Talquetamab

Care Team Contact Information: _____

Pharmacy Contact Information: _____

Diagnosis: _____

- This treatment is used for multiple myeloma (MM).
- It may also be used for other reasons.

Goal of Treatment: _____

- Treatment may continue until it no longer works or until side effects are no longer controlled.

Treatment Regimen

Treatment Name	How the Treatment Works	How the Treatment is Given
Talquetamab (tal-KWEH-tah-mab): Talvey (TAL-vay)	Binds immune cells (T-cells) to cancer cells so T-cells can more effectively attack and destroy them.	Injection under the skin (subcutaneous injection) into the stomach area (abdomen) or thigh.

Treatment Administration and Schedule

Treatment is typically given weekly or every 2 weeks. Your care team will decide the number of days to wait between your doses and how many treatments you will receive.

- Talquetamab is sometimes used in combination with other treatments.

Due to the risk of cytokine release syndrome (CRS) and neurologic problems, you will receive talquetamab on a **"step-up dosing schedule."** You may be hospitalized for 48 hours after each dose that is part of the step-up dosing schedule.

- The "step-up dosing schedule" is when you receive the first 2 or 3 doses of talquetamab, which are smaller "step-up" doses, and also the first full "treatment dose" of talquetamab.
    - If you receive treatment weekly, "Step-up dose 1" is given on Day 1 of treatment. "Step-up dose 2" is usually given on day 4 of treatment. The first "treatment dose" is usually given on day 7 of treatment.
    - If you receive treatment every 2 weeks, "Step-up dose 1" is given on day 1 of treatment. "Step-up dose 2" is usually given on day 4 of treatment. "Step-up dose 3" is usually given on day 7 of treatment. The first "treatment dose" is usually given on day 10 of treatment.
- If your dose of talquetamab is delayed for any reason, you may need to repeat the step-up dosing schedule.

Brought to you by: ACCC Association of Cancer Care Centers, HOPA Hematology/Oncology Pharmacy Association, NCODA Network for Collaborative Oncology Development & Advancement, ONS Oncology Nursing Society

Treatment Administration and Schedule (Continued)

☐ **Option #1: Talquetamab Given Every Week**

Step-Up Dosing Schedule

- Talquetamab is given on Days 1, 4, and 7.
  - Step-up dose 2 may be given between 2 to 4 days after step-up dose 1, or up to 7 days after step-up dose 1 if you have certain side effects.
  - The first treatment dose may be given between 2 to 4 days after step-up dose 2, or up to 7 days after step-up dose 2 if you have certain side effects.

Treatment Name	Step-Up Dosing Schedule						
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Talquetamab	✓ Step-Up Dose 1			✓ Step-Up Dose 2			✓ First Treatment Dose

After the Step-Up Dosing Schedule

- After the first treatment dose, talquetamab is usually given once each week.

☐ **Option #2: Talquetamab Given Every 2 Weeks**

Step-Up Dosing Schedule

- Talquetamab is given on Days 1, 4, 7, and 10.
  - Step-up dose 2 may be given between 2 to 4 days after step-up dose 1, or up to 7 days after step-up dose 1 if you have certain side effects.
  - Step-up dose 3 may be given between 2 to 4 days after step-up dose 2, or up to 7 days after step-up dose 2 if you have certain side effects.
  - The first treatment dose may be given between 2 to 7 days after step-up dose 3.

Treatment Name	Step-Up Dosing Schedule									
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
Talquetamab	✓ Step-Up Dose 1			✓ Step-Up Dose 2			✓ Step-Up Dose 3			✓ First Treatment Dose

After the Step-Up Dosing Schedule

- After the first treatment dose, talquetamab is usually given once every 2 weeks.

Appointments

Appointments may include regular check-ups with your care team, treatment appointments, lab visits, and imaging tests. It's important to keep your appointments whenever you can. If you miss an appointment, call your care team as soon as possible to reschedule it.

