Blue Cross Blue Shield Blue Care Network of Michigan

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Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 10/03/2024

Talvey™ (talquetamab-tgvs)

HCPCS: J3055

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. FDA approved indication
   b. FDA approved age
   c. Prescribed by or in consultation with an oncologist
   d. Treatment of patients with relapsed or refractory multiple myeloma after at least 4 prior lines of therapy
   e. Patients must have been treated with all of the following:
      i. An immunomodulatory agent
      ii. A proteasome inhibitor
      iii. An anti-CD38 antibody
   f. Patients must meet all of the following
      i. ECOG performance status of 0 – 2
      ii. No plasma cell leukemia
      iii. No known central nervous system involvement with myeloma
      iv. No allogenic stem cell transplant within the past 6 months
      v. No autologous stem cell transplant within the past 12 weeks
   g. Have not received any prior T-cell redirection therapy within the past 3 months
   h. Have not received prior treatment with any CD3-GPRC directed T-cell engager therapy
   i. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing
   b. Authorization Period: Aligns with FDA recommended or guideline supported treatment duration and provided for at least 60 days and up to 6 months at a time up to the maximum FDA approved duration of treatment
   c. Renewal Criteria: Treatment may be continued until disease progression or until unacceptable toxicity occurs

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Talvey is a bispecific GPRC5D-directed CD3 T-cell engager 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

- Safety and efficacy were evaluated in the MonumenTAL-1 study, a phase 1/2 single-arm, open-label, multicohort, multicenter dose-escalation trial of 187 patients with multiple myeloma who had received at least 4 prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody. Subjects had not received prior GPRC5D-directed CD3 T-cell engager. Patients had received a median of 5 prior lines of therapy, with a median number of 5. The study excluded patients who had stroke or seizure within the past 6 months, an ECOG performance score of 2 or higher, known active CNS involvement or clinical signs of meningeal involvement of multiple myeloma, or active or documented history of autoimmune disease. The primary endpoints were overall response rate (ORR) and duration of response (DOR). At the biweekly dose of 0.8 mg/kg, 73.6% of patients (95% CI: 63.0, 82.4) achieved an ORR. With a median follow-up of nearly 6 months from first response among responders, 58% of patients achieved a very good partial response (VGPR) or better, including 33% of patients achieving a complete response (CR) or better. At the weekly dose of 0.4 mg/kg, 73.0% of patients (95% CI: 63.2, 81.4) achieved an ORR. With a median follow-up of nearly 14 months from first response among responders, 57% of patients achieved a VGPR or better, including 35% of patients achieving a CR or better. Responses were durable with a median duration of response not reached in the 0.8 mg/kg biweekly dose group and 9.5 months in the 0.4 mg/kg SC weekly dose group. Among patients receiving the 0.8 mg/kg biweekly dose, an estimated 85% of responders maintained response for at least 9 months.

- Disease should be measured/staged with PET-CT. Focal uptake in nodal and extranodal sites is considered involvement with lymphoma, including spleen, liver, bone, thyroid, and so on. A measurable node must have a longest diameter (LDi) greater than 1.5 cm. A measurable extranodal lesion should have an LDi greater than 1.0 cm. All other lesions (including nodal, extranodal, and assessable disease) should be followed as nonmeasured disease (eg, cutaneous, GI, bone, spleen, liver, kidneys, pleural or pericardial effusions, ascites).

- Due to the risk of cytokine release syndrome and neurological toxicities, the step-up doses of Talvey are required to be administered in an inpatient setting.

- Talvey has not been studied when given following prior treatment with Talvey or following any other CD3-GRPC-directed CD3 T-cell engager therapy.

References:

1. Talvey [prescribing information]. Horsham, PA: Janssen Biotech, Inc.; August 2023.
2. Clinicaltrials.gov. A phase 1/2, first-in-human, open-label, dose escalation study of talquetamab, a humanized GPRC5D x CD3 bispecific antibody, in subjects with relapsed or refractory multiple myeloma. Available at: https://classic.clinicaltrials.gov/ct2/show/NCT04634552. Accessed on August 11, 2023.
3. Clinicaltrials.gov. A phase 1, first-in-human, open-label, dose escalation study of talquetamab, a humanized GPRC5D x CD3 bispecific antibody, in subjects with relapsed or refractory multiple myeloma. Available at: https://classic.clinicaltrials.gov/ct2/show/NCT03399799. Accessed on August 11, 2023.
4. Pillarisetti K, Edavettal S, Mendonça M, et al. A T-cell-redirecting bispecific G-protein-coupled receptor class 5 member D x CD3 antibody to treat multiple myeloma. Blood. 2020 Apr 9; 135 (15): 1232 - 43.
5. Chari A, Minnema MC, Berdeja JG, et al. Talquetamab, a T-cell–redirecting GPRC5D bispecific antibody for multiple myeloma. NEJM. 2022; 387: 2232 – 44.
6. National Comprehensive Cancer Network. Multiple myeloma (Version 4.2024). 2024 April 26. Available at: https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf. Accessed on August 12, 2024.

<table>
<tr><th colspan="3">Policy History</th></tr>
<tr><th>#</th><th>Date</th><th>Change Description</th></tr>
<tr><td>1.3</td><td>Effective Date: 10/03/2024</td><td>Updated to remove the requirements of active disease, liver function, kidney function, no uncontrolled infection, no detectable hepatitis B or C viral load, cardiac function, no stroke event within 6 months of therapy administration, no pulmonary disease requiring oxygen dependence, no seizures within 6 months of therapy administration, and no active autoimmune disease. Also added the requirements that the patient has no plasma cell leukemia, no allogenic stem cell transplant within the past 6 months, no autologous stem cell transplant within the past 12 weeks, and no prior T-cell redirection therapy within the past 3 months</td></tr>
<tr><td>1.2</td><td>Effective Date: 06/20/2024</td><td>UM medical management system update for BCBS, BCN, MAPPO, and BCNA
<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table></td></tr>
<tr><td>1.1</td><td>Effective Date: 02/08/2024</td><td>Updated to change the drug class from BCMA-CD3 t-cell engager therapy to CD3-GRPC that Talvey cannot be used after</td></tr>
<tr><td>1.0</td><td>Effective Date: 10/12/2023</td><td>New policy
<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>No</td></tr><tr><td>BCN</td><td>No</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table></td></tr>
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** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*