INDICATION AND USAGE

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.

This indication is approved under accelerated approval based on response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

IMPORTANT SAFETY INFORMATION

WARNING: CYTOKINE RELEASE SYNDROME and NEUROLOGIC TOXICITY, including IMMUNE EFFECTOR CELL-ASSOCIATED NEUROTOXICITY SYNDROME

Cytokine release syndrome (CRS), including life-threatening or fatal reactions, can occur in patients receiving TALVEY®. Initiate TALVEY® treatment with step-up dosing to reduce the risk of CRS. Withhold TALVEY® until CRS resolves or permanently discontinue based on severity.

Neurologic toxicity, including immune effector cell-associated neurotoxicity syndrome (ICANS), and serious and life-threatening or fatal reactions, can occur with TALVEY®. Monitor patients for signs and symptoms of neurologic toxicity including ICANS during treatment and treat promptly. Withhold or permanently discontinue TALVEY® based on severity.

Because of the risk of CRS and neurologic toxicity, including ICANS, TALVEY® is available only through a restricted program called the TECVAYLI® and TALVEY® Risk Evaluation and Mitigation Strategy (REMS).

CONTRAINDICATIONS: None.

CD, cluster of differentiation; FDA, U.S. Food and Drug Administration; GPRC5D, G protein-coupled receptor class C group 5 member D.

Please read full Important Safety Information on pages 14–16. Please read full Prescribing Information, including Boxed WARNING, for TALVEY®.

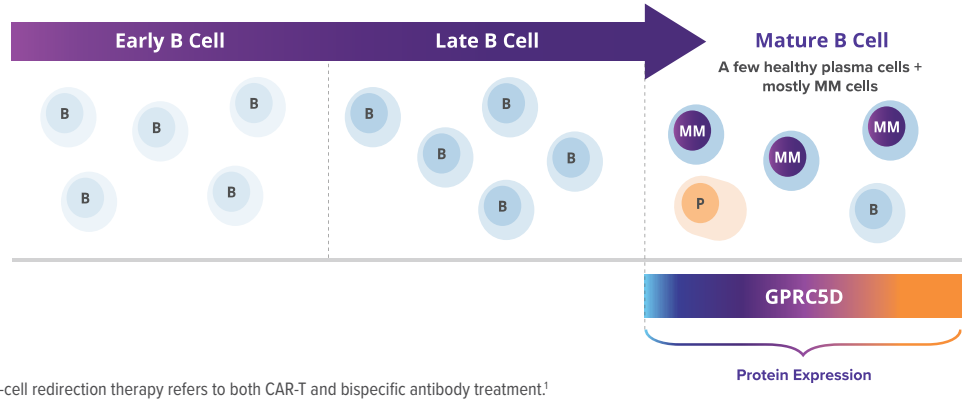
TALVEY® is the first and only FDA-approved bispecific antibody developed to target GPRC5D × CD3[1,2]

With emerging research, GPRC5D has been identified as a target with a potential role in cancer treatment[3,4]

GPRC5D is expressed on the surface of multiple myeloma cells and non-malignant plasma cells, as well as healthy tissues such as epithelial cells in keratinized tissues of the skin and tongue.[1,3,5-8]

GPRC5D:

- Is expressed in a broad range of patients with multiple myeloma[3]
- Has limited to no known impact on healthy B cells, and is prominently found on malignant multiple myeloma cells[3,7–9]
- Is not detected in early B cell lines, such as pro-B cells and early progenitor cell lines[7]



*T-cell redirection therapy refers to both CAR-T and bispecific antibody treatment.[1]

B, B cell; CAR-T, chimeric antigen receptor T-cell; CD, cluster of differentiation; CNS, central nervous system; CRS, cytokine release syndrome; DOR, duration of response; ECOG, Eastern Cooperative Oncology Group performance status; FDA, U.S. Food and Drug Administration; GPRC5D, G protein-coupled receptor class C group 5 member D; MM, multiple myeloma; ORR, overall response rate; P, plasma cell; QW, once weekly; Q2W, every 2 weeks; TTR, time to response.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Cytokine Release Syndrome (CRS): TALVEY® can cause cytokine release syndrome, including life-threatening or fatal reactions. In the clinical trial, CRS occurred in 76% of patients who received TALVEY® at the recommended dosages, with Grade 1 CRS occurring in 57% of patients, Grade 2 in 17%, and Grade 3 in 1.5%. Recurrent CRS occurred in 30% of patients. Most events occurred following step-up dose 1 (29%) or step-up dose 2 (44%) at the recommended dosages. CRS occurred in 33% of patients with step-up dose 3 in the biweekly dosing schedule (N=153). CRS occurred in 30% of patients with the first 0.4 mg/kg treatment dose and in 12% of patients treated with the first 0.8 mg/kg treatment dose. The CRS rate for both dosing schedules combined was less than 3% for each of the remaining doses in Cycle 1 and less than 3% cumulatively from Cycle 2 onward. The median time to onset of CRS was 27 (range: 0.1 to 167) hours from the last dose, and the median duration was 17 (range: 0 to 622) hours. Clinical signs and symptoms of CRS include but are not limited to pyrexia, hypotension, chills, hypoxia, headache, and tachycardia. Potentially life-threatening complications of CRS may include cardiac dysfunction, acute respiratory distress syndrome, neurologic toxicity, renal and/or hepatic failure, and disseminated intravascular coagulation (DIC).

Please read full Important Safety Information on pages 14–16. Please read full Prescribing Information, including Boxed WARNING, for TALVEY®.

TALVEY® was evaluated in patients naïve and exposed to T-cell redirection therapy* in the MonumenTAL-1 trial[1]

The efficacy of TALVEY® as a single agent was evaluated in 219 patients with relapsed or refractory myeloma who have received ≥3 prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 monoclonal antibody in the single-arm, open-label, multicenter, phase 1/2 MonumenTAL-1 trial.[1,10]

Patients naïve to T-cell redirection therapy* were randomized to receive TALVEY®:

- Q2W (n=87)
- QW (n=100)

Patients exposed to T-cell redirection therapy* also received TALVEY®:

- QW (n=32)

Key eligibility criteria

- ECOG PS of 0–2 included
- No T-cell redirection therapy* within 3 months
- No prior Grade 3 or higher CRS related to any T-cell redirection therapy*
- No autologous stem cell transplant within the past 12 weeks
- No stroke, seizure, or allogeneic stem cell transplant within the past 6 months
- No CNS involvement or clinical signs of meningeal involvement of multiple myeloma, or plasma cell leukemia
- No active or documented history of autoimmune disease, with the exception of vitiligo, resolved childhood atopic dermatitis, or resolved Graves' disease that is euthyroid based on clinical and laboratory testing

Primary endpoint: ORR

Key secondary endpoints: DOR and TTR

Clinical trial dosing

Patients received TALVEY® Q2W (0.8 mg/kg) or QW (0.4 mg/kg) as a subcutaneous injection until disease progression or unacceptable toxicity, after the step-up dosing schedule.

