

# Specialty Guideline Management

## Romvimza

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Romvimza	vimseltinib

### Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-approved Indication<sup>1</sup>

Romvimza is indicated for treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) for which surgical resection will potentially cause worsening functional limitation or severe morbidity.

All other indications are considered experimental/investigational and not medically necessary.

Reference number(s)
6845-A

# Coverage Criteria

## Tenosynovial Giant Cell Tumor (TGCT)<sup>1</sup>

Authorization of 12 months may be granted for the treatment of tenosynovial giant cell tumor (TGCT) with measurable disease (a lesion of at least 2 centimeters) for members who are not candidates for surgical resection.

## Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is clinical benefit (e.g., decreased tumor volume score, improvement in range of motion of the affected joint or improvement of pain scores) and no evidence of unacceptable toxicity while on the current regimen.

## References

1. Romvimza [package insert]. Waltham, MA: Deciphera Pharmaceuticals, LLC.; February 2025.