

**Ojemda (tovorafenib)**  
**Effective 10/1/2024**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Ojemda (tovorafenib) is a kinase inhibitor indicated for the treatment of patients 6 months of age and older with relapsed or refractory pediatric low-grade glioma (pLGG) harboring a BRAF fusion or rearrangement, or BRAF V600 mutation. Ojemda is administered by mouth once weekly.

### Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance program

### OR

Authorization may be granted if the member meets all of the following criteria and documentation has been submitted:

1. The member is 6 months of age or older
2. The member has a diagnosis of relapsed or refractory pediatric low-grade glioma (pLGG) harboring a BRAF fusion or rearrangement or BRAF V600 mutation
3. The requested medication is prescribed by or in consultation with an oncology specialist

### Continuation of Therapy

Reauthorization requires documentation of no evidence of unacceptable toxicity or disease progression while on treatment.

### Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

### References

1. Kilburn LB, Khuong-Quang D, Hansford JR, et al. The type II RAF inhibitor tovorafenib in relapsed/refractory pediatric low-grade glioma: the phase 2 FIREFLY-1 trial. *Nat Med*. 2024;30(1):207-217.
2. Ojemda (tovorafenib) [prescribing information]. Brisbane, CA: Day One Biopharmaceuticals; May 2024.
3. U.S. Food and Drug Administration (FDA). FDA grants accelerated approval to tovorafenib for patients with relapsed or refractory *BRAF*-altered pediatric low-grade glioma. April 23, 2024. Accessed July 22, 2024. <https://www.fda.gov/drugs/resources-information-approved-drugs/fda-grants-accelerated-approval-tovorafenib-patients-relapsed-or-refractory-braf-altered-pediatric>.

### **Review History**

08/14/2024 – Reviewed at August P&T. Effective 10/1/2024.

