

Clinical Policy Title:	nirogacestat
Policy Number:	RxA.811
Drug(s) Applied:	Ogsiveo
Original Policy Date:	6/12/2024
Last Review Date:	6/12/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria (APA)

A. Desmoid Tumor/Aggressive Fibromatosis (must meet all):

1. Diagnosis of desmoid tumor/aggressive fibromatosis (DT/AF) with documentation of tumor progression.

Approval duration

All lines of business (except Medicare): 12 months, Split-fill

II. Continued Therapy Approval (APA)

A. Desmoid Tumor/Aggressive Fibromatosis:

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network Guidelines. Soft tissue sarcoma/Desmoid Tumor/Aggressive Fibromatosis Version 1.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf. Accessed June 06, 2024.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	6/12/2024	6/12/2024

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.