

T-Cell Immunotherapy
Tecvayli (teclistamab-cqyv)
Effective 10/01/2026

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

Overview

Tecvayli (teclistamab-cqyv), is a subcutaneous “off-the-shelf” T-cell-redirecting, bispecific antibody that targets both B-cell maturation antigen (BCMA) and cluster of differentiation3 (CD3). It 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 (PI), an immunomodulatory (IMiD) agent and an anti-CD38 monoclonal antibody. It can further be used in combination with daratumumab hyaluronidase-fihj for adults with relapsed or refractory multiple myeloma (MM) who have received at least one prior line of therapy including a PI and an IMiD agent. Because of the risks of cytokine release syndrome (CRS) and neurologic toxicity, including immune effector cell-associated neurotoxicity syndrome (ICANS), Tecvayli is available only through a restricted program under a REMS, called the Tecvayli and Talvey REMS.

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

RRMM following at least one prior line of therapy

1. Diagnosis of relapsed/refractory multiple myeloma (RRMM)
2. Prescriber is a hematologist or oncologist
3. Appropriate dosing (member’s weight must be provided)
4. Member is ≥ 18 years of age on treatment date (include anticipated leukapheresis date (for CAR-T therapies), initial administration date, anticipated admission, and discharge dates as applicable)
5. Inadequate response or adverse reaction to **ONE** or contraindication to **ALL** other lines of systemic therapies

6. Inadequate response or adverse reaction to **ONE** agent from each class or contraindication to **BOTH** of the following classes[§]:
 - a. Immunomodulatory agent
 - b. Proteasome inhibitor
7. Requested agent will be used in combination with Darzalex Faspro (daratumumab hyaluronidase-fihj) or Darzalex (daratumumab)
8. Administration will take place in a healthcare facility that has been certified pursuant to the REMS program specific to the treatment being provided

RRMM following at least four prior lines of therapy

1. Diagnosis of relapsed/refractory multiple myeloma (RRMM)
2. Prescriber is a hematologist or oncologist
3. Appropriate dosing (member's weight must be provided)
4. Member is ≥ 18 years of age on treatment date (include anticipated leukapheresis date (for CAR-T therapies), initial administration date, anticipated admission, and discharge dates as applicable)
5. Inadequate response or adverse reaction to **FOUR** or contraindication to **ALL** other lines of systemic therapies
6. Inadequate response or adverse reaction to **ONE** agent from each class or contraindication to **ALL** of the following classes[§]:
 - a. Anti-CD38 monoclonal antibody
 - b. Immunomodulatory agent
 - c. Proteasome inhibitor
7. Administration will take place in a healthcare facility that has been certified pursuant to the REMS program specific to the treatment being provided

§Please refer to the Appendix for additional information on treatments for multiple myeloma.

Continuation of Therapy

Reauthorization by prescriber will infer a positive response to therapy

Limitations

1. Initial and reauthorization approvals will be granted for 6 months.

Appendix

Treatments for Multiple Myeloma

According to the NCCN guidelines, the following drugs are part of treatment regimens that may be used for the treatment of multiple myeloma:

- Proteasome inhibitor: bortezomib, Velcade (bortezomib), Kyprolis (carfilzomib), and Ninlaro (ixazomib)
- Immunomodulatory agent: Pomalyst (pomalidomide), Revlimid (lenalidomide) and Thalomid (thalidomide)
- Anti-CD38 monoclonal antibody: Darzalex (daratumumab), Darzalex Faspro (daratumumab-hyaluronidase-fihj), and Sarclisa (isatuximab-irfc).

References

1. Tecvayli [package insert]. Horsham (PA): Janssen Biotech, Inc.; 2024 Nov
2. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Multiple Myeloma Version 2.2023 [guideline on the internet]. Fort Washington, Pennsylvania: National Comprehensive Cancer Network; 2022 Oct 31 [cited 2022 Nov 4]. Available from: https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf.



Review History

05/10/2023 - Created for P&T. Tecvayli (teclistamab-cqyv) will now require a PA through MB. Effective 6/5/23.

05/15/25 – Reviewed and updated for P&T. Updated formatting and references. Clinical criteria remains the same. Effective 6/1/25

09/10/26 – Reviewed and updated for P&T. Updated formatting. Updated the Overview section to include the REMS program and new indication. Expanded criteria for new indication of RRMM following at least 4 prior lines of therapy. Removed the REMS section from appendix. Effective 10/1/26

