

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Vimseltinib (Romvimza)

Notes:

- Quantity Limits: Yes, 8 capsules monthly
- Boxed warning for Serum creatinine elevations, Hepatotoxicity
- Precaution for Allergic Reactions to FD&C Yellow No. 5 (tartrazine) and No. 6 (Sunset Yellow FCF): 14 mg capsule contains FD&C Yellow No. 6 (Sunset Yellow FCF); 20 mg capsule contains FD&C Yellow No. 5 (tartrazine) and No. 6 (Sunset Yellow FCF) as color additives, which may cause allergic reactions (including bronchial asthma) in certain susceptible patients.

Initiation (new start) criteria; current Kaiser Permanente members already taking the medication who have not been reviewed previously; and new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **Vimseltinib (Romvimza)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of tenosynovial giant cell tumor (TGCT)
- Patient is symptomatic (severe morbidity or functional limitations) and not amenable to improvement with surgery
- Prescribed by Oncology/Hematology