

**Turalio (pexidartinib)**  
Effective 01/01/2021

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MassHealth (PUF) <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Pexidartinib is a tyrosine kinase inhibitor with selective and strong inhibitory activity against the colony-stimulating factor 1 receptor (CSF1R); pexidartinib also inhibits KIT and FMS-like tyrosine kinase 3 (FLT3)-internal tandem duplication (Tap 2019). Overexpression of the CSF1R ligand promotes cell proliferation and accumulation in the synovium. Pexidartinib inhibits proliferation of a CSF1R dependent cell line

### Coverage Guidelines

Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment and stable with Turalio, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

#### OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member is  $\geq 18$  years of age
2. The member has a diagnosis of tenosynovial giant cell tumor
3. The provider specialty is Oncology or medication is being prescribed in consultation with an oncologist
4. Appropriate dosing
5. The member is not a candidate for surgery

### Continuation of Therapy

Reauthorization requires physician documentation of improvement of member’s condition.



### Limitations

1. Initial authorizations and reauthorizations will be approved for 6 months.
2. The following quantity limits apply:

Turalio	120 capsules per 30 days
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- Requests for over the quantity limit should be reviewed against the Global Quantity Limit criteria.

### References

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

### Review History

01/23/2020 – Reviewed and Approved P&T Mtg (effective 6/1/20)

September 30, 2020 – Updated to be in compliance with MassHealth partial unified formulary requirements, changed authorization to 6 months, added quantity limitation, and appropriate dosing to criteria.

### Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.