VORASIDENIB IS **NCCN PREFERRED**[1]

National Comprehensive Cancer Network® (NCCN®) includes vorasidenib (VORANIGO®) in guidance for treating Grade 2 glioma[1]

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommend vorasidenib (VORANIGO) for Grade 2 m*IDH1/2* astrocytoma and oligodendroglioma for patients with a KPS ≥60[1,a]

In the adjuvant setting

- A **preferred** treatment option in patients ***without*** residual/measurable disease[b]
- An **NCCN Category 1 preferred** treatment option in patients ***with*** residual/measurable or recurrent disease, when up-front treatment with radiation therapy and chemotherapy is not preferred

In the recurrent/progressive setting after radiation therapy and chemotherapy

- A **preferred** treatment option[c]

Choose VORANIGO for your appropriate Grade 2 m*IDH1/2* glioma patients

[a]If an IDH inhibitor is being considered for a patient with newly diagnosed oligodendroglioma or astrocytoma, the NCCN Panel strongly recommends multidisciplinary discussion or referral to a brain tumor center for consultation.[1]

[b]Newly diagnosed patients with oligodendroglioma/astrocytoma (WHO Grade 2 or 3) who did not have residual disease were excluded from participation in the INDIGO study. Therefore, it is unknown if this subset of patients would benefit from immediate treatment with an IDH inhibitor. The safety of long-term treatment with IDH inhibitors is unknown. NCCN recommends discussing the possible risks and benefits of starting treatment right away with an IDH inhibitor with these patients.[1]

[c]For recurrent disease, there are multiple reasonable options, but there is no uniformly recommended option at this time.[1]

IDH, isocitrate dehydrogenase; KPS, Karnofsky Performance Status; WHO, World Health Organization.

INDICATION

VORANIGO (40 mg tablets) is indicated for the treatment of adult and pediatric patients 12 years and older with Grade 2 astrocytoma or oligodendroglioma with a susceptible isocitrate dehydrogenase-1 (IDH1) or isocitrate dehydrogenase-2 (IDH2) mutation, as detected by an FDA-approved test, following surgery including biopsy, sub-total resection, or gross total resection.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hepatotoxicity: VORANIGO can cause hepatic transaminase elevations, which can lead to hepatic failure, hepatic necrosis, and autoimmune hepatitis. Monitor liver laboratory tests (AST, ALT, GGT, total bilirubin, and alkaline phosphatase) prior to the start of VORANIGO, every 2 weeks during the first 2 months of treatment, then monthly for the first 2 years of treatment, and as clinically indicated, with more frequent testing in patients who develop transaminase elevations. Reduce the dose, withhold, or permanently discontinue VORANIGO based on severity.

Please see additional Important Safety Information on back and accompanying Full Prescribing Information.

Voranigo® vorasidenib tablets

Voranigo®
vorasidenib tablets

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Embryo-Fetal Toxicity: Based on findings from animal studies, VORANIGO can cause fetal harm when administered to a pregnant woman. Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential to use effective nonhormonal contraception during treatment with VORANIGO and for 3 months after the last dose, since VORANIGO can render some hormonal contraceptives ineffective. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with VORANIGO and for 3 months after the last dose.

ADVERSE REACTIONS

The most common (≥15%) adverse reactions included fatigue, headache, COVID-19, musculoskeletal pain, diarrhea, nausea, and seizure. Grade 3 or 4 (≥2%) laboratory abnormalities were ALT increased, AST increased, GGT increased, and neutrophils decreased.

DRUG INTERACTIONS

Avoid concomitant use of VORANIGO with strong and moderate CYP1A2 inhibitors. Avoid concomitant use with moderate CYP1A2 inducers and smoking tobacco. Avoid concomitant use with CYP3A substrates, where a minimal concentration change can reduce efficacy. If concomitant use of hormonal contraception cannot be avoided, use nonhormonal contraception methods.

LACTATION

Advise women not to breastfeed during VORANIGO treatment and for 2 months after the last dose.

IMPAIRED FERTILITY

VORANIGO may impair fertility of females and males of reproductive potential.

Scan to visit VoranigoHCP.com to learn more about VORANIGO—the only FDA-approved targeted treatment for Grade 2 m*IDH* glioma[2]

References: 1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Central Nervous System Cancers. V.1.2025. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed June 23, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.
2. Voranigo. Package insert. Servier Pharmaceuticals LLC; 2025.

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