IMPORTANT SAFETY INFORMATION (cont'd)

Cytokine Release Syndrome (CRS) (cont'd): Initiate therapy with step-up dosing and administer pre-treatment medications (corticosteroids, antihistamine, and antipyretics) prior to each dose of TALVEY® in the step-up dosing schedule to reduce the risk of CRS. Monitor patients following administration accordingly. In patients who experience CRS, pre-treatment medications should be administered prior to the next TALVEY® dose.

Counsel patients to seek medical attention should signs or symptoms of CRS occur. At the first sign of CRS, immediately evaluate patient for hospitalization and institute treatment with supportive care based on severity, and consider further management per current practice guidelines. Withhold TALVEY® until CRS resolves or permanently discontinue based on severity.

TALVEY® (talquetamab-tgvs) Injection for subcutaneous use
2 mg/mL and 40 mg/mL

Patients with a range of characteristics, including those with high-risk features, were studied in MonumenTAL-1[1]

TCR-Naïve Patient Characteristics

Naïve to T-Cell Redirection Therapy*		
Patient Characteristics		**SC Q2W/QW (n=187)**
Age, median		67 years (range: 38–86)
Gender	Male	57%
Race	White	90%
	Hispanic	8%
	Black or African American	5%
	Asian	3%
ISS stage	I	44%
	II	34%
	III	22%
High-risk cytogenetics (presence of t[4;14], t[14;16], and/or del[17p])†		29%
Extramedullary disease		22%
Prior lines of therapy, median		5 (range: 4–13)
Prior autologous stem cell transplantation		78%
Triple-class exposed (proteasome inhibitor, immunomodulatory agent, and anti-CD38 monoclonal antibody)		100%
Triple-class refractory (proteasome inhibitor, immunomodulatory agent, and anti-CD38 monoclonal antibody)		73%
Refractory to last therapy		94%

TCR-Exposed Patient Characteristics

Exposed to T-Cell Redirection Therapy*	
Patient Characteristics	**SC QW (n=32)**
Prior lines of therapy, median	6 (range: 4–15)
Triple-class exposed (proteasome inhibitor, immunomodulatory agent, and anti-CD38 monoclonal antibody)	100%
Prior CAR-T therapy	81%
Prior bispecific antibody therapy	25%
Prior BCMA-directed therapy	94%

*T-cell redirection therapy refers to both CAR-T and bispecific antibody treatment.[1]
†Baseline cytogenetic data were not available in 11% of patients.[1]

BCMA, B cell maturation antigen; CAR-T, chimeric antigen receptor T-cell; CD, cluster of differentiation; ISS, International Staging System; QW, once weekly; Q2W, every 2 weeks; SC, subcutaneous; TCR, T-cell redirection.

IMPORTANT SAFETY INFORMATION (cont'd)

Neurologic Toxicity including ICANS: TALVEY® can cause serious, life-threatening neurologic toxicity or fatal neurologic toxicity, including ICANS.

In the clinical trial, neurologic toxicity, including ICANS, occurred in 55% of patients who received the recommended dosages, with Grade 3 or 4 neurologic toxicity occurring in 6% of patients. The most frequent neurologic toxicities were headache (20%), encephalopathy (15%), sensory neuropathy (14%), and motor dysfunction, including ataxia/cerebellar ataxia (10%). ICANS was reported in 9% of 265 patients where ICANS was collected and who received the recommended dosages. Recurrent ICANS occurred in 3% of patients. Most patients experienced ICANS following step-up dose 1 (3%), step-up dose 2 (3%), step-up dose 3 of the biweekly dosing schedule (1.8%), or the initial treatment dose of the weekly dosing schedule (2.6%) (N=156) or the biweekly dosing schedule (3.7%) (N=109). The median time to onset of ICANS was 2.5 (range: 1 to 16) days after the most recent dose with a median duration of 2 (range: 1 to 22) days. The onset of ICANS can be concurrent with CRS, following resolution of CRS, or in the absence of CRS. Clinical signs and symptoms of ICANS may include but are not limited to confusional state, depressed level of consciousness, disorientation, somnolence, lethargy, and bradyphrenia.

Monitor patients for signs and symptoms of neurologic toxicity during treatment and treat promptly. At the first sign of neurologic toxicity, including ICANS, immediately evaluate the patient and provide supportive care based on severity. Withhold or permanently discontinue TALVEY® based on severity and consider further management per current practice guidelines [see Dosage and Administration (2.5)].

Due to the potential for neurologic toxicity, patients receiving TALVEY® are at risk of depressed level of consciousness. Advise patients to refrain from driving or operating heavy or potentially dangerous machinery during the step-up dosing schedule and for 48 hours after completion of the step-up dosing schedule, and in the event of new onset of any neurological symptoms, until symptoms resolve.

Please read full Important Safety Information on pages 14–16. Please read full Prescribing Information, including Boxed WARNING, for TALVEY®.