Supportive Care to Prevent and Treat Side Effects

Description	Supportive Care Given at the Clinic or Hospital	Supportive Care Taken at Home
To help lower the risk of Cytokine Release Syndrome (CRS)		
To help lower the risk of infections		
Other		

Common Side Effects

Side Effect	Important Information
Cytokine Release Syndrome (CRS) (Boxed Warning)	Description: CRS happens when your immune system becomes very active after treatment. Most CRS events are mild, get better with treatment, and happen during the first few doses. However, some CRS events can be serious and life-threatening. Symptoms can include fever, chills, fatigue, headache, dizziness or feeling lightheaded, or difficulty breathing. Recommendations: • Keep a symptom diary to record any new or worsening symptoms such as fever, chills, fatigue, or difficulty breathing. • Your care team may ask you to monitor your temperature, blood pressure, heart rate, or oxygen level. • Stay hydrated by drinking plenty of fluids to help manage symptoms and support overall health. • Do not drive, operate heavy or dangerous machinery, or do other dangerous activities during the step-up dosing schedule and for 48 hours after your first full treatment dose. • If you develop CRS, do not drive or operate dangerous machinery until your care team says it is safe. • Your care team may prescribe medications for CRS. Talk to your care team if you have: • Fever of 100.4°F (38°C) or higher • Trouble breathing • Chills • Dizziness or light-headedness • Fast heartbeat • Headache Note: Your care team may have specific numbers for blood pressure, heart rate, and blood oxygen levels. If your numbers go beyond those limits, call your care team or get emergency help.
Low White Blood Cell (WBC) Count (Neutropenia) and Increased Risk of Infection	Description: WBCs help protect your body from infections. A low WBC count increases your risk of infection. Recommendations: • Wash your hands often and bathe regularly. • Avoid crowded places and close contact with people who are sick. • Follow food safety and wound care advice from your care team. • Your care team may prescribe medicine to help your WBCs recover. Talk to your care team if you have: • Fever of 100.4°F (38°C) or higher • Chills • New or worsening cough or sore throat • Painful urination or signs of a urinary infection • Feeling much more tired than usual • Red, swollen, warm, or painful areas on the skin (possible skin infection)

<table>
<tr>
<td>Low Platelet Count (Thrombocytopenia)</td>
<td>Description: Platelets help your blood clot and wounds heal. A low platelet count increases your risk of bruising and bleeding.

Recommendations:
• Blow your nose gently and avoid picking it.
• Brush your teeth gently with a soft toothbrush and keep good oral hygiene.
• Use an electric razor for shaving and a nail file instead of nail clippers.
• Avoid over-the-counter medicines that can increase bleeding risk (for example, nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen).
• Talk with your care team or dentist before medical or dental procedures — you may need to pause treatment.

Talk to your care team if you have:
• A nosebleed lasting more than 5 minutes despite pressure
• A cut that continues to bleed
• Heavy gum bleeding when brushing or flossing
• Sudden or severe headache
• Blood in your urine or stool
• Blood in your spit after coughing</td>
</tr>
<tr>
<td>Low Red Blood Cell (RBC) Count and Hemoglobin (Hgb) (Anemia)</td>
<td>Description: RBCs and Hgb carry oxygen to your body’s tissues and remove carbon dioxide. Low RBC or Hgb (anemia) can make you feel weak or very tired, or may make you look pale.

Recommendations:
• Aim for 7 to 8 hours of sleep each night.
• Do not drive, operate heavy machinery, or do other dangerous activities if you are very tired.
• Balance activity and rest — stay as active as you can, but rest when needed.
• Eat a balanced diet and follow any nutrition or supplement advice from your care team.

Talk to your care team if you have:
• Shortness of breath
• Dizziness or fainting
• Fast or irregular heartbeats
• Sudden or severe headache</td>
</tr>
</table>

<table>
<tr><td>Fatigue</td><td>Description: Fatigue is a constant and sometimes strong feeling of tiredness.
Recommendations:
Routine exercise can help reduce fatigue. Talk with your care team to find the right type and amount of activity for you.
Ask family and friends for help with daily tasks and for emotional support.
Try healthy ways to feel better, such as meditation, journaling, yoga, or guided imagery, to reduce anxiety and improve well-being.
Aim for 7 to 8 hours of sleep each night. Limit daytime naps to help you sleep better at night.
Do not drive, operate heavy machinery, or do other potentially dangerous activities if you are very tired.
Talk to your care team if you have:
Tiredness that affects your daily life or prevents you from doing normal activities
Tiredness that does not get better with rest
Dizziness or weakness along with severe tiredness</td></tr>
<tr><td>Mouth Problems</td><td>Description: Mouth problems can include changes in your sense of taste, dry mouth, trouble swallowing, and mouth sores.
Recommendations:
Rinse your mouth after meals and at bedtime; rinse more often if sores develop.
Brush your teeth gently with a soft toothbrush or use a cotton swab after meals.
Use a mild, non-alcohol mouth rinse at least 4 times daily (after meals and at bedtime). Example: 1/8 teaspoon salt + 1/4 teaspoon baking soda in 8 oz warm water.
Avoid acidic, hot, spicy, rough, or crunchy foods and drinks that can irritate your mouth.
Avoid tobacco, alcohol, and alcohol-based mouthwash.
Your care team may prescribe medicines or mouth treatments to help with pain and healing.
Talk to your care team if you have:
Painful mouth sores or throat pain
Trouble eating or drinking
Any unintentional weight loss</td></tr>
</table>

