

<b>Clinical Policy Title:</b>	nirogacestat
<b>Policy Number:</b>	RxA.849
<b>Drug(s) Applied:</b>	Ogsiveo
<b>Original Policy Date:</b>	6/12/2024
<b>Last Review Date:</b>	12/11/2025
<b>Line of Business Policy Applies to:</b>	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](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
Policy reviewed.	12/05/2024	N/A
Policy reviewed.	12/11/2025	12/11/2025

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.