In the MonumenTAL-1 primary analysis

In patients who have been triple-class exposed, TALVEY® provided powerful efficacy[1,10]

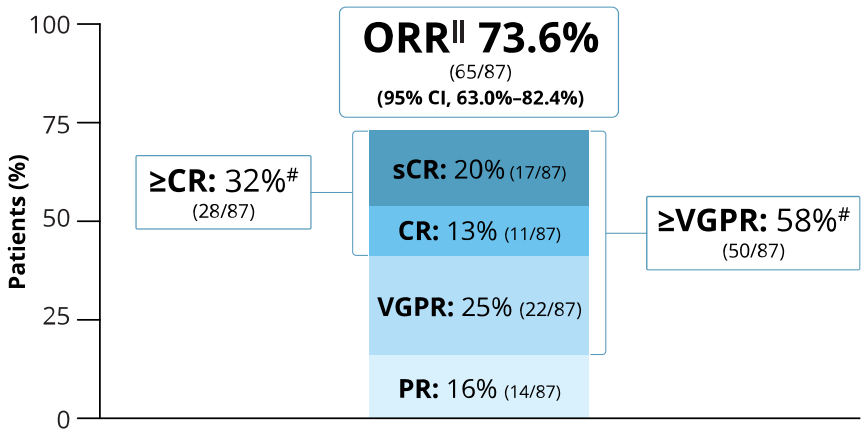
Efficacy was based on ORR and DOR as assessed by an IRC using IMWG criteria*

Responses seen with TALVEY® Q2W in patients naïve to T-cell redirection therapy†

Median prior lines of therapy: 5 (range: 4–13)‡

Responses with Q2W dosing (n=87)

Deep responses§ (≥VGPR)



An estimated 85% of responders maintained response for at least 9 months.[1]

- mDOR not estimable
- mTTR: 1.3 months (range: 0.2–9.2 months)
- Median follow-up: 5.9 months (range: 0–9.5 months)

In patients receiving TALVEY® QW, ORR was 73% (n=73/100) (95% CI, 63.2%–81.4%)[1]

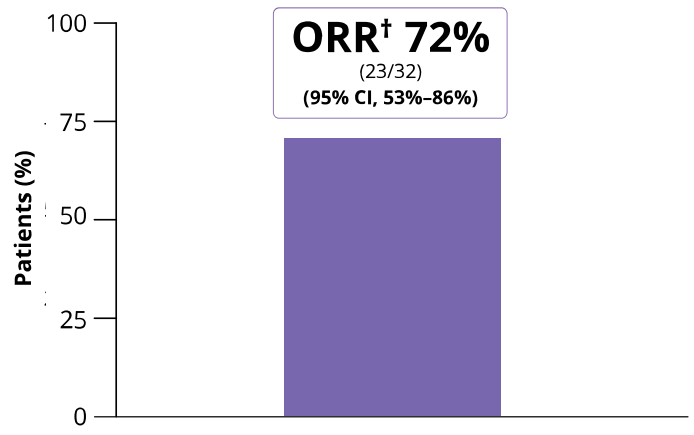
- mDOR: 9.5 months (95% CI, 6.5–NE)
- mTTR: 1.2 months (range: 0.2–10.9 months)
- Median follow-up: 13.8 months (range: 0.8–15.4 months)

Responses seen with TALVEY® QW in patients exposed to T-cell redirection therapy†

Median prior lines of therapy: 6 (range: 4–15)‡

Responses with QW dosing (n=32)

Response rates



- 9 month DOR rate: **59%**
- Median follow-up: 10.4 months

IMPORTANT SAFETY INFORMATION (cont'd)

TECVAYLI® and TALVEY® REMS: TALVEY® is available only through a restricted program under a REMS, called the TECVAYLI® and TALVEY® REMS because of the risks of CRS and neurologic toxicity, including ICANS.

Further information about the TECVAYLI® and TALVEY® REMS program is available at www.TEC-TALREMS.com or by telephone at 1-855-810-8064.

*Efficacy results reflect patients who have received ≥4 prior lines of therapy.[1]
†T-cell redirection therapy refers to both CAR-T and bispecific antibody treatment.[1]
‡Reflects the median prior lines of therapy for the entire naïve to T-cell redirection therapy population (Q2W and QW dosing).[1]
§Deep responses: sCR+CR+VGPR.
‖ORR: sCR+CR+VGPR+PR.[1]
#Due to rounding, calculation may not be exact.

CI, confidence interval; CR, complete response; DOR, duration of response; IMWG, International Myeloma Working Group; IRC, Independent Review Committee; mDOR, median duration of response; mTTR, median time to response; ORR, overall response rate; PR, partial response; QW, once weekly; Q2W, every 2 weeks; sCR, stringent complete response; VGPR, very good partial response.

Please read full Important Safety Information on pages 14–16. Please read full Prescribing Information, including Boxed WARNING, for TALVEY®.

TALVEY® (talquetamab-tgvs) Injection for subcutaneous use 2 mg/mL and 40 mg/mL

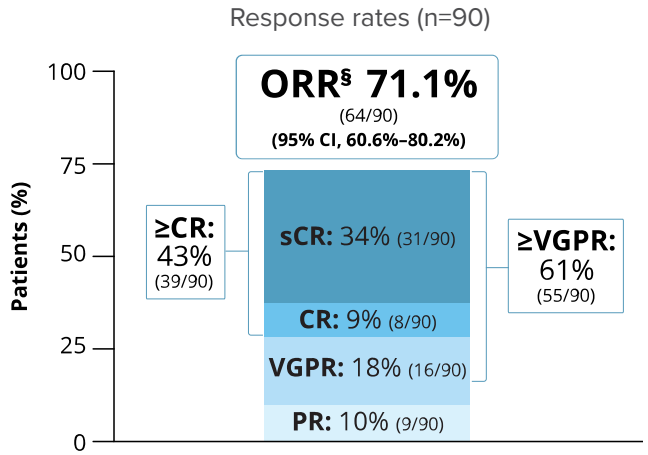
Efficacy was evaluated in a longer-term follow-up analysis[10]

ORR and DOR assessed by an IRC using IMWG criteria[1]*

You are now viewing a subsequent follow-up analysis of the MonumenTAL-1 trial. This information is not included in the current full Prescribing Information. These longer-term follow-up data reflect the patients naïve to TCR therapy† receiving TALVEY® Q2W and patients exposed to TCR therapy receiving TALVEY® QW; any increase in n-value is due to this longer-term follow-up and additional patients.

