Indication	For treating relapsed or refractory multiple myeloma **after 3 or more** treatments which must have included an immunomodulatory agent, a proteasome inhibitor and an anti-CD38 antibody and have demonstrated disease progression on the last therapy. NB patients with amyloidosis or POEMS are not eligible for talquetamab.
Treatment Intent	Disease modification
Frequency and number of cycles	Cycle 1 step up regime. Cycle 2 onwards repeat every 28 days. Continue until disease progression or excessive toxicity or patient choice to discontinue.
Monitoring Parameters pre-treatment	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • **Haematological parameters:** • Monitor FBC, U&Es and LFTs prior to each dose, proceed with treatment if neuts >/= 0.5 without febrile neutropenia, Hb >/= 80g/L, PLT >/= 25. If blood parameters not met, withhold treatment until blood counts resolve see table 4. • Immunoglobulin levels should be monitored during treatment. • **Hepatic impairment:** no recommended dose adjustment in mild impairment. Limited or no data are available in patients with moderate and severe hepatic impairment. • **Renal impairment:** no recommended dose adjustment in mild or moderate impairment. • **Management of adverse reactions and dose adjustments:** All patients must be counselled on the risk, signs and symptoms of cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS) and advised to contact their healthcare team immediately if they experience signs and symptoms of CRS and/or ICANS. Patients should be instructed to remain within proximity of a healthcare facility and monitored for **48 hours** after administration of all doses within the step-up phase (cycle 1 day 1, 4, 7 and cycle 2 day 1) for signs and symptoms of CRS and ICANS. • Healthcare professionals must be familiar with the grading of cytokine release syndrome and immune effector cell-associated neurotoxicity syndrome, the required monitoring and management and the indications for use of tocilizumab, and have all undergone training in these clinical issues. A dose of tocilizumab should be immediately available if required. Access to an additional tocilizumab dose should be ensured within 8 hours of the first. • **CRS:** If CRS is suspected, treatment should be withheld until CRS resolves and should be managed according to the guidance in table 1. • **Neurologic toxicity and ICANS:** At first onset of signs of neurologic toxicity, including ICANS, withhold treatment and perform a neurology evaluation. For grade 1 neurologic toxicity (excluding ICANS) withhold until symptoms resolve or stabilise, for grade 2 and first occurrence of grade 3 withhold until symptoms resolve to grade 1 or less. For recurrent grade 3 and grade 4 permanently discontinue and provide supportive therapy. For recommendations for the management of ICANS see table 2. • See Table 4 for recommended dose modifications for other adverse reactions. • **Dose Modification**: no recommended dose reduction, dose delays may be required to manage toxicities. • **Oral toxicity:** Oral toxicities, including dysgeusia, dry mouth, dysphagia, and stomatitis occur very commonly. Patients should be monitored for signs and symptoms of oral toxicity and informed to inform the healthcare team if they experience any symptoms and supportive care provided.

	• **Skin reactions:** Skin reactions have been reported in patients during treatment including rash, erythema, palmar-plantar erythrodysesthesia syndrome, as well as nail disorders. Skin reactions including rash progression should be monitored for early intervention and treatment with corticosteroids. For Grade 3 or higher, or worsening Grade 1 or 2 rashes, oral steroids should also be administered
	• **Common drug interactions (for comprehensive list refer to BNF/SPC):**
	  • No formal interaction studies have been performed. Due to the cytokine release at the start of talquetamab treatment concomitant use with CYP450 substrates may lead to fluctuations in concentration, patient receiving substrates with a narrow therapeutic range (e.g. warfarin, cyclosporin) should be monitored closely.
	  • Patients should not receive live vaccines for at least 4 weeks prior to treatment, during treatment, and at least 4 weeks after treatment.
	  • GCSF: Avoid use of GCSF during step up doses and first treatment dose and during CRS.
	• **Contraception:** Females of reproductive potential should use effective contraception during treatment and for 3 months after the last dose of talquetamab.
	• **Missed or delayed dose:** If a dose is delayed, treatment should be restarted following the guidance on table 3, biweekly dosing should be resumed accordingly. Pre-treatment medication should be administered prior to restarting, and patients should be monitored accordingly.
	• **Driving:** Patients should be instructed to avoid driving or operating machines during the step-up phase and for 48 hours after completion of the step-up phase (cycle 2 day 1) and in the event of new onset of any neurological symptoms, until symptoms resolve.
	• Patients should be advised to carry the TALVEYTM (talquetamab) Patient Alert Card at all times.

