MEMORANDUM

El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

☒ STAR ☒ CHIP ☒ STAR+PLUS

TO: Valued Providers
FROM: El Paso Health
DATE: 05/09/25
RE: Prior Authorization Criteria for Tecelra Effective April 1, 2025

On April 1, 2025, Tecelra became a benefit of Medicaid and CHIP. El Paso Health will require prior authorization for Tecelra (procedure code Q2057) for Medicaid and CHIP, effective for dates of service on or after May 1, 2025.

Key Details:
Tecelra (afamitresgene autoleucel) is a melanoma-associated antigen A4 (MAGE-A4)-directed genetically modified autologous T-cell immunotherapy indicated to treat adult clients with unresectable or metastatic synovial sarcoma who have received prior chemotherapy, are HLAA* 02:01P, HLA-A*02:02P, HLA-A*02:03P, or HLA-A*02:06P positive, and whose tumor expresses the MAGE-A4 antigen as determined by FDA-approved or cleared companion diagnostic devices.

Action:
Prior authorization approval for a one-time Tecelra (afamitresgene autoleucel) Q2057 infusion therapy will be considered when the following criteria are met:

- The client is 18 years or older.
- The client has a diagnosis of unresectable or metastatic synovial sarcoma. The client has one of the following diagnosis codes:

Table A: Diagnosis Codes

C38.0	**C38.1**	**C38.2**	**C38.3**	**C38.4**	**C38.8**	**C48.1**
C48.2	C48.8	C49.0	C49.10	C49.11	C49.12	C49.20
C49.21	C49.22	C49.3	C49.4	C49.5	C49.6	C49.8
C49.9						

- The tumor is positive for human leukocyte antigen HLA-A*02:01P, HLA-A*02:02P, HLAA* 02:03P, and/or HLA-A*02:06P.

- The tumor expresses the MAGE-A4 antigen (as determined by an FDA-approved or cleared companion diagnostic device).
- The client is not heterozygous or homozygous for HLA-A*02:05P.
- The client has experienced disease progression following at least one or more prior systemic chemotherapy.
- The client has not received prior treatment with CAR-T therapy.
- The client has not had a prior hematopoietic stem cell transplant (HSCT).
- The client does not have any active or clinically significant infections and/or inflammatory disorders.
- Tecelra (afamitresgene autoleucel), Q2057 is limited to one transfusion treatment per lifetime.

Required Monitoring Parameters
The client must be monitored for the following parameters for at least seven days following afamitresgene autoleucel (Tecelra) treatment, with continued monitoring for at least four weeks:

- Signs and symptoms of cytokine release syndrome (CRS)
- Signs and symptoms of immune effector cell-associated neurotoxicity syndrome (ICANS)

Additional Information:
Refer to the Outpatient Drug Services Handbook Chapter of the Texas Medicaid Provider Procedure Manual for more details on the clinical policy and prior authorization requirements.

If you have any questions regarding this communication please contact our Provider Relations team at 915-532-3778 or email us at ProviderRelationsDG@elpasohealth.com.