

5.21.248

Section:	Prescription Drugs	Effective Date:	July 1, 2026
Subsection:	Antineoplastic Agents	Original Policy Date:	September 5, 2025
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Last Review Date: June 11, 2026

Modeyso

Description

Modeyso (dordaviprone)

Background

Modeyso (dordaviprone) is a protease activator of the mitochondrial caseinolytic protease P (ClpP). Modeyso also inhibits the dopamine D2 receptor. Diffuse midline gliomas harboring an H3 K27M mutation are associated with the loss of H3 K27 trimethylation. In-vitro Modeyso activated the integrated stress response, induced apoptosis, and altered mitochondrial metabolism leading to restored histone H3 K27 trimethylation in H3 K27M-mutant diffuse glioma models (1).

Regulatory Status

FDA-approved indications: Modeyso is a protease activator indicated for the treatment of adult and pediatric patients 1 year of age and older with diffuse midline glioma harboring an H3 K27M mutation with progressive disease following prior therapy (1).

Treatment with Modeyso has been associated with hypersensitivity and QTc interval prolongation. Discontinue if the patient shows signs of hypersensitivity, anaphylaxis, or QT prolongation, and initiate appropriate medical treatment and supportive care (1).

Modeyso may cause fetal harm when administered to a pregnant woman. Advise female patients of reproductive potential to use effective contraception during treatment with Modeyso and for 1 month after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with Modeyso and for 1 month after the last dose (1).

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The safety and effectiveness of Modeyso in pediatric patients less than 1 year of age have not been established (1).

Related Policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Modeyso may be considered **medically necessary** if the conditions indicated below are met.

Modeyso may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following:

1. Diffuse midline glioma
 - a. Tumor carries a H3 K27M mutation
 - b. Patient has progressive disease following prior therapy

AND ALL of the following:

1. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Modeyso and for 1 month after the last dose
2. Male patients with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Modeyso and for 1 month after the last dose

Prior – Approval *Renewal* Requirements

Age 1 year of age or older

Diagnosis

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Patient must have the following:

1. Diffuse midline glioma

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
2. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Modeyso and for 1 month after the last dose
3. Male patients with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Modeyso and for 1 month after the last dose

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 60 capsules per 84 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Modeyso (dordaviprone) is indicated for the treatment of diffuse midline glioma. Modeyso has warnings for hypersensitivity, QTc interval prolongation, and embryo-fetal toxicity. The safety and effectiveness of Modeyso for pediatric patients less than 1 year of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Modeyso while maintaining optimal therapeutic outcomes.

References

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- 1. Modeyso [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; August 2025.
- 2. NCCN Drugs & Biologics Compendium® Dordaviprone 2026. National Comprehensive Cancer Network, Inc. Accessed on May 6, 2026.

Policy History

Date	Action
September 2025	Addition to PA
December 2025	Annual review and reference update
June 2026	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 11, 2026 and is effective on July 1, 2026.