References	CDF list V1.378 accessed online 21.11.2025 BlueTeq form accessed online 21.11.2025 SPC accessed online 24.11.2025

NB For funding information, refer to CDF and NICE Drugs Funding List

Table 1: Recommendations for management of CRS

CRS Grade[a]	ACTION	Tocilizumab[b]	Corticosteroids[c]
Grade 1 Temperature ≥ 38°C[d]	Withhold talquetamab until CRS resolves. Administer pre-treatment medicinal product prior to next dose of talquetamab.	May be considered.	Not applicable
Grade 2 Temperature ≥ 38°C[d] with either: • Hypotension responsive to fluids and not requiring vasopressors, or • Oxygen requirement of low-flow nasal cannula[e] or blow-by.	Withhold talquetamab until CRS resolves. Administer pre-treatment medicinal products prior to next dose of talquetamab. Monitor patient for 48 hours following the next dose of talquetamab. Instruct patients to remain within proximity of a healthcare facility during monitoring.	Administer tocilizumab[c] 8 mg/kg intravenously over 1 hour (not to exceed 800 mg). Repeat tocilizumab every 8 hours as needed, if not responsive to intravenous fluids or increasing supplemental oxygen. Limit to a maximum of 3 doses in a 24-hour period; maximum total of 4 doses.	If no improvement within 24 hours of starting tocilizumab, administer methylprednisolone 1 mg/kg intravenously twice daily, or dexamethasone 10 mg intravenously every 6 hours. Continue corticosteroid use until the event is Grade 1 or less, then taper over 3 days.
Grade 3 Temperature ≥ 38°C[d] with either: • Hypotension requiring one vasopressor, with or without vasopressin, or • Oxygen requirement of high-flow nasal cannula[e], facemask, non-rebreather mask, or Venturi mask	**Duration < 48 hours** Per Grade 2. **Recurrent or Duration ≥ 48 hours** Permanently discontinue talquetamab.	Administer tocilizumab 8 mg/kg intravenously over 1 hour (not to exceed 800 mg). Repeat tocilizumab every 8 hours as needed, if not responsive to intravenous fluids or increasing supplemental oxygen. Limit to a maximum of 3 doses in a 24-hour period; maximum total of 4 doses.	If no improvement, administer methylprednisolone 1 mg/kg intravenously twice daily or dexamethasone (e.g., 10 mg intravenously every 6 hours). Continue corticosteroid use until the event is Grade 1 or less, then taper over 3 days.
Grade 4 Temperature ≥ 38°C[d] with either: • Hypotension requiring multiple vasopressors (excluding vasopressin), or • oxygen requirement of positive pressure (e.g., continuous positive airway pressure [CPAP], bilevel positive airway pressure [BiPAP], intubation, and mechanical ventilation)	Permanently discontinue talquetamab.	Administer tocilizumab 8 mg/kg intravenously over 1 hour (not to exceed 800 mg). Repeat tocilizumab every 8 hours as needed, if not responsive to intravenous fluids or increasing supplemental oxygen. Limit to a maximum of 3 doses in a 24-hour period; maximum total of 4 doses.	As above or administer methylprednisolone 1 000 mg intravenously per day for 3 days, per physician discretion. If no improvement or if condition worsens, consider alternate immunosuppressants.[c]

a Based on ASTCT grading for CRS (Lee et al 2019).
b Refer to tocilizumab prescribing information for details.
c Treat unresponsive CRS per institutional guidelines.
d Attributed to CRS. Fever may not always be present concurrently with hypotension or hypoxia as it may be masked by interventions such as antipyretics or anticytokine therapy (e.g., tocilizumab or corticosteroids).
e Low-flow nasal cannula is ≤ 6 L/min, and high-flow nasal cannula is > 6 L/min.

