

NIROGACESTAT



Included Products: Ogsiveo (nirogacestat)

Created: 03/14/2024 Revised: 03/14/2024 Reviewed: 03/14/2024 Updated: 04/01/2024

All Diagnoses			
Initial Criteria		If yes	If no
1.	Is the treatment being prescribed or supervised by a hematologist or oncologist, as appropriate, for the type of cancer?	Continue to #2.	Do not approve.
2.	Is the treatment supported for the diagnosis in the NCCN guidelines?	Continue to #3.	Do not approve.
3.	Does the request meet criteria for treatment coverage specified in Guideline Note 12 of the Prioritized List of Health Services, considering treatment of cancer with little or no benefit?	Continue to #4.	Do not approve.
4.	Has the patient tried and failed sorafenib (NCCN supported off-label use)?	Continue to #5.	Do not approve.
5.	Approve for 3 months.		
Renewal Criteria		If yes	If no
1.	Has there been evidence of tumor response?	Continue to #2.	Do not approve.
2.	Approve for 6 months.		