

Specialty Guideline Management

Tecvayli

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Tecvayli	teclistamab-cqyv

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications

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.

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria

Multiple Myeloma

Authorization of 12 months may be granted for treatment of relapsed or refractory multiple myeloma in members who have received at least 4 prior therapies, including at least one drug from each of the

Reference number(s)
5657-A

following categories:

- Anti-CD38 monoclonal antibody (e.g., daratumumab, isatuximab)
- Proteasome inhibitor (e.g., bortezomib, ixazomib, carfilzomib)
- Immunomodulatory agent (e.g., lenalidomide, pomalidomide, thalidomide)

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Tecvayli [package insert]. Horsham, PA: Janssen Biotech, Inc.; February 2024.
2. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. Available at: <https://www.nccn.org>. Accessed May 2, 2024.