

Specialty Guideline Management

Modeyso

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
Modeyso	dordaviprone

Indications

FDA-approved Indications¹

Modeyso is indicated for the treatment of adult and pediatric patients 1 year of age and older with diffuse midline glioma harboring an H3 K27M mutation with progressive disease following prior therapy.

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

Documentation

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

H3 K27M mutation status.

Coverage Criteria

Diffuse Midline Glioma^{1,2}

Authorization of 12 months may be granted for the treatment of diffuse midline glioma, when all of the following criteria are met:

- The member is 1 year of age or older
- The disease harbors an H3 K27M mutation
- The member experienced recurrence or progression following prior therapy

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. Modeyso [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; August 2025.
2. The NCCN Drugs & Biologics Compendium™ © 2025 National Comprehensive Cancer Network, Inc. <https://www.nccn.org> Accessed September 3, 2025.