Talvey (talquetamab-tgvs)

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Talvey policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Talvey (talquetamab-tgvs) is indicated for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 monoclonal antibody.

Compendial Uses
Multiple myeloma
POEMS (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes)
Monoclonal immunoglobulin deposition disease (MIDD)
Plasma cell-related monoclonal gammopathy of renal significance (MGRS)

POLICY

Required Documentation
Submission of the following information is necessary to initiate the prior authorization review: chart notes or medical record documentation demonstrating failure of previous lines of therapy.

Criteria for Initial Approval
Multiple Myeloma

Authorization of 12 months may be granted for treatment of relapsed or refractory multiple myeloma when either of the following criteria is met:

1. The requested agent may be used as a bridge to B-cell associated maturation antigen directed (BCMA) chimeric antigen receptor (CAR) T-cell therapy (e.g., idecabtagene vicleucel (Abcema), ciltacabtagene autoleucel (Carvykti)) and member has received prior treatment with at least one line of therapy, including at least one drug from each of the following categories
    A. Immunomodulatory agent (e.g., lenalidomide, pomalidomide, thalidomide)
    B. Proteosome inhibitor (e.g., bortezomib, ixazomib, carfilzomib)
2. The requested medication will be used as a single agent and member has received at least 4 prior therapies, including at least one drug from each of the following categories:
    A. Proteasome inhibitor (e.g., bortezomib, ixazomib, carfilzomib)
    B. Immunomodulatory agent (e.g., lenalidomide, pomalidomide, thalidomide)
    C. Anti-CD38 monoclonal antibody (e.g., daratumumab, isatuximab)
3. The requested medication will be used in combination with teclistamab-cqyv (Tecvayli) and member has received at least 3 prior therapies

POEMS (Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal protein, Skin changes) Syndrome, Monoclonal Immunoglobulin Deposition Disease (MIDD), and Monoclolnal Gammopathy of Renal Significance (MGRS)

Authorization of 12 months may be granted for the treatment of POEMS syndrome, MIDD and plasma cell-related MGRS as a single agent or in combination with teclistamab-cqyv (Tecvayli)

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Criteria for Initial Approval when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Talvey (talquetamab-tgvs) is considered **not medically necessary** for members who do not meet the criteria set forth above.

Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Dosing Limits

Talvey Weekly Dosing Schedule			
Dosing Schedule	**Day**	**Dose***	
Step-up dosing schedule	Day 1	Step-up dose 1	0.01 mg/kg
	Day 4ǂ	Step-up dose 2	0.06 mg/kg
	Day 7 ǂ	First treatment dose	0.4 mg/kg
Weekly dosing schedule	One week after first treatment dose and weekly thereafter^	Subsequent treatment doses	0.4 mg/kg once weekly

*Based on actual body weight.

ǂ Dose may be administered between 2 to 4 days after the previous dose and may be given up to 7 days after the previous dose to allow for resolution of adverse reactions.

^ Maintain a minimum of 6 days between weekly doses.

Talvey Biweekly (Every 2 Weeks) Dosing Schedule			
Dosing Schedule	**Day**	**Dose***	
Step-up dosing schedule	Day 1	Step-up dose 1	0.01 mg/kg
	Day 4ǂ	Step-up dose 2	0.06 mg/kg
	Day 7ǂ	Step-up dose 3	0.4 mg/kg

	Day 10^	First treatment dose	0.8 mg/kg
Weekly dosing schedule	Two weeks after first treatment dose and every 2 weeks thereafter±	Subsequent treatment doses	0.8 mg/kg every 2 weeks

*Based on actual body weight.

ǂ Dose may be administered between 2 to 4 days after the previous dose and may be given up to 7 days after the previous dose to allow for resolution of adverse reactions.

^ Dose may be administered between 2 to 7 days after step-up dose 3.

± Maintain a minimum of 12 days between biweekly (every 2 weeks) doses.

CLINICAL RATIONALE

Multiple myeloma is a cancer resulting from abnormal and uncontrolled growth of plasma cells in the bone marrow causing damage in tissues throughout the body and including blood count abnormalities. Of the most commonly affected systems, multiple myeloma may result in: osteopenia and bone pain or fracture; anemia causing fatigue; leukopenia and diminished immunoglobulin production causing infection; thrombocytopenia leading to abnormal bleeding and bruising; nephropathy or acute kidney injury; increased risk of infection due to immunoglobulin deficiencies; and more generalized muscle weakness among other symptoms. Onset of these symptoms generally occur in adults ages 65-74 and is the second most common blood cancer resulting in an estimated 35,730 new cases in the United States in 2023.

