Teclistamab (TECVAYLI)
Criteria for Use
May 2023

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at the *PBM INTRAnet* site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive teclistamab.

- ☐ Known hypersensitivity to teclistamab or its excipients
- ☐ Known active central nervous system involvement or signs of meningeal involvement
- ☐ Active viral, bacterial, or uncontrolled systemic fungal infection
- ☐ Pregnancy
- ☐ Breastfeeding

Inclusion Criteria *The answers to all the following must be fulfilled to meet criteria:*

- ☐ Relapsed or refractory multiple myeloma in a patient who has received at least four prior lines of therapy including a proteasome inhibitor, and immunomodulatory agent, and an anti-CD38 monoclonal antibody
- ☐ Care for the oncologic condition provided by VA or VA Community Care oncology provider certified with the Tecvayli REMS program
- ☐ Goals of care and role of Palliative Care consult have been discussed and documented
- ☐ Eastern Cooperative Oncology Group (ECOG) Performance Status 0 to 2
- ☐ Due to risk of cytokine release syndrome(CRS) and neurologic toxicity, including immune effector cell-associated neurotoxicity (ICANS), all step-up doses and first treatment dose to be given in hospital with observation for 48-hours following each dose ^1

1. Tocilizumab may be useful in patients not responding to dexamethasone for the management of CRS.

Additional Inclusion Criteria *Select if applicable:*

- ☐ For patients who can become pregnant and patients with partners who can become pregnant: counseling provided on potential risks vs. benefits of treatment and the use of effective contraception during therapy and for five months after stopping treatment
- ☐ For patients who are breastfeeding: counseling provided on avoiding breastfeeding while on treatment and for five months after stopping treatment

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