TECVAYLI® (teclistamab-cqyv) Injection for subcutaneous use 10 mg/mL and 90 mg/mL

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

TECVAYLI® and TALVEY® Risk Evaluation and Mitigation Strategy (REMS)

PRESCRIBER TRAINING PROGRAM

Johnson&Johnson

03/2026

TECVAYLI and TALVEY REMS Prescriber Training Program

- This training contains information on:
  - Adverse reactions associated with **TECVAYLI** and **TALVEY**, including cytokine release syndrome (CRS) and neurologic toxicity, including Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS).

- The adverse reactions listed within this training are not all inclusive of adverse reactions associated with **TECVAYLI** and **TALVEY**.
- Please refer to each product's full Prescribing Information for additional information.

This training also provides details related to prescriber requirements of the **TECVAYLI** and **TALVEY** REMS.

Reference ID: 5793529

Training Outline

- **REMS**
- **Indications**
- **TECVAYLI Warnings and Dosing**
- **TALVEY Warnings and Dosing**
- **TECVAYLI and TALVEY risks of CRS and Neurologic Toxicity, including ICANS**
- **Prescriber REMS Requirements**

What is a REMS?

- A Risk Evaluation and Mitigation Strategy (REMS) is a program required by the FDA to manage known or potential serious risks associated with a drug product. The FDA has determined that a REMS is necessary to ensure that the benefits of **TECVAYLI** and **TALVEY** outweigh its risks.

- The goal of the **TECVAYLI** and **TALVEY** REMS is to mitigate the risk of Cytokine Release Syndrome (CRS) and neurologic toxicity including Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS) by:
    - Ensuring prescribers are aware of the importance of monitoring for the signs and symptoms of CRS and neurologic toxicity including ICANS in patients exposed to **TECVAYLI** or **TALVEY**.

Indications

- **TECVAYLI** is a bispecific B-cell maturation antigen (BCMA)-directed CD3 T-cell engager indicated for the treatment of adult patients with relapsed or refractory multiple myeloma:
  - in combination with daratumumab and hyaluronidase-fihj in patients who have received at least one prior line of therapy, including a proteosome inhibitor and an immunomodulatory agent.
  - as monotherapy, in patients who have received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 monoclonal antibody.

- **TALVEY** is a bispecific GPRC5D-directed CD3 T-cell engager 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.

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TECVAYLI Boxed Warning

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

Neurologic toxicity, including Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS) and serious, life-threatening or fatal reactions, can occur in patients receiving TECVAYLI.

Monitor patients for signs or symptoms of neurologic toxicity, including ICANS, during treatment. Withhold TECVAYLI until neurologic toxicity resolves or permanently discontinue based on severity.

TECVAYLI is available only through a restricted program called the TECVAYLI and TALVEY Risk Evaluation and Mitigation Strategy (REMS).

TECVAYLI Dosage Schedule for Combination Therapy with Daratumumab and Hyaluronidase-fihj

Dosing schedule	Week/Day	TECVAYLI Dosage[a]	Concomitant Therapy
	Day 0	N/A	Daratumumab and hyaluronidase-fihj
Step-up dosing schedule[b]	Day 1	Step-up dose 1 (0.06 mg/kg)[c]	N/A
	Day 3	Step-up dose 2 (0.3 mg/kg)[d]	N/A
	Day 7	First treatment dose (1.5 mg/kg)[e,f]	Daratumumab and hyaluronidase-fihj
Weekly dosing schedule	Weeks 2-8	1.5 mg/kg once weekly[f,g]	Daratumumab and hyaluronidase-fihj once weekly
Biweekly (every two weeks) dosing schedule	Weeks 9 to 24	3 mg/kg every two weeks[f,h]	Daratumumab and hyaluronidase-fihj every two weeks
Every four weeks dosing schedule	Week 25 onwards	3 mg/kg every four weeks[f,i]	Daratumumab and hyaluronidase-fihj every four weeks