Longer-term follow-up data in patients naïve to T-cell redirection therapy Q2W dosing[10†]

About 71% of patients responded to TALVEY®, with 43% achieving ≥CR‡

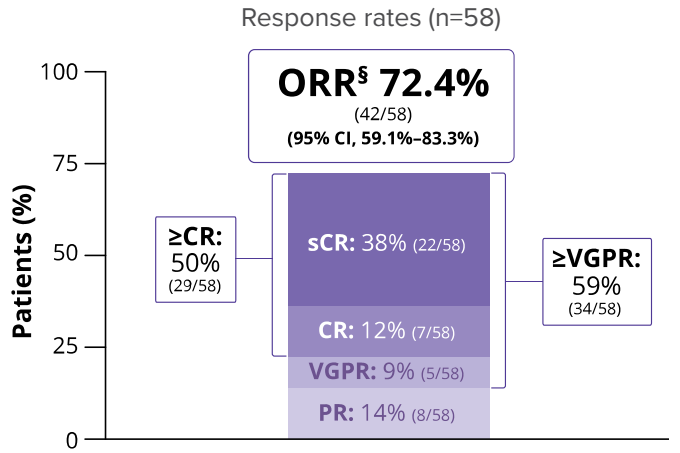


Time to response	Time to CR or better	Duration of response	Duration of response for ≥CR
mTTR: 1.3 months	mTTCR: 5.8 months	mDOR: 17.9 months	mDOR: 26.1 months
(range: 0.2–3.6 months)	(range: 1.2–13.1 months)	(95% CI, 12.5–26.0 months)	(95% CI, 18.0 months–NE)

- Median follow-up of >30 months
- mDOR for patients who achieved VGPR: 9.3 months (95% CI, 7.4–15.2)
- mDOR for patients who achieved PR: 5.5 months (95% CI, 0.9–6.5)

Longer-term follow-up data in patients exposed to T-cell redirection therapy QW dosing[10†]

About 72% of patients responded to TALVEY®, with 50% achieving ≥CR‡



Time to response	Time to CR or better	Duration of response	Duration of response for ≥CR
mTTR: 1.2 months	mTTCR: 2.6 months	mDOR: 19.2 months	mDOR: 24.7 months
(range: 0.2–7.5 months)	(range: 1.0–12.9 months)	(95% CI, 6.7 months–NE)	(95% CI, 19.2 months–NE)

- Median follow-up of >28 months
- mDOR for patients who achieved VGPR: 4.8 months (95% CI, 2.1–NE)
- mDOR for patients who achieved PR: 2.4 months (95% CI, 1.9–4.6)

*Efficacy results reflect patients who have received ≥4 prior lines of therapy.[1]
†T-cell redirection therapy refers to both CAR-T and bispecific antibody treatment.[1]
‡≥CR: sCR+CR
§ORR: sCR+CR+VGPR+PR.[1]

CI, confidence interval; CR, complete response; DOR, duration of response; IMWG, International Myeloma Working Group; IRC, Independent Review Committee; mDOR, median duration of response; mTTR, median time to response; mTTCR, median time to complete response; NE, not estimable; ORR, overall response rate; PR, partial response; QW, once weekly; Q2W, every 2 weeks; sCR, stringent complete response; TCR, T-cell redirection; VGPR, very good partial response.

IMPORTANT SAFETY INFORMATION (cont'd)

Oral Toxicity and Weight Loss: TALVEY® can cause oral toxicities, including dysgeusia, dry mouth, dysphagia, and stomatitis.

In the clinical trial, 80% of patients had oral toxicity, with Grade 3 occurring in 2.1% of patients who received the recommended dosages. The most frequent oral toxicities were dysgeusia (49%), dry mouth (34%), dysphagia (23%), and ageusia (18%). The median time to onset of oral toxicity was 15 (range: 1 to 634) days, and the median time to resolution to baseline was 43 (1 to 530) days. Oral toxicity did not resolve to baseline in 65% of patients.

Please read full Important Safety Information on pages 14–16. Please read full Prescribing Information, including Boxed WARNING, for TALVEY®.

TALVEY® (talquetamab-tgvs) Injection for subcutaneous use 2 mg/mL and 40 mg/mL

Primary safety analysis[1]

CRS occurred in 76% of 339 patients who received TALVEY® at the recommended dosage

- CRS was primarily Grade 1/2, with Grade 3 events occurring in 1.5% of patients
- Recurrent CRS occurred in 30% of patients
- Median time to onset: 27 hours (range: 0.1–167) from the last dose
- Median duration: 17 hours (range: 0–622)

Neurologic toxicity, including ICANS, occurred in 55% of patients at the recommended dosages

- Grade 3/4 neurologic toxicity events, including ICANS, occurred in 6% of patients

ICANS was reported in 9% of 265 patients where ICANS was collected and who received TALVEY® at the recommended dosages

- Recurrent ICANS occurred in 3% of patients
- Median time to onset: 2.5 days (range: 1–16) from the last dose
- Median duration: 2 days (range: 1–22)

Adverse reactions (≥10%) in patients with relapsed or refractory multiple myeloma who received TALVEY®

System Organ Class Adverse Reaction		TALVEY® (N=339)	
		Any Grade (%)	Grade 3 or 4 (%)
General disorders and administration site conditions	Pyrexia*	83	4.7‡
	Fatigue*	37	3.5‡
	Chills	19	0
	Pain*	18	1.8‡
	Edema*	14	0
	Injection site reaction*	13	0
Immune system disorders	Cytokine release syndrome	76	1.5‡
Gastrointestinal disorders	Dysgeusia§‖	70	0
	Dry mouth§	34	0
	Dysphagia	23	0.9‡
	Diarrhea	21	0.9‡
	Stomatitis¶	18	1.2‡
	Nausea	18	0
	Constipation	16	0
	Oral disorder#	12	0
Skin and subcutaneous tissue disorders	Nail disorder**	50	0
	Skin disorder††	41	0.3‡
	Rash‡‡	38	3.5‡
	Xerosis§§	30	0
	Pruritus	19	0.3‡
Musculoskeletal and connective tissue disorders	Musculoskeletal pain*	43	3.2‡
Investigations	Weight decreased	35	1.5‡
Infections and infestations	Upper respiratory tract infection*	22	2.7‡
	Bacterial infection including sepsis†‖‖	19	9
	COVID-19*†	11	2.7
	Fungal infection†¶¶	10	0.6
Vascular disorders	Hypotension*	21	2.9
Nervous system disorders	Headache*	21	0.6‡
	Encephalopathy##	15	1.8‡
	Sensory neuropathy***	14	0
	Motor dysfunction†††	10	0.6‡
Metabolism and nutrition disorders	Decreased appetite	19	1.2‡
Respiratory, thoracic, and mediastinal disorders	Cough*	17	0
	Dyspnea*†	11	1.8
	Hypoxia*	10	1.5‡
Cardiac disorders	Tachycardia*	11	0.6‡

9% of patients discontinued TALVEY® due to an adverse reaction

Adverse reactions that resulted in permanent discontinuation of TALVEY® in >1% of patients included ICANS.

