

**TURALIO
(pexidartinib)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Symptomatic tenosynovial giant cell tumor (TGCT)

- a. Disease is associated with severe morbidity or functional limitations
- b. Patient has had prior surgical treatment or patient is not a candidate for surgery

AND ALL of the following:

- a. Prescriber agrees to monitor liver tests for hepatotoxicity during therapy and discontinue if necessary
- b. Patient and prescriber are enrolled in the TURALIO REMS program
- c. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment and for at least 1 month after the last dose
- d. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment and for at least 1 week after the last dose

Prior - Approval Limits

Quantity 360 capsules per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis



**BlueCross
BlueShield**

Federal Employee Program.

**TURALIO
(pexidartinib)**

Patient must have the following:

Symptomatic tenosynovial giant cell tumor (TGCT)

AND ALL of the following:

- a. **NO** disease progression or unacceptable toxicity
- b. Prescriber agrees to monitor liver tests for hepatotoxicity during therapy and discontinue if necessary
- c. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment and for at least 1 month after the last dose
- d. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment and for at least 1 week after the last dose

Prior - Approval *Renewal* Limits

Same as above