Although advancements in the treatment of multiple myeloma (including immunomodulatory drugs, proteasome inhibitors, and anti-CD38 monoclonal antibodies) have resulted in improvements in the progression-free survival and overall survival (median 4.6 months and 12.4 months respectively), patients with disease progression represent an unmet need in relapsed or refractory multiple myeloma. Research has determined B-cell maturation antigen (BCMA) to be highly expressed on malignant plasma cells, and has been a target of various new therapies leading to multiple new approvals for the treatment of relapsed or refractory multiple myeloma in recent years.

Expression of G protein-coupled receptor, family C, group 5, member D (GPRC5D) is enhanced on malignant plasma cells, and therefore is a marker for high-risk melanoma. Although it is expressed on normal plasma cells and epithelial cells in keratinized tissues of the skin and tongue, GPRC5D will have an increased expression on cancerous plasma cells. Talquetamab is a bispecific IgG4 antibody that binds to both GPRC5D and CD3, and activation of T-cells causes a release of proinflammatory cytokines leading to myeloma cell lysis and death.

Talquetamab was granted accelerated approved based on results of the phase ½ MonumenTAL-1 study that included patients diagnosed with multiple myeloma, and who have relapsed or refractory disease after 4 or more previous therapies. Due to the known release of cytokines, patients with a history of Grade 3 or higher cytokine releasing syndrome (CRS) were excluded, along with patients who had undergone recent T-cell redirection therapy or stem cell transplant. Doses were titrated to either 0.4 mg/kg weekly or 0.8 mg/kg every 2 weeks and the primary endpoint of an overall response rate (ORR) was reached in 73% and 73.6% of patients in the respective dosing cohorts.

Within the clinical trial, Talquetamab exhibited several severe common adverse events that have led to the required Risk Evaluation and Mitigation (REMS) program and boxed warning. The most common of these is cytokine releasing syndrome (CRS), which necessitates the patient to be monitored inpatient for 48 hours after each step-up dosing, and also includes neurologic toxicity and immune effector cell-associated neurotoxicity syndrome (ICANS). As GPRC5D is also present on healthy cells, there is a risk of oral toxicity and skin toxicity. Other serious precautions with Talquetamab include: infections, cytopenias, hepatotoxicity, and embry-fetal toxicity. Pyrexia, dysgeusia, nail disorder, musculoskeletal pain, skin disorder, rash, fatigue, decreased weight, dry mouth, xerosis, dysphagia, upper respiratory infection, diarrhea, hypotension, lymphocytopenia, neutropenia, leukopenia, and hemoglobinemia were all reported during the clinical trial.

Dosing for Talquetamab can either be administered as every week or every 2 week intervals at doses of 0.4 mg/kg or 0.8 mg/kg, respectively, after an initial step-up period that requires close monitoring. The initial 24 weeks of therapy includes the dose step-up period and progress can be reassessed at 24 weeks to gauge progression. Prior response to therapies with risk a of CRS, patient frailty, and Eastern Cooperative Oncology Group Performance Scale (ECOG PS) score may all be considerations when selecting whether the provider feels weekly or biweekly dosing is appropriate for each patient as the safety and efficacy of each dose was remarkably similar. Multiple myeloma has a high rate of relapse and monitoring for efficacy as duration of treatment during the clinical trial was 6-8 months.

As a condition of the FDA accelerated approval pathway, Talquetamab is undergoing ongoing confirmatory trials to verify clinical benefit beyond the results of MonumenTAL-1, which showed a favorable overall response rate and durability of response.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- J3055 – Injection, talquetamab-tgvs, 0.25 mg (effective 4/1/24)
- C9163 – Injection, talquetamab-tgvs, 0.25 mg (cancelled 3/31/24)

REFERENCES

- Talvey [package insert]. Horsham, PA: Janssen Biotech, Inc.; August 2023.
- Chari A, et al. Talquetamab, a T-cell-redirecting GPRC5D bispecific antibody for multiple myeloma. N Engl J Med. 2022;387(24):2232-2244. doi:10.1056/NEJMoa2204591
- Pillarisetti K, et al. A T-cell-redirecting bispecific G-protein-coupled receptor class 5 member D x CD3 antibody to treat multiple myeloma. Blood. 2020;135(15):1232-1243. doi:10.1182/blood.2019003342.
- The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed February 3, 2026.

POLICY HISTORY

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