Note: Adverse reactions were graded based on CTCAE version 4.03, with the exception of CRS, which was graded per ASTCT 2019 criteria.

*Includes other related terms.
†Only grade 3 adverse reactions occurred.
‡Per CTCAE version 4.03, maximum toxicity grade for dysgeusia is 2 and maximum toxicity grade for dry mouth is 3.
‖Stomatitis: cheilitis, glossitis, glossodynia, mouth ulceration, oral discomfort, oral mucosal erythema, oral pain, stomatitis, swollen tongue, tongue discomfort, tongue erythema, tongue edema, and tongue ulceration.
¶Oral disorder: oral disorder, oral dysesthesia, oral mucosal exfoliation, oral toxicity, and oropharyngeal pain.
#Nail disorder: koilonychia, nail bed disorder, nail cuticle fissure, nail discoloration, nail disorder, nail dystrophy, nail hypertrophy, nail pitting, nail ridging, nail toxicity, onychoclasis, onycholysis, and onychomadesis.
**Skin disorder: palmar-plantar erythrodysesthesia syndrome, palmoplantar keratoderma, skin discoloration, skin exfoliation, and skin fissures.
††Rash: dermatitis, dermatitis acneiform, dermatitis contact, dermatitis exfoliative, dermatitis exfoliative generalized, erythema, exfoliative rash, rash, rash erythematous, rash macular, rash maculo-papular, rash papular, rash pruritic, rash pustular, rash vesicular, and stasis dermatitis.
‡‡Xerosis: dry eye, dry skin, and xerosis.
§§Includes fatal outcome(s): COVID-19 (N=2), dyspnea (N=2), bacterial infection including sepsis (N=1), and fungal infection (N=1).
‖‖Bacterial infection: campylobacter infection, carbuncle, cellulitis, citrobacter infection, clostridium difficile colitis, clostridium difficile infection, cystitis escherichia, cystitis klebsiella, diverticulitis, escherichia pyelonephritis, folliculitis, gastroenteritis escherichia coli, helicobacter gastritis, human ehrlichiosis, impetigo, klebsiella sepsis, moraxella infection, otitis media acute, pitted keratolysis, pseudomonal bacteremia, pyuria, relapsing fever, renal abscess, skin infection, staphylococcal infection, tooth abscess, tooth infection, urinary tract infection enterococcal, and urinary tract infection pseudomonal.
¶¶Fungal infection: body tinea, candida infection, fungal foot infection, fungal infection, fungal skin infection, genital candidiasis, esophageal candidiasis, onychomycosis, oral candidiasis, oral fungal infection, oropharyngeal candidiasis, tinea pedis, vulvovaginal candidiasis, and vulvovaginal mycotic infection.
##Encephalopathy: agitation, altered state of consciousness, amnesia, aphasia, bradyphrenia, confusional state, delirium, depressed level of consciousness, disorientation, encephalopathy, hallucination, lethargy, memory impairment, mood altered, restlessness, sleep disorder, and somnolence.
***Sensory neuropathy: dysesthesia, hyperesthesia, hypoesthesia, hypoesthesia oral, immune-mediated neuropathy, neuralgia, neuropathy peripheral, paresthesia, peripheral sensory neuropathy, polyneuropathy, sciatica, and vestibular neuronitis.
†††Motor dysfunction: dysarthria, dysgraphia, dysmetria, dysphonia, gait disturbance, muscle atrophy, muscle spasms, muscular weakness, and tremor.

ASTCT, American Society for Transplantation and Cellular Therapy; CRS, cytokine release syndrome; CTCAE, Common Terminology Criteria for Adverse Events; ICANS, immune effector cell-associated neurotoxicity syndrome.

Please read full Important Safety Information on pages 14–16. Please read full Prescribing Information, including Boxed WARNING, for TALVEY®.

Safety was evaluated in a longer-term follow-up analysis[10]

You are now viewing a subsequent follow-up analysis of the MonumenTAL-1 trial. This information is not included in the current full Prescribing Information.

Adverse reactions (≥20%) in patients with RRMM who received TALVEY® in the MonumenTAL-1 longer-term follow-up analysis*

LONGER-TERM DATA: System Organ Class	Adverse Reaction	TALVEY® (N=375) Any Grade (%)	TALVEY® (N=375) Grade 3 or 4 (%)
General disorders and administration site conditions	Pyrexia†	83.2	4.5‡
	Fatigue†	43.7	3.5‡
	Pain†	24.3	2.4‡
	Chills	20.3	0.3‡
Immune system disorders	Cytokine release syndrome	76.3	1.3‡
Gastrointestinal disorders	Dry mouth	35.2	0
	Diarrhea	26.1	1.3‡
	Dysphagia	23.7	0.8
	Nausea	20.5	0
	Stomatitis§	20.8	1.1‡
	Constipation	20.0	0
Skin and subcutaneous tissue disorders	Nail disorder‖	57.3	0
	Skin disorder¶	43.7	0
	Rash#	39.5	3.2‡
	Xerosis**	35.5	0
	Pruritus	24.3	0.3‡
Musculoskeletal and connective tissue disorders	Musculoskeletal pain†	52.8	3.5‡
Investigations	Weight decreased	40.5	3.5‡
Infections and infestations	Upper respiratory tract infection†	35.7	2.1‡
	COVID-19† ††	20.8	3.7
Vascular disorders	Hypotension‡‡	22.4	3.2
Nervous system disorders	Dysgeusia§§	72.8	0
	Headache†	21.9	0.5‡
Metabolism and nutrition disorders	Decreased appetite	24.8	1.3‡
Respiratory, thoracic, and mediastinal disorders	Cough†	24.5	0

7.5% of patients discontinued TALVEY® due to an adverse reaction

Updated discontinuation rate reflects longer-term follow-up data of MonumenTAL-1 cohort with a total N value of 375.

