

## Commercial PA Criteria

*Effective: May 8, 2025*

**Prior Authorization:** Romvimza

**Products Affected:** Romvimza (vimseltinib) oral capsules

**Medication Description:** Vimseltinib is a kinase inhibitor that inhibits colony-stimulating factor 1 receptor (CSF1R). In vitro, vimseltinib inhibited CSF1R autophosphorylation, signaling induced by CSF1 ligand binding, and proliferation of cells expressing CSF1R.

**Covered Uses:** Treatment of symptomatic tenosynovial giant cell tumor (TGCT) for which surgical resection will potentially cause worsening functional limitation or severe morbidity in adults.

**Exclusion Criteria:**

1. None

**Required Medical Information:**

1. Diagnosis

**Prescriber Restriction:** Prescribed by, or in consultation with, an oncologist.

**Age Restriction:** 18 years of age or older

**Coverage Duration:** 12 months

**Other Criteria:**

**Initial Approval Criteria**

1. **Tenosynovial Giant Cell Tumor (Pigmented Villonodular Synovitis).** Approve for 1 year if the patient meets BOTH of the following (A, B **AND** C):
  - a. The patient has a diagnosis of symptomatic tenosynovial giant cell tumor (TGCT) **AND**
  - b. Patient is  $\geq 18$  years of age; **AND**
  - c. The tumor is not amenable to improvement with surgery.

**Renewal Criteria**

1. Member has responded positively to therapy according to the prescriber; **AND**
2. Member has not experienced unacceptable toxicity from the medication

**References:**

1. Romvimza® capsules [prescribing information]. Waltham, MA: Deciphera; February 2025.
2. The NCCN Soft Tissue Sarcoma Clinical Practice Guidelines in Oncology (version 4.2024 – November 21, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed February 17, 2025.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	05/08/2025