

**State of Oklahoma
SoonerCare**

Tecvayli™ (Teclistamab-cqyv) Prior Authorization Form

Member Name: _____ **Date of Birth:** _____ **Member ID#:** _____

Drug Information

Physician billing (HCPCS code: _____ **) Start Date:** _____

Dose: _____ **Regimen:** _____

Billing Provider Information

Provider NPI: _____ **Provider Name:** _____

Provider Phone: _____ **Provider Fax:** _____

Prescriber Information

Prescriber NPI: _____ **Prescriber Name:** _____

Prescriber Phone: _____ **Prescriber Fax:** _____ **Specialty:** _____

Criteria

For Initial Authorization:

1. Please indicate the diagnosis and information:

Multiple Myeloma

A. Is disease status relapsed or refractory? Yes ___ No ___

B. Has member received ≥ 4 prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 antibody? Yes ___ No ___

C. Please list therapies member has tried and failed:

D. Is the health care facility trained in the management of cytokine release syndrome (CRS), neurological toxicities? Yes ___ No ___

E. Will the health care facility comply with the risk evaluation and mitigation strategy (REMS) requirements? Yes ___ No ___

Other _____

Additional information: _____

For Continued Authorization:

1. Date of last dose: _____

2. Does member have any evidence of progressive disease while on teclistamab-cqyv?
Yes ___ No ___

3. Has the member experienced adverse drug reactions related to teclistamab-cqyv? Yes ___ No ___ *If yes, please specify adverse reactions:* _____

Prescriber Signature: _____ **Date:** _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. Failure to complete this form in full will result in processing delays. Please do not send in chart notes. Specific information will be requested if necessary.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:
University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization Unit
Fax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4

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