OncoHealth

Talquetamab-tqvs (Talvey)

Effective Date: 1/1/24
Revision Date(s): 4/1/2024
Review Date: 10/31/23; 12/11/23; 4/1/24
Policy type: Medical Necessity
Line of Business: Commercial

Authorizations are for 6 months, after which time they must be reviewed for efficacy, safety, and tolerability.

Universal Criteria:

- Dose and frequency should be consistent with FDA labeling, NCCN, or indication specific peer-reviewed literature; **AND**
- Patient must be 18 years of age or older

Indication Specific Criteria:

Multiple Myeloma (MM)

- Patient's prior therapy includes at least three prior systemic therapies (including a proteasome inhibitor (PI), an immunomodulatory agent (IMiD), and an anti-CD38 monoclonal antibody); **AND**
- Patient has not experienced T-cell redirection (e.g., Car-T and/or bispecific antibody) therapy within 3 months; **AND**
- Patient has not had an autologous stem cell transplant within the past 12 weeks; **AND**
- Patient has not had an allogenic stem cell transplant within the past 6 months; **AND**
- Patient's Eastern Cooperative Oncology Group (ECOG) performance is a score of 0 to 2[1]; **AND**
- Patient does not have CNS involvement or clinical signs of meningeal involvement of multiple myeloma; **AND**
- Patient does not have plasma cell leukemia

Approval Criteria:

Unless otherwise noted above the review criteria used by OncoHealth to determine medical necessity for anticancer treatments and supportive agents include, but is not limited to:

- New drugs or regimens (combinations of drugs) approved by the United States Food and Drug Administration (FDA).
- Drugs and biologics may be used off-label if they are considered medically accepted or necessary if supported by any of the following 5 compendia below.
    - NCCN Drugs & Biologics Compendium® (Category 1 and 2a)

[1] ECOG score of 3 will be considered on a case-by-case basis.

  - Clinical Pharmacology (Strong For)
  - American Hospital Formulary Service Drug Information (AHFS DI) (Level 1)
  - Thompson Micromedex DrugDex® (Class I and IIa)
  - Wolters Kluwer Lexi-Drugs® (Level A)
- Other use of drugs and biologics may be considered medically accepted if supported as safe and effective according to peer-reviewed articles from one of the following journals
  - American Journal of Medicine; Annals of Internal Medicine; Annals of Oncology; Annals of Surgical Oncology; Biology of Blood and Marrow Transplantation; Blood; Bone Marrow Transplantation; British Journal of Cancer; British Journal of Hematology; British Medical Journal; Cancer; Clinical Cancer Research; Drugs; European Journal of Cancer (formerly the European Journal of Cancer and Clinical Oncology); Gynecologic Oncology; International Journal of Radiation, Oncology, Biology, and Physics; The Journal of the American Medical Association, Journal of Clinical Oncology; Journal of the National Cancer Institute; Journal of the National Comprehensive Cancer Network (NCCN); Journal of Urology; Lancet; Lancet Oncology; Leukemia; The New England Journal of Medicine; Radiation Oncology
  - **Meeting abstracts and case reports are excluded from consideration.**
- Non-standard protocols may be approved based on unique clinical circumstances.

Billing

Drug Name	HCPCS Code	Description
Talvey	J3055	Injection, talquetamab-tgvs, 0.25 mg

References

1. Talvey [package insert]. Janssen Biotech, Inc., Horsham, PA. Available at: https://www.janssenlabels.com/package-insert/product-patient-information/TALVEY-medication-guide.pdf
2. Talvey. NCCN Drugs and Biologics Compendium. Available at: https://www.nccn.org/professionals/drug_compendium/content/
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed Dec 11th, 2023. To view the most recent and complete version of the guideline, go online to NCCN.org.

Disclaimer

Consideration of medically necessary indications are based upon U.S. Food and Drug Administration (FDA) indications, recommended uses within the Centers of Medicare & Medicaid Services (CMS) five recognized compendia, including the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium (Category 1 or 2A recommendations), and peer-reviewed scientific literature eligible for coverage according to the CMS, Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 titled, "Off-Label Use of Anti-Cancer Drugs and Biologics." This policy evaluates whether the drug therapy is proven to be effective based on published evidence-based medicine. OncoHealth reserves the right to request medical documentation as needed to validate medical necessity determinations.

Drug Coverage Policies are developed as needed, regularly reviewed, updated at least annually, and are subject to change. Other policies and coverage determination guidelines may apply. Federal and state regulatory requirements and member specific benefit plan documents, if applicable, must be reviewed prior to this Drug Coverage Policy. This Drug Coverage Policy is for informational purposes only and does not constitute medical advice or dictate how providers should practice medicine. This policy should not be reproduced, stored in a retrieval system, or altered from its original form without written permission from OncoHealth, Inc.

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Date	Updates
10/31/23	Policy creation
12/11/23	Added ECOG footnote; Updated references
4/1/24	HCPCS update from J9999 to J3055 and updated description