*Median follow-up for MonumenTAL-1 cohorts: TCR-naïve Q2W is over 30 months, TCR-exposed is over 28 months, TCR-naïve QW is over 37 months.
†Includes other related terms.
‡Only grade 3 adverse reactions occurred.
§Stomatitis includes: cheilitis, glossitis, glossodynia, mouth ulceration, oral discomfort, oral mucosal erythema, oral pain, stomatitis, swollen tongue, tongue discomfort, tongue erythema, tongue edema, and tongue ulceration.
‖Nail disorder includes: koilonychia, nail bed disorder, nail cuticle fissure, nail discoloration, nail disorder, nail dystrophy, nail hypertrophy, nail pitting, nail ridging, nail toxicity, onychoclasis, onycholysis, and onychomadesis.
¶Skin disorder includes: palmar-plantar erythrodysesthesia syndrome, palmoplantar keratoderma, skin discoloration, skin exfoliation, and skin fissures. Rash includes: dermatitis, dermatitis acneiform, dermatitis contact, dermatitis exfoliative, dermatitis exfoliative generalized, erythema, exfoliative rash, rash, rash erythematous, rash macular, rash maculo-papular, rash popular, rash pruritic, rash pustular, rash vesicular, and stasis dermatitis.
**Xerosis includes: dry eyes, dry skin, and xerosis.
††Contains fatal outcome(s).
‡‡Hypotension includes: hypotension and orthostatic hypotension.
§§Dysgeusia includes: ageusia, dysgeusia, hypogeusia, and taste disorder.

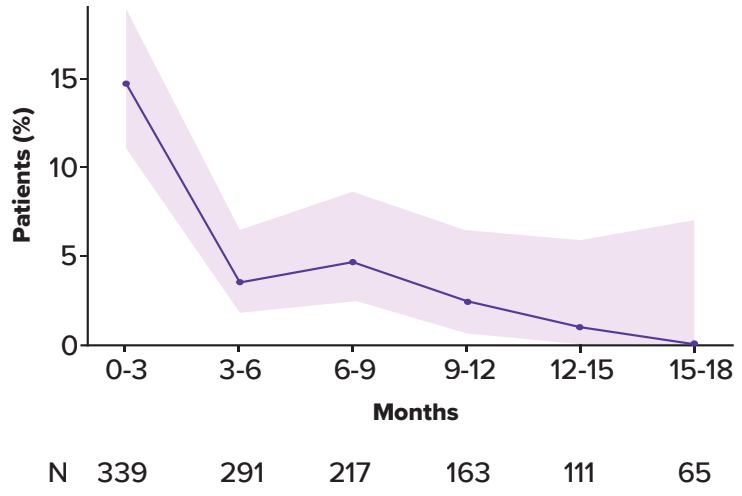
Please read full Important Safety Information on pages 14–16. Please read full Prescribing Information, including Boxed WARNING, for TALVEY®.

You are now viewing a post hoc analysis of patients with RRMM treated with TALVEY® in MonumenTAL-1. This information is not included in the current full Prescribing Information and should be interpreted with caution.

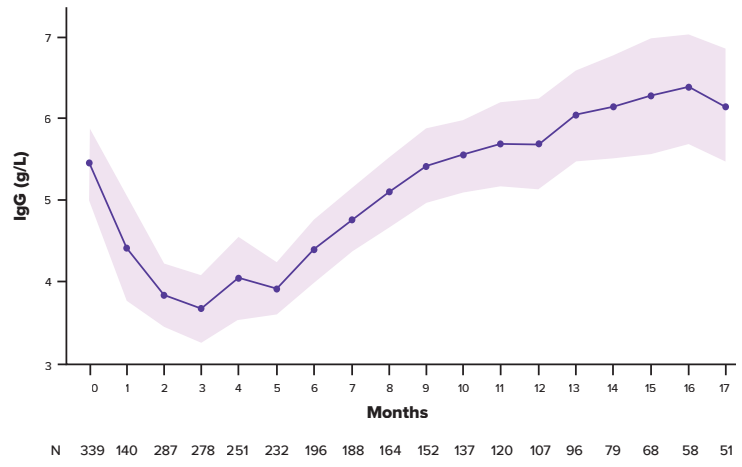
The incidence of infections with TALVEY® was analyzed in a post hoc analysis of the MonumenTAL-1 clinical trial[11]

20% of patients experienced Grade 3/4 infections, and death due to infections was 1.5%.

Incidence of Grade 3 or greater infections over time[1]



Mean polyclonal IgG-adjusted cells during treatment‖‖



Study design: This was a post hoc analysis of MonumenTAL-1 based on a data cutoff date of January 17, 2023. 339 patients treated with TALVEY® at the recommended phase 2 doses were included in this analysis: 143 TCR-naive patients receiving 0.4 mg/kg QW, 145 TCR-naive patients receiving 0.8 mg/kg Q2W, and 51 TCR-exposed patients receiving either recommended phase 2 dose. Median follow-up was 18.8, 12.7, and 14.8 months in the QW, Q2W, and prior TCR cohorts, respectively.

Limitations: MonumenTAL-1 was a single-arm study; the lack of a placebo arm makes it difficult to distinguish between infection risk due to the disease course or due to TALVEY® treatment, while the lack of comparator arms prohibits comparisons of infection risk between treatment regimens. In addition, correlation with outcomes in centers utilizing varying institutional standards for infection prevention and management may be challenging.

‖‖IgG was assessed monthly. The majority of samples collected were based on central laboratory testing. Polyclonal IgG was estimated for patients with IgG MM by subtracting M-spike protein values from total IgG values. These calculated values, along with measured IgG levels for patients with non-IgG MM, were assessed to derive mean IgG levels during treatment. Patients who received intravenous immunoglobulin prior to receiving talquetamab were included.

AR, adverse reaction; IgG, immunoglobulin G; MM, multiple myeloma; QW, once weekly; Q2W, every 2 weeks; RRMM, relapsed or refractory multiple myeloma; TCR, T-cell redirection.

TALVEY® (talquetamab-tgvs) Injection for subcutaneous use
2 mg/mL and 40 mg/mL

Safety profile of TALVEY® (talquetamab-tgvs)

IMPORTANT SAFETY INFORMATION

WARNING: CYTOKINE RELEASE SYNDROME and NEUROLOGIC TOXICITY, including IMMUNE EFFECTOR CELL-ASSOCIATED NEUROTOXICITY SYNDROME

Cytokine release syndrome (CRS), including life-threatening or fatal reactions, can occur in patients receiving TALVEY®. Initiate TALVEY® treatment with step-up dosing to reduce the risk of CRS. Withhold TALVEY® until CRS resolves or permanently discontinue based on severity.

