Mass General Brigham
Health Plan

Tevcayli (teclistamab-cqyv)
Effective 06/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations			
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

FDA-Approved Indication

Tecvayli is indicated for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 monoclonal antibody.

Compendial Use

Progressive multiple myeloma

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Tecvayli, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for treatment when all the following criteria are met:

1. Diagnosis of relapsed, refractory, or progressive multiple myeloma
2. Member has received at least 4 prior therapies for multiple myeloma including at least ONE drug from each of the following categories:
    a. Anti-CD38 monoclonal antibody (e.g., daratumumab)
    b. Proteasome inhibitor (e.g., bortezomib, ixazomib, carfilzomib)
    c. Immunomodulatory agent (e.g., lenalidomide, pomalidomide)

Note: Medication regimens being used in accordance with National Comprehensive Cancer Network (NCCN) guidelines can be reviewed for medical necessity.

Continuation of Therapy

Reauthorization may be granted for members who meet the following criteria:

1. Diagnosis of relapsed, refractory, or progressive multiple myeloma
2. There is no evidence of unacceptable toxicity or disease progression while on current regimen

Limitations

1. Initial approvals and reauthorizations may be grated for 12 months

References

1. Tecvayli [package insert]. Horsham, PA: Janssen Biotech, Inc.; October 2022.
2. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed November 2, 2022.

Review History

03/15/2023 – Reviewed and Created for Feb P&T; Effective 6/1/23