



**GEORGIA MEDICAID FEE-FOR-SERVICE  
TURALIO PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Turalio (pexidartinib)	N/A

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

- ❖ Approvable for members 18 years of age or older with a diagnosis of tenosynovial giant cell tumor (TGCT)/pigmented villonodular synovitis who are symptomatic, have severe morbidity or functional limitations, and are not a candidate for surgery.
- ❖ Prescriber, member and pharmacy must be enrolled in the Turalio Risk Evaluation and Mitigation Strategy (REMS) program.

**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.