Turalio (pexidartinib)
Effective 01/01/2021

Plan
☐ MassHealth
☒ MassHealth (PUF)
☒ Commercial/Exchange

Program Type
☒ Prior Authorization
☐ Quantity Limit
☐ Step Therapy

Benefit
☒ Pharmacy Benefit
☐ Medical Benefit (NLX)

Specialty Limitations
This medication has been designated specialty and must be filled at a contracted specialty pharmacy.

Specialty Medications
| All Plans | Phone: 866-814-5506 | Fax: 866-249-6155 |

Non-Specialty Medications
| 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 |

Medical Specialty Medications (NLX)
| All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |

Exceptions
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 ≥ 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 |

- Requests for over the quantity limit should be reviewed against the Global Quantity Limit criteria.

References

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
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