

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

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

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 granted 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