[a] See Table 3 of the TECVAYLI USPI for recommendations on restarting TECVAYLI after dose delays.
[b] The Step-up dosing schedule is a component of the recommended TECVAYLI dosage, but is not applicable for the daratumumab and hyaluronidase-fihj dosing.
[c] Step-up dose 1 must be administered 20 hours or more after the daratumumab and hyaluronidase-fihj dose.
[d] Step-up dose 2 may be given between 2 to 4 days after step-up dose 1 and if adverse reactions occur, step-up dose 2 may be given up to 7 days after step-up dose 1 to allow for resolution of adverse reactions.
[e] First treatment dose (1.5 mg/kg) may be given between 2 to 4 days after step-up dose 2 and if adverse reactions occur, first full treatment dose may be given up to 7 days after step-up dose 2 to allow for resolution of adverse reactions.
[f] Administer TECVAYLI at least 3 hours after the daratumumab and hyaluronidase-fihj dose for the first treatment dose. For subsequent doses, administer TECVAYLI at least 15 minutes after the daratumumab and hyaluronidase-fihj dose.
[g] Maintain a minimum of 5 days between 1.5 mg/kg once weekly doses.
[h] Maintain a minimum of 12 days between 3 mg/kg every two weeks doses.
[i] Maintain a minimum of 25 days between 3 mg/kg every four weeks doses.

For dosage and administration instructions for daratumumab and hyaluronidase-fihj, see *Clinical Studies (14.1)* of the TECVAYLI USPI and refer to daratumumab and hyaluronidase-fihj subcutaneous monotherapy Prescribing Information.

TECVAYLI Dosage Schedule for Monotherapy

Dosing Schedule	Day	Dosage	
All Patients			
Step-up dosing schedule[a]	Day 1	Step-up dose 1	0.06 mg/kg
	Day 4[b]	Step-up dose 2	0.3 mg/kg
	Day 7[c]	First treatment dose	1.5 mg/kg
Weekly dosing schedule[a]	One week after first treatment dose and once weekly thereafter[d]	Subsequent treatment doses	1.5 mg/kg once weekly[d]
Patients who have achieved and maintained a complete response or better for a minimum of 6 months			
Biweekly (every two weeks) dosing schedule[a]	The dosing frequency may be decreased to 1.5 mg/kg every two weeks.[e]		

[a] See Table 3 of the TECVAYLI USPI for recommendations on restarting TECVAYLI after dose delays [see Dosing and Administration (2.4)].
[b] Step-up dose 2 may be given between 2 to 4 days after step-up dose 1 and may be given up to 7 days after step-up dose 1 to allow for resolution of adverse reactions.
[c] First treatment dose may be given between 2 to 4 days after step-up dose 2 and may be given up to 7 days after step-up dose 2 to allow for resolution of adverse reactions.
[d] Maintain a minimum of 5 days between 1.5 mg/kg once weekly doses
[e] Maintain a minimum of 12 days between 1.5 mg/kg every two week doses

Recommended Pretreatment Medications and Important Dosing Information for TECVAYLI

Pretreatment Medications:
Administer the following pretreatment medications 1 to 3 hours before each dose of the **TECVAYLI** step-up dosing schedule, which includes step-up dose 1, step-up dose 2, and the first treatment dose, to reduce the risk of CRS:

- Corticosteroid (oral or intravenous dexamethasone 16 mg)
- Histamine-1 (H1) receptor antagonist (oral or intravenous diphenhydramine 50 mg or equivalent)
- Antipyretics (oral or intravenous acetaminophen 650 mg to 1000 mg)

Important Dosing Information:

- **TECVAYLI** dose is based on actual body weight and should be administered subcutaneously
- Patients should be hospitalized for 48 hours after administration of both step-up dose 1 and step-up dose 2. Instruct patients to remain within proximity of a healthcare facility and monitor them daily for 48 hours after the first treatment dose within the **TECVAYLI** step-up dosing schedule

TALVEY Boxed Warning

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, have occurred in patients receiving TALVEY. Monitor patients for signs or symptoms of neurologic toxicity, including ICANS, during treatment. Withhold or discontinue TALVEY based on severity.

TALVEY is available only through a restricted program called the TECVAYLI and TALVEY Risk Evaluation and Mitigation Strategy (REMS).

TALVEY Dosing Schedule for Monotherapy

Weekly Dosing Schedule	Day	Dose[a]	
Step-up dosing schedule	Day 1	Step-up dose 1	0.01 mg/kg
	Day 4[b]	Step-up dose 2	0.06 mg/kg
	Day 7[b]	First treatment dose	0.4 mg/kg
Weekly Dosing Schedule	One week after first treatment dose and weekly thereafter[c]	Subsequent treatment doses	0.4 mg/kg once weekly

[a] Based on actual body weight.
[b] 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.
[c] Maintain a minimum of 6 days between weekly doses.

