BlueCross BlueShield
Federal Employee Program

OJEMDA
(tovorafenib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 6 months of age or older

Diagnosis

Patient must have the following:

1. Relapsed or refractory pediatric low-grade glioma (LGG)
    a. Patient has **ONE** of the following:
        i. BRAF fusion or rearrangement
        ii. BRAF V600 mutation

AND ALL of the following:

1. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Ojemda and for 28 days after the last dose
2. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Ojemda and for 2 weeks after the last dose

Prior - Approval Limits

Quantity

Strength/Dosage Form	Quantity
100 mg tablet	72 tablets per 84 days **OR**
25 mg/mL oral suspension	24 bottles per 84 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 6 months of age or older

Diagnosis

Patient must have the following:

1. Relapsed or refractory pediatric low-grade glioma (LGG)

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a. **NO** disease progression or unacceptable toxicity

AND ALL of the following:

1. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Ojemda and for 28 days after the last dose
2. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Ojemda and for 2 weeks after the last dose

Prior - Approval *Renewal* Limits

Same as above