

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Afamitresgene autoleucel (Tecelra) – PA Criteria

HCPC: Q2057

Afamitresgene autoleucel (Tecelra) is an Anti-MAGE-A4 cellular immunotherapy indicated for the treatment of unresectable or metastatic synovial carcinoma. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

**** All requests under this policy require SD medical director review in addition to meeting specified criteria below ****

- **Initial Therapy (must meet all):**
 - Therapy is prescribed by an oncologist
 - Individual has a diagnosis of unresectable or metastatic synovial sarcoma and is *HLA-A*02:01P*, *HLA-A*02:02P*, *HLA-A*02:03P* or *HLA-A*02:06P* positive
 - Tumor expresses melanoma-associated antigen A4 (MAGE-A4) antigen as determined by an approved or cleared companion diagnostic device
 - Disease is classified as relapsed or refractory and documentation is submitted indicating individual has failed previous chemotherapy
 - Individual is ≥18 years of age
 - Member has not received prior stem cell transplant or gene therapy
 - Approval duration: one dose
- **Continuation of Therapy (must meet all):** not authorized