Biweekly Dosing schedule	Day	Dose[a]	
Step-up dosing schedule	Day 1	Step-up dose 1	0.01 mg/kg
	Day 4[b]	Step-up dose 2	0.06 mg/kg
	Day 7[b]	Step-up dose 3	0.4 mg/kg
	Day 10[c]	First treatment dose	0.8 mg/kg
Biweekly (Every 2 Weeks) Dosing Schedule	Two weeks after first treatment dose and every 2 weeks thereafter[d]	Subsequent treatment doses	0.8 mg/kg every 2 weeks

[a] Based on actual body weight.
[b] 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.
[c] Dose may be administered between 2 to 7 days after step-up dose 3.
[d] Maintain a minimum of 12 days between biweekly (every 2 weeks) doses.

Recommended Pretreatment Medications and Important Dosing Information for TALVEY

Pretreatment Medications:
Administer the following pretreatment medications 1 to 3 hours before each dose of the **TALVEY** step-up dosing schedule, which includes step-up dose 1, step-up dose 2, and the first treatment dose, to reduce the risk of CRS:

- Corticosteroid (oral or intravenous dexamethasone 16 mg or equivalent)
- Antihistamines (oral or intravenous diphenhydramine, 50 mg or equivalent)
- Antipyretics (oral or intravenous acetaminophen, 650 mg to 1000 mg or equivalent)

Important Dosing Information:

- **TALVEY** dose is based on actual body weight and should be administered subcutaneously
- Instruct the patient that they should be hospitalized for 48 hours after each of the doses within the **TALVEY** step-up dosing schedule

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TECVAYLI and TALVEY: Risk of Cytokine Release Syndrome (CRS)

TECVAYLI: Cytokine Release Syndrome

Occurrence in Clinical Trial	TECVAYLI (monotherapy and combination therapy; N=448)
CRS reported	64%
CRS Grades	Grade 1: 46% Grade 2: 18% Grade 3: 0.2%
Recurrent CRS	27%
Step-up dose 1	37%
Step-up dose 2	32%
Initial treatment dose	20%
Subsequent treatment doses	2.5%
Median time to onset of CRS from last dose	2 days (range: 1 to 9)
Median duration of CRS	2 days (range: 1 to 22)

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TALVEY: Cytokine Release Syndrome

Occurrence in Clinical Trial	TALVEY (n=339)
CRS reported	76%
CRS Grades	Grade 1: 57% Grade 2: 17% Grade 3: 1.5%
Recurrent CRS	30%
Step-up dose 1	29%
Step-up dose 2	44%
Initial treatment dose	30% for weekly dosing schedule[a] and 33% for 3rd step-up dose in biweekly schedule
Median time to onset of CRS from last dose	27 hours (range: 0.1 to 167)
Median duration of CRS	17 hours (range: 0 to 622)

[a] 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.

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Clinical Signs and Symptoms of CRS

- Patients should be closely monitored for signs and symptoms of CRS
- Potentially life-threatening complications of CRS may include:
  - Cardiac dysfunction
  - Acute respiratory distress syndrome
  - Neurologic toxicity
  - Renal and/or hepatic failure
  - Disseminated intravascular coagulation (DIC)

Signs and Symptoms

- Fever
- Chills
- Hypoxia
- Sinus Tachycardia
- Hypotension
- Headache
- Elevated Liver Enzymes

CRS, including fatal or life-threatening reactions, can occur following treatment with **TECVAYLI** or **TALVEY**

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CRS Management

- At the first sign of CRS, immediately evaluate patient for hospitalization. Administer supportive care based on severity and consider further management per current practice guidelines. Withhold until CRS resolves or permanently discontinue **TECVAYLI** or **TALVEY** based on severity.
- If CRS is suspected:
  - Withhold **TECVAYLI** or **TALVEY** until CRS resolves
  - Manage according to the recommendations in the **TECVAYLI** or **TALVEY** United States Prescribing Information (USPI) and in the ***Adverse Reaction Management Guide***, and consider further management per current practice guidelines
  - Administer supportive therapy for CRS, which may include intensive care for severe or life-threatening CRS
  - Consider laboratory testing to monitor for disseminated intravascular coagulation (DIC), hematology parameters, as well as pulmonary, cardiac, renal, and hepatic function

