TOVORAFENIB

Included Products: Ojemda (tovorafenib) oral tablets and suspension

Created: 07/11/2024 *Revised:* 07/11/2024 *Reviewed*: 07/11/2024 *Updated*: 08/01/2024

All Diagnoses			
Initial Criteria: All Diagnoses		**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 #4.	Continue to #3.
3.	Is the treatment being used according to the FDA indication?	Continue to #4.	Request external specialty review.
4.	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 #5.	Do not approve.
5.	Is the request for oral tablets or suspension?	Tablets, continue to #8.	Suspension, continue to #6.
6.	Is the oral suspension medically necessary instead of oral tablets? - Doses of less than 400mg per week require oral suspension - Other rationale may include documented inability to swallow oral tablets	Continue to #7.	Do not approve, offer oral tablets instead.
7.	Is the dose requested consistent with the FDA labeling for the given age and BSA?	Send to medical director for review	Deny for max FDA dose.
8.	Approve 6 months.		
Renewal Criteria		**If yes**	**If no**

1.	Has there been evidence of tumor response?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		