

Talvey (talquetamab-tgvs)
Effective 07/01/2025

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange		Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit Pharmacy Benefit		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A			

Overview

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.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of relapsed or refractory multiple myeloma
2. Prescriber is a hematologist or oncologist
3. Appropriate dosing (weight is required)
4. Member is ≥ 18 years of age on treatment date (at time of initial administration)
5. Inadequate response or adverse reaction to **FOUR** lines of systemic therapies or contraindication to **ALL** other lines of systemic therapies
6. Member's disease is refractory to at least **ONE** proteasome inhibitor or the member has a contraindication to **ALL** proteasome inhibitors (e.g., bortezomib, Velcade (bortezomib), Kyprolis (carfilzomib), and Ninlaro (ixazomib))
7. Member's disease is refractory to at least **ONE** immunomodulatory agent or the member has a contraindication to **ALL** immunomodulatory agents (e.g., Pomalyst (pomalidomide), Revlimid (lenalidomide) and Thalomid (thalidomide))
8. Member's disease is refractory to at least **ONE** anti-CD38 monoclonal antibody or the member has a contraindication to **ALL** anti-CD38 monoclonal antibodies (e.g., Darzalex (daratumumab), Darzalex Faspro (daratumumabhyaluronidase-fihj), and Sarclisa (isatuximab-irfc))
9. Administration will take place in a healthcare facility that has been certified pursuant to the REMS program specific to the treatment being provided

Continuation of Therapy

Reauthorization by prescriber will infer a positive response to therapy.

Limitations

1. Initial and reauthorization approvals will be granted for 6 months.

References

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

Review History

04/10/24 – Created for P&T. Adopted MH criteria for Talvey to require PA under MB. Effective 5/6/24.

06/11/25 – Reviewed and updated for P&T. Part of annual UM review. Updated formatting and references.

Removed Appendix and incorporated it into the approval criteria. Effective 7/1/25

