Field Name	Field Description
Prior Authorization Group Description	Tecelra
Drugs	Tecelra (afamitresgene autoleucel)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	• Homozygous or heterozygous for HLA-A*02:05P
Required Medical Information	See "Other Criteria"
Age Restrictions	According to package insert
Prescriber Restrictions	Prescriber must be an oncologist
Coverage Duration	If all of the criteria are met, the initial request will be approved for a one-time treatment.
Other Criteria Date: 11/2024	**Drug is being requested through the member's medical benefit** Initial Authorization: • Diagnosis of unresectable or metastatic synovial sarcoma • Documentation that patient is HLA-A*02:01P, -A*02:02P, -A*02:03P, or -A*02:06P positive • Documentation that the tumor expresses the MAGE-A4 antigen • Documentation of treatment with prior chemotherapy • Member must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 • Medication is being prescribed at an FDA approved dose The safety and effectiveness of repeat administration of Tecelra has not been evaluated and will not be approved. If all of the above criteria are not met, the request is referred to a Medical Director/Clinical Reviewer for medical necessity review.