Applicable Drugs: Romvimza (vimseltinib)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 9/8/2025

Date Last Reviewed / Revised: 7/23/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to V are met.)

I. Documentation of the following FDA-approved diagnoses AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Tenosynovial giant cell tumor (TGCT)/Pigmented Villonodular Synovitis (PVNS)

i. Documentation that surgical resection will cause worsening functional limitation or severe morbidity

ii. Diagnosis of symptomatic disease associated with severe morbidity or functional limitations.

iii. Romvimza will be used as a single agent

II. Minimum age requirement: 18 years old

III. Treatment must be prescribed by or in consultation with an oncologist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.

V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Available in 14 mg, 20 mg, and 30 mg 28-day supply blister packs

- Quantity is limited to 8 capsules / 28-day supply

APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

APPENDIX

N/A

REFERENCES

1. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Soft Tissue Sarcoma. Version 5.2026. Updated July 23, 2026. Accessed July 23, 2026. www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf
2. Romvimza. Prescribing Information. Deciphera Pharmaceuticals, LLC. 2025. Accessed July 23, 2026. www.romvimza.com/content/files/prescribing-information.pdf?gclsrc=3p.ds&_gl=1*1s4mm6a*_up*MQ..&gclid=6002a13fd5511058d47dcb5d8a1436c1

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.