Table 2: Recommendations for management of ICANS

CANS Grade[a, b]	Concurrent CRS	No concurrent CRS
Grade 1 ICE[c] score 7-9 or depressed level of consciousness[d]: awakens spontaneously.	Management of CRS per Table 1. Monitor neurologic symptoms and consider neurology consultation and evaluation, per physician discretion.	Monitor neurologic symptoms and consider neurology consultation and evaluation, per physician discretion.
	Withhold talquetamab until ICANS resolves. Consider non-sedating, anti-seizure medicines (e.g., levetiracetam) for seizure prophylaxis.	
Grade 2 ICE[c] score 3-6 or depressed level of consciousness[d]: awakens to voice.	Administer tocilizumab per Table 1 for management of CRS. If no improvement after starting tocilizumab, administer dexamethasone[e] 10 mg intravenously every 6 hours if not already taking other corticosteroids. Continue dexamethasone use until resolution to Grade 1 or less, then taper.	Administer dexamethasone[e] 10 mg intravenously every 6 hours. Continue dexamethasone use until resolution to Grade 1 or less, then taper.
	Withhold talquetamab until ICANS resolves. Consider non-sedating, anti-seizure medicines (e.g., levetiracetam) for seizure prophylaxis. Consider neurology consultation and other specialists for further evaluation, as needed. Monitor patient for 48 hours following the next dose of talquetamab. Instruct patients to remain within proximity of a healthcare facility during monitoring.	
Grade 3 ICE[c] score 0-2 (If ICE score is 0, but the patient is arousable (e.g., awake with global aphasia) and able to perform assessment) or depressed level of consciousness[d]: awakens only to tactile stimulus, or seizures[d], either: • any clinical seizure, focal or generalised, that resolves rapidly, or • non-convulsive seizures on electroencephalogram (EEG) that resolve with intervention, or raised intracranial pressure: focal/local oedema on neuroimaging[d].	Administer tocilizumab per Table 1 for management of CRS. Administer dexamethasone[e] 10 mg intravenously with the first dose of tocilizumab and repeat dose every 6 hours. Continue dexamethasone use until resolution to Grade 1 or less, then taper.	Administer dexamethasone[e] 10 mg intravenously every 6 hours. Continue dexamethasone use until resolution to Grade 1 or less, then taper.
	Consider non-sedating, anti-seizure medicines (e.g., levetiracetam) for seizure prophylaxis. Consider neurology consultation and other specialists for further evaluation, as needed. **First Occurrence:** Withhold talquetamab until ICANS resolves. Monitor patient for 48 hours following the next dose of talquetamab. Instruct patients to remain within proximity of a healthcare facility during monitoring. **Recurrent:** Permanently discontinue talquetamab.	
Grade 4 ICE[c] score 0 (Patient is unarousable and unable to perform ICE assessment) or depressed level of consciousness[d] either: • patient is unarousable or requires vigorous or repetitive tactile stimuli to arouse, or • stupor or coma, or seizures[d], either:	Administer tocilizumab per Table 1 for management of CRS. Administer dexamethasone[e] 10 mg intravenously and repeat dose every 6 hours. Continue dexamethasone use until resolution to Grade 1 or less, then taper. Alternatively, consider administration of methylprednisolone 1000 mg per day intravenously with first dose of tocilizumab,	Administer dexamethasone[e] 10 mg intravenously and repeat dose every 6 hours. Continue dexamethasone use until resolution to Grade 1 or less, then taper. Alternatively, consider administration of methylprednisolone 1 000 mg per day intravenously for 3 days; if improves, then manage as above.

