

pexidartinib (TURALIO)

Diagnosis Considered for Coverage:

- Tenosynovial giant cell tumor (TGCT) - *also known as giant cell tumor of the tendon sheath (GCT-TS) or pigmented villonodular synovitis (PVNS)*
- Histiocytic neoplasms (Langerhans Cell Histiocytosis, Erdheim-Chester Disease, or Rosai-Dorfman Disease)

Coverage Criteria:

For diagnosis of tenosynovial giant cell tumor:

- Being used as a single agent therapy, **and**
- Dose does not exceed 800 mg per day.

For histiocytic neoplasms (Langerhans Cell Histiocytosis, Erdheim-Chester Disease, or Rosai-Dorfman Disease):

- Provider attestation that patient has colony stimulation factor 1 receptor (CSF1R) mutation, **and**
- Being used as a single agent therapy, **and**
- Dose does not exceed 800 mg per day.

Coverage Duration: one year

Effective Date: 03/01/2023