Pharmacy Policy Bulletin: J-0203 CSF1R Tyrosine Kinase Inhibitors – Commercial and Healthcare Reform	
Number: J-0203	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.):** **1.** Miscellaneous Specialty Oral = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-0203-009	**Original Date:** 11/06/2019
Effective Date: 04/25/2025	**Review Date:** 04/09/2025

Drugs Product(s):	• Turalio (pexidartinib) • Romvimza (vimseltinib)

FDA-Approved Indication(s):	• Turalio
	  ○ Treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) associated with severe morbidity or functional limitations and not amenable to improvement with surgery
	• Romvimza
	  ○ Treatment of adult patients with symptomatic TGCT for which surgical resection will potentially cause worsening functional limitation or severe morbidity

Background:	• Turalio is a tyrosine kinase inhibitor that targets colony stimulating factor 1 receptor (CSF1R). CSF1R overexpression leads to cell proliferation. Turalio inhibits the proliferation of cell lines dependent on CSF1R. • Romvimza is a kinase inhibitor that blocks the CSF1R. This inhibition reduces CSF1R autophosphorylation, leading to decreased numbers and activity of tumor-associated macrophages (TAMs), which in turn reduces tumor growth, angiogenesis, and metastasis. • TGCTs are a group of rare, non-malignant tumors that involve the synovium, bursae, and tendon sheath. The tumors do not metastasize but can grow and cause damage to surrounding tissue. • The functional limitations that are present in TGCT are due to pain, swelling, limitation of movement, and may progress to eventual disability. • TGCTs can be present in a localized form known as giant cell tumor of the tendon sheath (GCTTS) or a diffuse form known as pigmented villonodular synovitis. Both localized and diffuse forms are types of TGCT. • TGCTs are usually seen between the ages of 25-50 with a median age of diagnosis of 40. These tumors can occur in younger children and in the elderly population as well. • Prescribing Considerations: ○ Turalio has a black box warning for hepatotoxicity.

	○ Turalio has Risk Evaluation and Mitigation Strategies (REMS) to mitigate the risk of serious and potentially fatal liver injury. This program requires the following: ▪ Prescribers must be certified with the program by enrolling and completing training. ▪ Patients must complete and sign an enrollment form for inclusion in a patient registry. ▪ Pharmacies must be certified with the program and must only dispense to patients who are authorized to receive Turalio. ○ Turalio and Romvimza carry warnings and precautions for embryo-fetal toxicity. ○ Romvimza carries warnings and precautions for hepatotoxicity, increased serum creatinine without affecting renal function, and allergic reactions to dyes such as yellow No. 5 (tartrazine) and No. 6 (sunset yellow). ○ Prior to initiation of Romvimza, patients with hepatotoxicity should have liver tests monitored, including AST, ALT, total bilirubin, direct bilirubin, ALP and gamma-glutamyl transferase (GGT), twice a month for the first two months and once every 3 months for the first year of therapy, and as clinically indicated thereafter.

Approval Criteria

I. Initial Authorization

A. Turalio

When a benefit, coverage of Turalio may be approved when all of the following criteria are met **(1., 2., and 3.)**:

1. The member is 18 years of age or older.

2. The member has a diagnosis of symptomatic tenosynovial giant cell tumor (TGCT) (ICD 10: M12, M65) associated with severe morbidity or functional limitations.

3. The member meets one (1) of the following **(a. or b.)**:

a. The member is not amenable to improvement with surgery.

b. The member is not a candidate for surgery.

B. Romvimza

When a benefit, coverage of Romvimza may be approved when all of the following criteria are met **(1., 2., and 3.):**

1. The member is 18 years of age or older.

2. The member has a diagnosis of symptomatic TGCT (ICD 10: D21, D48.1, M12, M65).

3. The prescriber attests that surgical resection may cause one (1) of the following **(a. or b.)**:

a. Worsening functional limitation

b. Severe morbidity

II. Reauthorization

When a benefit, reauthorization of Turalio or Romvimza may be approved when the following criterion is met **(1.)**:

1. The prescriber attests that the member is tolerating therapy and has experienced a therapeutic response defined as one (1) of the following **(a. or b.)**:

a. Disease improvement

b. Delayed disease progression

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

IV. Coverage of oncology drug(s) listed in this policy may be approved on a case-by-case basis per indications supported in the most current NCCN guidelines.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.
II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None

References:

1. Turalio [package insert]. Basking Ridge, NJ: Daiichi Sankyo; November 2023.
2. Romvimza [package insert]. Waltham, MA: Deciphera Pharmaceuticals, LLC; February 2025.
3. National Organization for Rare Disorders. Tenosynovial Giant Cell Tumor. Available at: https://rarediseases.org/rare-diseases/tenosynovial-giant-cell-tumor/#disease-overview-main. Accessed March 14, 2025.
4. Giustini N, Bernthai N, Bukata S, Singh A. Tenosynovial giant cell tumor: case report of a patient effectively treated with pexidartinib (PLX3397) and review of the literature. *Clinical Sarcoma Research* 2018;8:14.
5. U.S Food & Drug Administration. Approved Risk Evaluation and Mitigation Strategies (REMS). Turalio. Available at: https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm. Accessed June 3, 2024.
6. NCCN Guidelines. Soft Tissue Sarcoma v.5.2024. National Comprehensive Cancer Network. Available at: https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf. Accessed March 14, 2025.
7. Stacchiotti S, Dürr HR, Schaefer IM, et al. Best clinical management of tenosynovial giant cell tumour (TGCT): A consensus paper from the community of experts. *Cancer Treat Rev*. 2023;112:102491.
8. Gelderblom H, Bhadri V, Stacchiotti S, et al. Vimseltinib versus placebo for tenosynovial giant cell tumour (MOTION): a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet*. 2024;403(10445):2709-2719.