• life-threatening prolonged seizure (> 5 minutes), or • repetitive clinical or electrical seizures without return to baseline in between, or motor findings[d]: • deep focal motor weakness such as hemiparesis or paraparesis, or raised intracranial pressure/cerebral oedema[d], with signs/symptoms such as: • diffuse cerebral oedema on neuroimaging, or • decerebrate or decorticate posturing, or • cranial nerve VI palsy, or • papilloedema, or • Cushing's triad.	and continue methylprednisolone 1000 mg per day intravenously for 2 or more days.	
	Permanently discontinue talquetamab. Consider non-sedating, anti-seizure medicines (e.g., levetiracetam) for seizure prophylaxis. Consider neurology consultation and other specialists for further evaluation, as needed. In case of raised intracranial pressure/cerebral oedema, refer to local institutional guidelines for management.	

[a] Management is determined by the most severe event, not attributable to any other cause.
[b] ASTCT 2019 grading for ICANS.
[c] If patient is arousable and able to perform Immune Effector Cell-Associated Encephalopathy (ICE) Assessment
[d] Attributable to no other cause.
[e] All references to dexamethasone administration are dexamethasone or equivalent

Table 3: Recommendations for restarting after dose delay

Dosing schedule	**Last dose administered**	**Time from last dose administered**	**Dose recommendation***
Biweekly (every 2 weeks) dosing schedule	0.01 mg/kg	More than 7 days	Restart at 0.01 mg/kg
	0.06 mg/kg	8 to 28 days	Repeat 0.06 mg/kg
		More than 28 days	Restart at 0.01 mg/kg
	0.4 mg/kg	8 to 35 days	Repeat 0.4 mg/kg
		36 to 56 days	Restart at 0.06 mg/kg
		More than 56 days	Restart at 0.01 mg/kg
	0.8 mg/kg	14 to 35 days	Repeat 0.8 mg/kg
		36 to 56 days	Restart at 0.4 mg/kg
		More than 56 days	Restart at 0.01 mg/kg

* Administer pre-treatment medicinal products prior to restarting. After restarting, resume biweekly (every 2 weeks) dosing accordingly

Table 4: Recommended dose modifications for other adverse reactions

Adverse reaction	Severity	Dose modification
Serious infections	All Grades	• Do not administer step-up dosing schedule in patients with active infection. • Withhold in the step-up phase until infection resolves.
	Grade 3-4	• Withhold during the treatment phase until infection improves to Grade 2 or better.
Cytopenias	Absolute neutrophil count less than 0.5×10^9/L	• Withhold until absolute neutrophil count is 0.5×10^9/L or higher.
	Febrile neutropenia	• Withhold until absolute neutrophil count is 1.0×10^9/L or higher and fever resolves.
	Haemoglobin less than 8 g/dL	• Withhold until haemoglobin is 8 g/dL or higher.
	Platelet count less than 25 000/µL Platelet count between 25 000/µL and 50 000/µL with bleeding	• Withhold until platelet count is 25 000/µL or higher and no evidence of bleeding.
Oral toxicity, including weight loss (see section 4.4)	Toxicity not responding to supportive care	Interrupt until stabilisation or improvement, and consider restarting on modified schedule as follows: • If current dose is 0.8 mg/kg every two weeks, change to 0.8 mg/kg every four weeks
Skin reactions, including nail disorders	Grade 3-4	• Withhold until adverse reaction improves to Grade 1 or baseline.
Other non-haematologic adverse reactions[a]	Grade 3-4	• Withhold until adverse reaction improves to Grade 1 or baseline.
[a] Based on National Cancer Institute Common Terminology Criteria for Adverse Events (NCI-CTCAE), Version 4.03.		

