is met:

- Member has received at least one prior systemic therapy.
- Member is not a candidate for multiagent systemic therapy.
- Requested medication will be used as first-line therapy and member has an Eastern Cooperative Oncology Group (ECOG) performance status of 2-3.

Authorization of 12 months may be granted for subsequent treatment of pancreatic adenocarcinoma when disease is locally advanced or recurrent after resection.

Non-Small Cell Lung Cancer (NSCLC)[2]

Authorization of 12 months may be granted for treatment of metastatic NSCLC that is KRAS mutation positive at one of the following codons: G12, G13, or Q61.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the Coverage Criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Rasonque [package insert]. Redwood City, CA: Revolution Medicines, Inc.; August 2026.
2. The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed September 22, 2026.
3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Pancreatic Adenocarcinoma. Version 4.2026. https://www.nccn.org/professionals/physician_gls/pdf/pancreatic.pdf Accessed September 22, 2026.

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