Neurologic toxicity, including immune effector cell-associated neurotoxicity syndrome (ICANS), and serious and life-threatening or fatal reactions, can occur with TALVEY®. Monitor patients for signs and symptoms of neurologic toxicity including ICANS during treatment and treat promptly. Withhold or permanently discontinue TALVEY® based on severity.

Because of the risk of CRS and neurologic toxicity, including ICANS, TALVEY® is available only through a restricted program called the TECVAYLI® and TALVEY® Risk Evaluation and Mitigation Strategy (REMS).

CONTRAINDICATIONS: None.

WARNINGS AND PRECAUTIONS

Cytokine Release Syndrome (CRS): TALVEY® can cause cytokine release syndrome, including life-threatening or fatal reactions. In the clinical trial, CRS occurred in 76% of patients who received TALVEY® at the recommended dosages, with Grade 1 CRS occurring in 57% of patients, Grade 2 in 17%, and Grade 3 in 1.5%. Recurrent CRS occurred in 30% of patients. Most events occurred following step-up dose 1 (29%) or step-up dose 2 (44%) at the recommended dosages. CRS occurred in 33% of patients with step-up dose 3 in the biweekly dosing schedule (N=153). CRS occurred in 30% of patients with the first 0.4 mg/kg treatment dose and in 12% of patients treated with the first 0.8 mg/kg treatment dose. The CRS rate for both dosing schedules combined was less than 3% for each of the remaining doses in Cycle 1 and less than 3% cumulatively from Cycle 2 onward. The median time to onset of CRS was 27 (range: 0.1 to 167) hours from the last dose, and the median duration was 17 (range: 0 to 622) hours. Clinical signs and symptoms of CRS include but are not limited to pyrexia, hypotension, chills, hypoxia, headache, and tachycardia. Potentially life-threatening complications of CRS may include cardiac dysfunction, acute respiratory distress syndrome, neurologic toxicity, renal and/or hepatic failure, and disseminated intravascular coagulation (DIC).

Initiate therapy with step-up dosing and administer pre-treatment medications (corticosteroids, antihistamine, and antipyretics) prior to each dose of TALVEY® in the step-up dosing schedule to reduce the risk of CRS. Monitor patients following administration accordingly. In patients who experience CRS, pre-treatment medications should be administered prior to the next TALVEY® dose.

Counsel patients to seek medical attention should signs or symptoms of CRS occur. At the first sign of CRS, immediately evaluate patient for hospitalization and institute treatment with supportive care based on severity, and consider further management per current practice guidelines. Withhold TALVEY® until CRS resolves or permanently discontinue based on severity.

IMPORTANT SAFETY INFORMATION (cont'd)

Neurologic Toxicity including ICANS: TALVEY® can cause serious, life-threatening neurologic toxicity or fatal neurologic toxicity, including ICANS.

In the clinical trial, neurologic toxicity, including ICANS, occurred in 55% of patients who received the recommended dosages, with Grade 3 or 4 neurologic toxicity occurring in 6% of patients. The most frequent neurologic toxicities were headache (20%), encephalopathy (15%), sensory neuropathy (14%), and motor dysfunction, including ataxia/cerebellar ataxia (10%). ICANS was reported in 9% of 265 patients where ICANS was collected and who received the recommended dosages. Recurrent ICANS occurred in 3% of patients. Most patients experienced ICANS following step-up dose 1 (3%), step-up dose 2 (3%), step-up dose 3 of the biweekly dosing schedule (1.8%), or the initial treatment dose of the weekly dosing schedule (2.6%) (N=156) or the biweekly dosing schedule (3.7%) (N=109). The median time to onset of ICANS was 2.5 (range: 1 to 16) days after the most recent dose with a median duration of 2 (range: 1 to 22) days. The onset of ICANS can be concurrent with CRS, following resolution of CRS, or in the absence of CRS. Clinical signs and symptoms of ICANS may include but are not limited to confusional state, depressed level of consciousness, disorientation, somnolence, lethargy, and bradyphrenia.

Monitor patients for signs and symptoms of neurologic toxicity during treatment and treat promptly. At the first sign of neurologic toxicity, including ICANS, immediately evaluate the patient and provide supportive care based on severity. Withhold or permanently discontinue TALVEY® based on severity and consider further management per current practice guidelines [see Dosage and Administration (2.5)].

Due to the potential for neurologic toxicity, patients receiving TALVEY® are at risk of depressed level of consciousness. Advise patients to refrain from driving or operating heavy or potentially dangerous machinery during the step-up dosing schedule and for 48 hours after completion of the step-up dosing schedule, and in the event of new onset of any neurological symptoms, until symptoms resolve.

TECVAYLI® and TALVEY® REMS: TALVEY® is available only through a restricted program under a REMS, called the TECVAYLI® and TALVEY® REMS because of the risks of CRS and neurologic toxicity, including ICANS.

Further information about the TECVAYLI® and TALVEY® REMS program is available at www.TEC-TALREMS.com or by telephone at 1-855-810-8064.

Oral Toxicity and Weight Loss: TALVEY® can cause oral toxicities, including dysgeusia, dry mouth, dysphagia, and stomatitis.

In the clinical trial, 80% of patients had oral toxicity, with Grade 3 occurring in 2.1% of patients who received the recommended dosages. The most frequent oral toxicities were dysgeusia (49%), dry mouth (34%), dysphagia (23%), and ageusia (18%). The median time to onset of oral toxicity was 15 (range: 1 to 634) days, and the median time to resolution to baseline was 43 (1 to 530) days. Oral toxicity did not resolve to baseline in 65% of patients.

TALVEY® can cause weight loss. In the clinical trial, 62% of patients experienced weight loss, regardless of having an oral toxicity, including 29% of patients with Grade 2 (10% or greater) weight loss and 2.7% of patients with Grade 3 (20% or greater) weight loss. The median time to onset of Grade 2 or higher weight loss was 67 (range: 6 to 407) days, and the median time to resolution was 50 (range: 1 to 403) days. Weight loss did not resolve in 57% of patients who reported weight loss.

Monitor patients for signs and symptoms of oral toxicity. Counsel patients to seek medical attention should signs or symptoms of oral toxicity occur and provide supportive care as per current clinical practice, including consultation with a nutritionist. Monitor weight regularly during therapy. Evaluate clinically significant weight loss further. Withhold TALVEY® or permanently discontinue based on severity.