TECVAYLI and TALVEY: Risk of Neurologic Toxicity, including ICANS

TECVAYLI: Neurologic Toxicity

Neurologic toxicity, including serious and life-threatening or fatal reactions can occur following treatment with **TECVAYLI**

Occurrence in Clinical Trial	TECVAYLI (monotherapy and combination therapy; N=448)
Neurotoxicity reported	60%
Grade 3 or 4	6%
Frequent neurologic toxicities: •Headache •Sensory neuropathy •Motor dysfunction •Insomnia •Encephalopathy •Dizziness	 27% 16% 15% 12% 11% 8%
Fatal neurologic toxicity occurred in 0.4% of patients, including Guillain-Barré syndrome and status epilepticus (one patient each).	

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TALVEY: Neurologic Toxicity

Neurologic toxicity, including serious and life-threatening or fatal reactions can occur following treatment with **TALVEY**.

Occurrence in Clinical Trial	TALVEY (n=339)
Neurotoxicity reported	55%
Grade 3 or 4	6%
Frequent neurologic toxicities: • Headache • Motor dysfunction • Sensory neuropathy • Encephalopathy	 20% 10%[a] 14% 15%

[a] including ataxia/cerebellar ataxia

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Neurologic Toxicity Management

- Counsel patients to seek medical attention should signs or symptoms of neurologic toxicity occur.
- Monitor patients for signs and symptoms of neurologic toxicity during treatment. At the first sign of neurologic toxicity, immediately evaluate patient and provide supportive therapy based on severity. Withhold or permanently discontinue **TECVAYLI** or **TALVEY** based on severity per recommendations and consider further management per current practice guidelines.

Recommendations for Management of Neurologic Toxicity (excluding ICANS):

Severity[a]	Actions
Grade 1	• **Withhold TECVAYLI or TALVEY until neurologic toxicity symptoms resolve or stabilize.[b,c]**
Grade 2 **Grade 3 (First occurrence)**	• **Withhold TECVAYLI or TALVEY until neurologic toxicity symptoms improve to Grade 1 or less.[b,c]** • **Provide supportive therapy.**
Grade 3 (Recurrent) **Grade 4**	• **Permanently discontinue TECVAYLI or TALVEY.** • **Provide supportive therapy, which may include intensive care.**

[a] Based on National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE), version 4.03.
[b] See Table 3 in the **TECVAYLI** USPI for recommendations on restarting **TECVAYLI** after dose delays. See Tables 3 and 4 in the **TALVEY** USPI for recommendations on restarting **TALVEY** after dose delays.
[c] For Ataxia/Balance disorder, perform benefit risk assessment prior to resuming treatment with **TALVEY**.

TECVAYLI: ICANS

Occurrence in Clinical Trial	TECVAYLI monotherapy (N=165)	TECVAYLI in combination with daratumumab hyaluronidase-fihj (N=283)
ICANS reported	6%	1.1%
Recurrent ICANS	1.8%[a]	0
Step-up dose 1	1.2%	0.4%
Step-up dose 2	0.6%	0
Initial treatment dose	1.8%	0.7%
Median time to onset after most recent dose	4 days (range 2 to 8)	2 days (range 1 to 3)
Median duration	3 days (range 1 to 20)	2 days (range 1 to 2)
Clinical signs and symptoms may include	• Confusion • Dysgraphia • Decreased level of consciousness • Aphasia • Apraxia • Delirium • Disorientation • Somnolence • Amnesia • Encephalopathy	

The onset of ICANS can be concurrent with CRS, following resolution of CRS, or in the absence of CRS.

[a] Less than 3% of patients developed first occurrence of ICANS following subsequent doses of TECVAYLI

TALVEY: ICANS

Occurrence in Clinical Trial	TALVEY (n=265)
ICANS reported	9%
Recurrent ICANS	3%[a]
Step-up dose 1 Step-up dose 2 Step-up dose 3 (biweekly dosing) Initial treatment dose	3% 3% 1.8% 2.6% for the weekly dosing schedule 3.7% for the biweekly schedule
Median time to onset after most recent dose	2.5 days (range 1 to 16)
Median duration	2 days (range 1 to 22)
Clinical signs and symptoms may include	• Confusional state • Depressed level of consciousness • Disorientation • Somnolence • Lethargy • Bradyphrenia

The onset of ICANS can be concurrent with CRS, following resolution of CRS, or in the absence of CRS.

