

**VORANIGO
(vorasidenib)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 12 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Grade 2 astrocytoma
2. Grade 2 oligodendroglioma

AND ALL of the following:

1. Susceptible isocitrate dehydrogenase-1 (IDH1) or isocitrate dehydrogenase-2 (IDH2) mutation
2. Patient has had at least one prior surgery, including biopsy, sub-total resection, or gross-total resection
3. Prescriber agrees to monitor for hepatotoxicity
4. Females of reproductive potential **only**: patient will be advised to use effective nonhormonal contraception during treatment with Voranigo and for 3 months after the last dose
5. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Voranigo and for 3 months after the last dose

Prior - Approval Limits

Quantity 40 mg per day

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 12 years of age or older

Diagnoses

Patient must have **ONE** of the following:



**BlueCross
BlueShield**

Federal Employee Program.

**VORANIGO
(vorasidenib)**

1. Grade 2 astrocytoma
2. Grade 2 oligodendroglioma

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
2. Prescriber agrees to monitor for hepatotoxicity
3. Females of reproductive potential **only**: patient will be advised to use effective nonhormonal contraception during treatment with Voranigo and for 3 months after the last dose
4. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Voranigo and for 3 months after the last dose

Prior - Approval *Renewal* Limits

Same as above