



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

PEXIDARTINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
PEXIDARTINIB HYDROCHLORIDE	TURALIO	45912		GPI-10 (2153304501)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of symptomatic tenosynovial giant cell tumor (TGCT) and meet **ALL** of the following criteria?
  - TGCT is associated with severe morbidity or functional limitations
  - TGCT is **NOT** amenable to improvement with surgery
  - The patient is 18 years of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **PEXIDARTINIB (Turalio)** requires the following rules be met for approval:

- A. You have symptomatic tenosynovial giant cell tumor (TGCT: type of non-cancerous growth in or around a joint causing tissue damage and reducing function)
- B. TGCT is associated with severe morbidity (disease) or functional limitations
- C. TGCT is NOT responsive to improvement with surgery
- D. You are 18 years of age or older

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Turalio.

**REFERENCES**

- Turalio [Prescribing Information]. Basking Ridge, NJ: Daiichi Sankyo, Inc.; August 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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