Applicable Drugs: Rasonque (daraxonrasib)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 9/11/2026

Date Last Reviewed / Revised: 11/16/2026

PRIOR AUTHORIZATION CRITERIA

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

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

FDA-Approved Indication(s)

A. Pancreatic adenocarcinoma

i. Documentation of locally advanced or metastatic disease

ii. Documentation of one of the following (1 or 2):

1. Prior treatment with at least one systemic therapy
2. Documentation or attestation by oncologist that patient is not eligible for multi-agent systemic therapy.

Other Uses With Supportive Evidence

B. Non-small cell lung cancer

C. Pancreatic cancer

II. Minimum age requirement: 18 years old

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

- Quantity limited to a 30-day supply
- Maximum dose: 300 mg orally once daily
    - Maximum dose 400 mg orally once daily if given concomitantly with a strong or moderate CYP3A inducer

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

N/A

References

1. Rasonque. Prescribing information. Revolution Medicines, Inc. 2026. Accessed September 10, 2026. www.revmed.com/pi/us-rasonque-pi.pdf
2. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Pancreatic Cancer. Version 4.2026. Updated September 11, 2026. Accessed September 11, 2026. www.nccn.org/professionals/physician_gls/pdf/pancreatic.pdf
3. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Non-Small Cell Lung Cancer. Version 3.2026. Updated September 11, 2026. Accessed September 11, 2026. www.nccn.org/professionals/physician_gls/pdf/nscl.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.