| Reference number(s) |
| --- |
| 3151-A |

# SPECIALTY GUIDELINE MANAGEMENT

## TURALIO (pexidartinib)

### POLICY

### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication [1]
Turalio is indicated for the treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) associated with severe morbidity or functional limitations and not amendable to improvement with surgery.

All other indications are considered experimental/investigational and are not a covered benefit.

### II. CRITERIA FOR INITIAL APPROVAL

**Symptomatic Tenosynovial Giant Cell Tumor** [1]
Authorization of 12 months may be granted for the treatment of symptomatic tenosynovial giant cell tumor (TGCT) associated with severe morbidity or functional limitations and that is not amenable to improvement with surgery.

### III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II who have not experienced an unacceptable toxicity or disease progression.

### IV. REFERENCES

1. Turalio [package insert]. Rasking Ridge, NJ: Daiichi Sankyo, Inc.; August 2019.