STEP UP dosing schedule Cycle 1 only: 7 days

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Dexamethasone	20mg	PO	Bolus	Given at least 1 to 3 hours prior to talquetamab.
	Paracetamol	1g	PO	stat	
	Chlorphenamine	4mg	PO	stat	
	Ondansetron	8mg	PO	stat	Give 1 hour prior to talquetamab
	TALQUETAMAB	**0.01mg/kg**	Sub cut		Inject in to the subcutaneous tissue of the abdomen (preferred injection site). Alternatively, it may be injected into the subcutaneous tissue at other sites (e.g., thigh). If multiple injections are required administer at least 2cm apart. Do not inject into tattoos or scars or areas where the skin is red, bruised, tender, hard or not intact.
4	Dexamethasone	20mg	PO	Bolus	Given at least 1 to 3 hours prior to talquetamab.
	Paracetamol	1g	PO	stat	
	Chlorphenamine	4mg	PO	stat	
	Ondansetron	8mg	PO	stat	Give 1 hour prior to talquetamab
	TALQUETAMAB	**0.06mg/kg**	Sub cut		Inject in to the subcutaneous tissue of the abdomen (preferred injection site). If multiple injections are required administer at least 2cm apart. Do not inject into tattoos or scars or areas where the skin is red, bruised, tender, hard or not intact.
7	Dexamethasone	20mg	PO	Bolus	Given at least 1 to 3 hours prior to talquetamab.
	Paracetamol	1g	PO	stat	
	Chlorphenamine	4mg	PO	stat	
	Ondansetron	8mg	PO	stat	Give 1 hour prior to talquetamab
	TALQUETAMAB	**0.4mg/kg**	Sub cut		Inject in to the subcutaneous tissue of the abdomen (preferred injection site). If multiple injections are required administer at least 2cm apart. Do not inject into tattoos or scars or areas where the skin is red, bruised, tender, hard or not intact.
TTO	Drug	Dose	Route	Directions	
Day 1	Metoclopramide	10mg	PO	Take 10mg up to TDS when required. Do not take for more than 5 days continuously.	
	Aciclovir	400mg	PO	BD continuously (plus 3 more months after completion of last treatment dose)	
	Co-trimoxazole	480mg	PO	TWICE daily on Mondays, Wednesdays and Fridays (plus 3 more months after completion of last treatment dose)	
	Allopurinol	300mg	PO	OD, starting 24hrs before first cycle and reviewed after 4 weeks. Prescribe continuing supply if required.	
	Consider antifungal prophylaxis				

Dose 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**.**

Cycle 2 onwards: repeat every 28 days
Cycle 2 Day 1 should be administered 2 to 4 days after the 3rd step up dose

Day	Drug	Dose	Route	Infusion Duration	Administration
1 and 15	Dexamethasone	20mg	PO	Bolus	**From Cycle 2 day 15**: Only required by patients who repeated doses during the step-up phase due to dose delay or who experienced CRS with previous dose. Given at least 1 to 3 hours prior to talquetamab.
	Paracetamol	1g	PO	stat	
	Chlorphenamine	4mg	PO	stat	
	Ondansetron	8mg	PO	stat	Give 1 hour prior to talquetamab
	TALQUETAMAB	**0.8mg/kg**	Sub cut		Inject in to the subcutaneous tissue of the abdomen (preferred injection site). If multiple injections are required administer at least 2cm apart. Do not inject into tattoos or scars or areas where the skin is red, bruised, tender, hard or not intact.
TTO	Drug	Dose	Route	Directions	
Day 1	Metoclopramide	10mg	PO	Take 10mg up to TDS when required. Do not take for more than 5 days continuously.	
	Aciclovir	400mg	PO	BD continuously (plus 3 more months after completion of last treatment dose)	
	Co-trimoxazole	480mg	PO	TWICE daily on Mondays, Wednesdays and Fridays (plus 3 more months after completion of last treatment dose)	
	Allopurinol	300mg	PO	OD, starting 24hrs before first cycle and reviewed after 4 weeks. Prescribe continuing supply if required.	
	Consider antifungal prophylaxis				

Maintain a minimum of 12 days between biweekly (every 2 weeks) doses.