

SPECIALTY GUIDELINE MANAGEMENT

TALVEY (talquetamab-tgvs)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

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

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Multiple Myeloma

Authorization of 12 months may be granted for treatment of relapsed or refractory multiple myeloma in members who have 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)
- C. Anti-CD38 monoclonal antibody (e.g., daratumumab)

III. CONTINUATION OF THERAPY

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

IV. REFERENCES

1. Talvey [package insert]. Horsham, PA: Janssen Biotech, Inc.; August 2023.