



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

PEXIDARTINIB

Generic	Brand	HICL	GCN	Exception/Other
PEXIDARTINIB	TURALIO	45912		

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 with a quantity limit of #4 per day.**

If no, do not approve.

DENIAL TEXT: The guideline named **PEXIDARTINIB (Turalio)** requires a diagnosis of symptomatic tenosynovial giant cell tumor (TGCT). In addition, the following criteria must be met:

- 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

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

Commercial Effective: 08/26/19

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P&T Approval: 07/19