

talquetamab-tgvs (Talvey®)

Medical Benefit Drug Policy

Place of Service

- Hospital Administration
- Infusion Center Administration
- Office Administration
- Outpatient Facility Administration

Drug Details

USP Category: ANTINEOPLASTICS

Mechanism of Action: Bispecific GPRC5D-directed CD3 T-cell engager

HCPCS:

- Through 3/31/2024: C9399, J3490, J3590, J9999
- Effective 4/1/2024 and after: J3055, injection, talquetamab-tgvs, 0.25 mg

How Supplied:

NDCs:

- 57894-469-01: 3 mg/1.5 mL (2 mg/mL) single-dose vial
- 57894-470-01: 40 mg/mL single-dose vial

Condition(s) listed in policy (*see coverage criteria for details*)

- Multiple myeloma

The following condition(s) require Prior Authorization/Preservice:

Multiple myeloma

1. Being used as single agent therapy, AND
2. Patient has received at least four prior therapies that include the use of all of the following:
 - a. An anti-CD38 monoclonal antibody (e.g., Darzalex, Sarclisa), and
 - b. A proteasome inhibitor (e.g., Velcade, Kyprolis, Ninlaro), and
 - c. An immunomodulatory agent (e.g., Pomalyst, Revlimid, Thalomid)

Covered Doses:

Weekly dosing schedule			
Dosing schedule	1st dose	Step-up dose 1	0.01 mg/kg
Step-up dosing schedule	2nd dose (can be given 2-7 days after the previous dose)	Step-up dose 2	0.06 mg/kg
	3rd dose (can be given 2-7 days after the previous dose)	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

Every 2 weeks dosing schedule			
Dosing schedule	1st dose	Step-up dose 1	0.01 mg/kg
Step-up dosing schedule	2nd dose (can be given 2-7 days after the previous dose)	Step-up dose 2	0.06 mg/kg
	3rd dose (can be given 2-7 days after the previous dose)	Step-up dose 3	0.4 mg/kg
	4th dose (can be given 2-7 days after the previous dose)	First treatment dose	0.8 mg/kg
BiWeekly dosing schedule	Two weeks after first treatment dose and every 2 weeks thereafter	Subsequent treatment doses	0.8 mg/kg every 2 weeks

Coverage Period:
Indefinitely

References

1. AHFS®. Available by subscription at <http://www.lexi.com>
2. DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Talvey (talquetamab-tgvs) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 8/2023.

Review History

Date of Last Annual Review: 4Q2023

Date of last revision: 4/3/2024

Changes from previous policy version:

- Effective 4/1/2024 and after: J3055, injection, talquetamab-tgvs, 0.25 mg

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*