[a] Recurrent ICANS occurred in 3% of patients

Neurologic Toxicity, including ICANS Management

- Counsel patients to seek medical attention should signs or symptoms of neurologic toxicity occur.
- Monitor patients for signs and symptoms of neurologic toxicity, including ICANS during **TECVAYLI** and **TALVEY** treatment.
- At the first sign of neurologic toxicity, including ICANS, withhold **TECVAYLI** or **TALVEY** and consider neurologic evaluation. Rule out other causes of neurologic symptoms. Provide supportive therapy, which may include intensive care, for severe or life-threatening neurologic toxicities, including ICANS.
- Manage ICANS and neurologic toxicities according to the Recommendations for Management of Neurologic Toxicity (excluding ICANS) and recommendations for Management of ICANS in the **TECVAYLI** or **TALVEY** United States Prescribing Information (USPI) and ***Adverse Reaction Management Guide***.

Prescriber REMS Requirements

Prescriber Certification Requirements

Healthcare providers who prescribe **TECVAYLI** and/or **TALVEY** must:

To become certified to prescribe	Before treatment initiation (first dose)	At All Times
• Review each product's ***Prescriber Information***, this ***Prescriber Training Program***, and the ***Adverse Reaction Management Guide*** • Successfully complete and submit the ***Knowledge Assessment*** to the REMS program • Complete the ***Prescriber Enrollment Form*** and submit to the REMS program	• Counsel the patient on the risks of **TECVAYLI** and **TALVEY** *(see slide 27)* • Complete and provide the patient/caregiver with the ***Patient Wallet Card*** based on the drug prescribed *(see slide 27)* • Counsel the patient on the need to carry the ***Patient Wallet Card*** at all times	• Report serious adverse events suggestive of CRS and neurologic toxicity, including ICANS, to the REMS program

If **TECVAYLI** or **TALVEY** will be dispensed and administered in the same location as a certified prescriber, an Authorized Representative must complete the Pharmacy and Healthcare Setting certification. Certified Prescribers cannot be designated as the Authorized Representative for a Pharmacy or Healthcare Setting.

Prescriber Counseling

Counsel the patient/caregiver on the following:

Medication	Instructions	Patient Tools
TECVAYLI	• How to recognize and respond to signs and symptoms of CRS and neurologic toxicity, including ICANS • Patient should report all symptoms suggestive of CRS and neurologic toxicity, including ICANS to their healthcare provider or emergency room provider immediately • Patients should be hospitalized for 48 hours after administration of both step-up dose 1 and step-up dose 2. Instruct patients to remain within proximity of a healthcare facility and monitor them daily for 48 hours after the first treatment dose within the **TECVAYLI** step-up dosing schedule	Use the ***Patient Wallet Card*** and always carry it with them
TALVEY	• How to recognize and respond to signs and symptoms of CRS and neurologic toxicity, including ICANS • Patient should report all symptoms suggestive of CRS and neurologic toxicity, including ICANS, to their healthcare provider or emergency room provider immediately • Patients should be hospitalized for 48 hours after administration of all doses within the **TALVEY** step-up dosing schedule	Use the ***Patient Wallet Card*** and always carry it with them
Advise patients to refrain from driving or operating heavy or potentially dangerous machinery during and for 48 hours after completion of TECVAYLI and TALVEY step-up dosing schedule and in the event of new onset of any neurologic toxicity, including ICANS, symptoms, until neurologic toxicity, including ICANS, resolves		

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Adverse Event Reporting

- Reporting of suspected adverse events following administration of therapy is vital for the continued monitoring of the benefit/risk balance of therapy
- For **TECVAYLI** and **TALVEY**, Healthcare providers must report any serious adverse events* suggestive of CRS and neurologic toxicity, including ICANS, to the REMS Program at 1-855-810-8064
- Healthcare providers should report all suspected adverse events or product quality complaints to Janssen Biotech, Inc., a Johnson & Johnson Company at 1-800-526-7736 or the FDA at 1-800-FDA-1088 or online at www.fda.gov/medwatch

* *Serious adverse events are defined as any adverse experience occurring at any dose that results in any of the following outcomes: death, a life-threatening adverse experience, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant disability/incapacity, or a congenital anomaly/birth defect*

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

Additional TECVAYLI and TALVEY REMS Information

For further information, please visit **www.TEC-TALREMS.com** or call 1-855-810-8064

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