



Tecartus
Tecartus (brexucabtagene autoleucl) Q2053
Prior Authorization Request
Medicare Part B Form

Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.

<input type="checkbox"/>	Standard Request– (72 Hours)	<input type="checkbox"/>	Urgent Request (standard time frame could place the member's life, health or ability in serious jeopardy)
Date Requested _____			
Requestor _____ Clinic name: _____ Phone _____ / Fax _____			

MEMBER INFORMATION

*Name: _____ *ID#: _____ *DOB: _____

PRESCRIBER INFORMATION

*Name: _____ MD FNP DO NP PA *Phone: _____

*Address: _____ *Fax: _____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name: _____ Phone: _____

*Address: _____ Fax: _____

PROCEDURE / PRODUCT INFORMATION

HCPC Code	Name of Drug	Dose (Wt: _____ kg Ht: _____)	Frequency	End Date if known

500 mg IV infusion over 30 minutes every 4 weeks
 Other Regimen _____

Self-administered Provider-administered Home Infusion

Chart notes attached. Other important information: _____

Diagnosis: ICD10: _____ **Description:** _____

Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

New Start or Initial Request: (Clinical documentation required for all requests)

Malignancy appropriate for treatment with Tecartus, as indicated by ONE (1) or more of the following:

- B-cell precursor acute lymphoblastic leukemia
- Mantle cell lymphoma previously treated with ALL of the following:
 - Anthracycline-based or bendamustine-based chemotherapy
 - Anti-CD20 monoclonal antibody (eg, rituximab)
 - Bruton tyrosine kinase (BTK) inhibitor therapy (eg, ibrutinib, acalabrutinib)

Relapsed or refractory disease

Healthcare facility is enrolled in Yescarta (axicabtagene ciloleucl) and Tecartus (brexucabtagene autoleucl) Risk Evaluation and Mitigation Strategy (REMS) Program **Merkel Cell Carcinoma**

If not, please provide **clinical rationale** for formulary exception: _____

Continuation Requests: (Clinical documentation required for all requests)

- **NONE – Tecartus is a ONE-TIME Infusion**

If not, please provide clinical rationale for continuing this medication: _____

ACKNOWLEDGEMENT

Request By (Signature Required): _____ **Date:** ____ / ____ / ____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.**

Prior Authorization Group – Tecartus Prior Authorization

Drug Name(s):

TECARTUS

BREXUCABTAGENE AUTOLEUCEL

Criteria for approval of Non-Formulary/Preferred Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
 - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
 - Quantity limits and Tiering will be determined by the Plan, in accordance with the Label.
 - Continuation Requests: **None – Tecartus is a one-time infusion.**

Exclusion Criteria:

N/A

Prescriber Restrictions:

Oncologist or other related specialist

Coverage Duration:

Approval will be for 3 months (One-time infusion)

FDA Indications:

Tecartus

- Mantle cell lymphoma, Relapsed or refractory
- Precursor B-cell acute lymphoblastic leukemia, Relapsed or refractory

Off-Label Uses:

N/A

Age Restrictions:

Safety and effectiveness have not been established in pediatric patients

Other Clinical Consideration:

- Warning: Cytokine Release Syndrome and Neurologic Toxicities
- Cytokine Release Syndrome (CRS), including life-threatening reactions, occurred in patients receiving brexucabtagene autoleucl. Do not administer brexucabtagene autoleucl to patients with active infection or inflammatory disorders. Treat severe or life-threatening CRS with tocilizumab or tocilizumab and corticosteroids.
- Neurologic toxicities, including life-threatening reactions, occurred in patients receiving brexucabtagene autoleucl, including concurrently with CRS or after CRS resolution. Monitor for neurologic toxicities after treatment with brexucabtagene autoleucl. Provide supportive care and/or corticosteroids, as needed.
- Brexucabtagene autoleucl is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Yescarta(TM) and Tectartus(TM) REMS Program

Resources:

<https://www.micromedexolutions.com/micromedex2/librarian/PFDefaultActionId/evidencexpert.DoIntegratedSearch?SearchTerm=Tecartus&UserSearchTerm=Tecartus&SearchFilter=filterNone&navitem=searchGlobal#>

YESCARTA and TECARTUS REMS Program. Information is available at www.YescartaTecartusREMS.com or 1-844-454-KITE (5483)

For questions or assistance, please contact Customer Service at 1-877-672-8620, daily, 8am – 8pm (PST) (TTY users should call 1-800-735-2900).