

## PRIOR AUTHORIZATION POLICY

**POLICY:** Oncology – Romvimza Prior Authorization Policy

- Romvimza™ (vimseltinib capsules – Deciphera/Ono Pharma)

**REVIEW DATE:** 02/19/2025

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### OVERVIEW

Romvimza, a kinase inhibitor, is indicated for the treatment of symptomatic **tenosynovial giant cell tumor** (TGCT) for which surgical resection will potentially cause worsening functional limitation or severe morbidity in adults.<sup>1</sup>

### Guidelines

National Comprehensive Cancer Network (NCCN) soft tissue sarcoma guidelines (version 5.2024 – March 10, 2025) recommend Romvimza or Turalio as a “preferred regimens” for the treatment of tenosynovial giant cell tumor/ pigmented villonodular synovitis (both category 1).<sup>2</sup> Other medications listed as “useful in certain circumstances” include imatinib and nilotinib (both category 2A).

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Romvimza. All approvals are provided for the duration noted below.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Romvimza is recommended in those who meet the following criteria:

#### FDA-Approved Indication

1. **Tenosynovial Giant Cell Tumor (Pigmented Villonodular Synovitis).** Approve for 1 year if the patient meets BOTH of the following (A and B):
  - A) Patient is  $\geq 18$  years of age; AND
  - B) The tumor is not amenable to improvement with surgery.

### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Romvimza is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

### REFERENCES

1. Romvimza® capsules [prescribing information]. Waltham, MA: Deciphera; February 2025.
  2. The NCCN Soft Tissue Sarcoma Clinical Practice Guidelines in Oncology (version 5.2024 – March 10, 2025). © 2025 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed April 9, 2025.
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## HISTORY

| Type of Revision | Summary of Changes                                                                                                      | Review Date |
|------------------|-------------------------------------------------------------------------------------------------------------------------|-------------|
| New policy       | --                                                                                                                      | 02/19/2025  |
| Update           | 04/09/2025: The overview section was updated with guideline recommendations from National Comprehensive Cancer Network. | --          |