IMPORTANT SAFETY INFORMATION (cont'd)

Infections: TALVEY® can cause infections, including life-threatening or fatal infections.

In the clinical trial, serious infections occurred in 16% of patients, with fatal infections in 1.5% of patients. Grade 3 or 4 infections occurred in 17% of patients. The most common serious infections reported were bacterial infection (8%), which included sepsis, and COVID-19 (2.7%).

Monitor patients for signs and symptoms of infection prior to and during treatment with TALVEY® and treat appropriately. Administer prophylactic antimicrobials according to local guidelines. Withhold or consider permanent discontinuation of TALVEY® as recommended based on severity.

Cytopenias: TALVEY® can cause cytopenias, including neutropenia and thrombocytopenia.

In the clinical trial, Grade 3 or 4 decreased neutrophils occurred in 35% of patients, and Grade 3 or 4 decreased platelets occurred in 22% of patients who received TALVEY®. The median time to onset for Grade 3 or 4 neutropenia was 22 (range: 1 to 312) days, and the median time to resolution to Grade 2 or lower was 8 (range: 1 to 79) days. The median time to onset for Grade 3 or 4 thrombocytopenia was 12 (range: 2 to 183) days, and the median time to resolution to Grade 2 or lower was 10 (range: 1 to 64) days. Monitor complete blood counts during treatment and withhold TALVEY® as recommended based on severity.

Skin Toxicity: TALVEY® can cause serious skin reactions, including rash, maculo-papular rash, erythema, and erythematous rash.

In the clinical trial, skin reactions occurred in 62% of patients, with Grade 3 skin reactions in 0.3%. The median time to onset was 25 (range: 1 to 630) days. The median time to improvement to Grade 1 or less was 33 days.

Monitor for skin toxicity, including rash progression. Consider early intervention and treatment to manage skin toxicity. Withhold TALVEY® as recommended based on severity.

Hepatotoxicity: TALVEY® can cause hepatotoxicity. Elevated ALT occurred in 33% of patients, with Grade 3 or 4 ALT elevation occurring in 2.7%; elevated AST occurred in 31% of patients, with Grade 3 or 4 AST elevation occurring in 3.3%. Grade 3 or 4 elevations of total bilirubin occurred in 0.3% of patients. Liver enzyme elevation can occur with or without concurrent CRS.

Monitor liver enzymes and bilirubin at baseline and during treatment as clinically indicated. Withhold TALVEY® or consider permanent discontinuation of TALVEY® based on severity [see Dosage and Administration (2.5)].

Embryo-Fetal Toxicity: Based on its mechanism of action, TALVEY® may cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to the fetus. Advise females of reproductive potential to use effective contraception during treatment with TALVEY® and for 3 months after the last dose.

Adverse Reactions: The most common adverse reactions (≥20%) are pyrexia, CRS, dysgeusia, nail disorder, musculoskeletal pain, skin disorder, rash, fatigue, weight decreased, dry mouth, xerosis, dysphagia, upper respiratory tract infection, diarrhea, hypotension, and headache.

The most common Grade 3 or 4 laboratory abnormalities (≥30%) are lymphocyte count decreased, neutrophil count decreased, white blood cell decreased, and hemoglobin decreased.

Please read full Prescribing Information, including Boxed WARNING, for TALVEY®.

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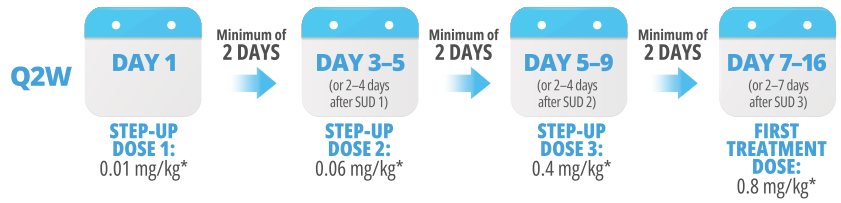
Please read full Important Safety Information on pages 14–16. Please read full Prescribing Information, including Boxed WARNING, for TALVEY®.

Q2W and QW dosing available starting after the first treatment dose[1]

Step-up doses (Q2W and QW) 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. If time is not needed to resolve an adverse reaction, the full step-up dosing schedule can be completed in 7 days for Q2W and 5 days for QW.



Following step-up dosing, ongoing biweekly dosing begins. Then, maintain a minimum of 12 days between Q2W doses.

Following step-up dosing, ongoing weekly dosing begins. Then, maintain a minimum of 6 days between QW doses.

TALVEY® is given until disease progression or unacceptable toxicity.

Patients should be hospitalized for 48 hours following either step-up dosing schedule to be monitored for CRS or neurological adverse reactions. Initiate TALVEY® treatment with step-up dosing to reduce the risk of CRS. Dose delays may be required to manage toxicities.

*Based on actual body weight.

CRS, cytokine release syndrome; QW, once weekly; Q2W, every 2 weeks; SUD, step-up dose.

References

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10. Data on file. Janssen Biotech, Inc.
11. Schinke C, Rodriguez-Otero P, van de Donk NWCJ, et al. Infections and parameters of humoral immunity with talquetamab in relapsed/refractory multiple myeloma in MonumenTAL-1. *Blood Adv.* Published online August 27, 2025.

TALVEY® (talquetamab-tgvs) Injection for subcutaneous use
2 mg/mL and 40 mg/mL

INDICATION AND USAGE

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.

This indication is approved under accelerated approval based on response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

IMPORTANT SAFETY INFORMATION

Boxed Warning for Cytokine Release Syndrome (CRS) and Neurologic Toxicity, including Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS). Warnings and Precautions include Oral Toxicity and Weight Loss, Infections, Cytopenias, Skin Toxicity, Hepatotoxicity, and Embryo-Fetal Toxicity.

The most common adverse reactions (≥20%) are pyrexia, CRS, dysgeusia, nail disorder, musculoskeletal pain, skin disorder, rash, fatigue, weight decreased, dry mouth, xerosis, dysphagia, upper respiratory tract infection, diarrhea, hypotension, and headache.

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Visit **TALVEYHCP.com**

Data rates may apply.

CD, cluster of differentiation; FDA, U.S. Food and Drug Administration; GPRC5D, G protein-coupled receptor class C group 5 member D.

Johnson&Johnson

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