Applicable Drugs: Modeyso (dordaviprone)

Preferred: N/A

Non-preferred: N/A

Date of Origin: N/A

Date Last Reviewed / Revised: 2/9/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to V are met.)

I. Documentation of one of the following diagnoses AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Diffuse midline glioma

i. Documentation of histone 3 (H3) K27M mutation

ii. Documentation of recurrent or progressive disease after at least one prior therapy (ex. radiation, temozolomide, procarbazine, lomustine, vincristine, etc.)

II. Minimum age requirement: 1 year of age or older.

III. Treatment must be prescribed by or in consultation with an oncologist or hematologist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.

V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Maximum: four- week supply
  - Adults: 20 capsules
  - Pediatric patients – see Appendix for dosing

Approval Length

- **Authorization:** 6 months
- **Re-Authorization:** 6 months; An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

Appendix

Table 1: Recommended body weight-based dosage for pediatric patients

Body Weight (kg)	Recommended Dosage
10 kg to < 12.5 kg	125 mg once weekly
12.5 kg to < 27.5 kg	250 mg once weekly
27.5 kg to < 42.5 kg	375 mg once weekly
42.5 mg to 52.5 kg	500 mg once weekly
≥ 52.5 kg	625 mg once weekly

References

1. Modeyso. Prescribing Information. Jazz Pharmaceuticals, Inc. 2025. Accessed November 26, 2025. pp.jazzpharma.com/pi/modeyso.en.USPI.pdf
2. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Central Nervous System Cancers. Version 2.2025. Updated August 28, 2025. Accessed November 26, 2025. www.nccn.org/professionals/physician_gls/pdf/cns.pdf
3. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Pediatric Central Nervous System Cancers. Version 1.2026. Updated November 25, 2025. Accessed November 26, 2025. www.nccn.org/professionals/physician_gls/pdf/ped_cns.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.