Talquetamab-tgvs (TALVEY)
Criteria for Use
June 2024

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at the *PBM INTRAnet* site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive talquetamab.

- ☐ Known hypersensitivity to talquetamab or its excipients (e.g. polysorbate 20)
- ☐ Active viral, bacterial, or uncontrolled systemic fungal infection
- ☐ Known active central nervous system disease or signs of meningeal involvement
- ☐ Pregnancy
- ☐ Lactating

Inclusion Criteria *The answers to the following must be fulfilled to meet criteria:*

- ☐ Relapsed or refractory multiple myeloma in a patient who has received at least four prior lines of therapy including a proteasome inhibitor, and immunomodulatory agent, and an anti-CD38 monoclonal antibody.
- ☐ Care for the oncologic condition provided by VA or VA Community Care oncology provider certified with the TALVEY REMS Program.
- ☐ Goals of care and role of Palliative Care consult have been discussed and documented
- ☐ Eastern Cooperative Oncology Group (ECOG) Performance Status 0 to 2
- ☐ Due to risk of Cytokine Release Syndrome, patients should be hospitalized for 48 hours after all step-up doses in either the weekly or biweekly dosing schedules. ^1

  1. Refer to BsAb Cytokine Release Syndrome (CRS) and Immune Effector Cell-Associated Neurotoxicity (ICANS) Guidance for more information on the management of these toxicities.

Additional Inclusion Criteria *Select if applicable:*

- ☐ For patients who can become pregnant and patients with partners who can become pregnant: counseling provided on potential risks vs. benefits of treatment and the use of effective contraception during therapy and for three months after stopping treatment.
- ☐ For patients with poor nutritional intake or body mass index (BMI) < 18 (underweight): consult nutritionist/ dietician.

Prepared: April 2024. Contact: Berni Heron, PharmD, BCOP, National Clinical Pharmacy Program Manager, VA Pharmacy Benefits Management Services (12PBM)