Low Appetite or Weight Loss	Description: Loss of appetite can lead to weight loss and low energy. Small changes in when and what you eat can help maintain strength and nutrition. Recommendations: • Be as active as you can. Do light physical activity before a meal (check with your care team before starting an exercise program). • Note times of day when your appetite is best and eat your largest meal then. • Eat 5 or 6 small meals or snacks each day. • Choose high-protein foods (beans, chicken, fish, meat, yogurt, tofu, eggs). Eat protein first during meals. • Choose higher-calorie foods (avoid “low-fat”, “fat-free”, or “diet” options when trying to gain/maintain weight). • If you feel full quickly, avoid drinking 30 minutes before a meal and drink liquids between meals; choose calorie-containing drinks rather than diet drinks. • Have a bedtime snack that’s easy to digest (for example, peanut butter and crackers). If you have reflux, wait at least 1 hour before lying down. • Try nutritious beverages (high-protein shakes or smoothies) if solid food is unappealing. • Ask your care team about liquid nutrition supplements and ways to add protein or calories (protein powder, yogurt, ice cream). Talk to your care team if you have: • Unintentional weight loss • Little or no appetite for several days • Excessive tiredness or low energy
Liver Problems	Description: Treatment can cause liver injury. Your care team may check your liver with blood tests before and during treatment. Talk to your care team if you have: • Yellowing of your skin or the white part of your eyes (jaundice) • Severe nausea or vomiting • Pain on the right side of your stomach area (abdomen) • Dark, tea-colored urine • Bleeding or bruising more easily than normal

<table>
<tr><td>Muscle or Joint Pain or Weakness</td><td>Description: Muscle pain is soreness, aching, cramps, stiffness, tenderness, or weakness in one or more muscles. Joint pain is pain, stiffness, swelling, or reduced movement where two bones meet.

Recommendations:
Keep a pain diary: note pain levels, locations, and activities that make it better or worse.
Do gentle exercise (walking, stretching, yoga) to maintain mobility and strength. Check with your care team before starting a new activity.
Use a warm compress for stiff muscles or a cold pack to reduce swelling and numb pain—use what helps the area.
Your care team may recommend or prescribe medicines, including over-the-counter pain relievers.
Talk to your care team if you have:
Pain you cannot control with usual measures
Swelling, redness, or warmth in a joint
New weakness
Trouble walking or moving</td></tr>
<tr><td>Skin Problems</td><td>Description: Treatment can cause a rash with itchy, dry, red, or puffy skin.

Recommendations:
Bathe or shower daily with warm (not hot) water and mild, unscented soap or body wash.
Pat your skin dry with a towel instead of rubbing.
Apply unscented lotion or moisturizing cream right after bathing to prevent dryness and cracking.
Use lip balm for dry or chapped lips.
Avoid direct sun when you can. Use a broad-spectrum sunscreen with a sun protection factor (SPF) of 30 or higher and reapply every 2 hours when outdoors.
Use unscented, gentle laundry detergent to reduce skin irritation.
Your care team may recommend medicine for skin problems.
Talk to your care team if you have:
Skin rash
Raised red bumps
Redness of the skin
Very dry skin that may affect the mucous membranes (such as mouth and eyes)</td></tr>
</table>

Brought to you by: ACCC Association of Cancer Care Centers, HOPA Hematology/Oncology Pharmacy Association, NCODA Network for Collaborative Oncology Development & Advancement, ONS Oncology Nursing Society

<table>
<tr><td>Nail Changes</td><td>Description: Treatment can change how your fingernails and toenails look and feel. Nails may become discolored, ridged, brittle, thick, sore, or may lift or loosen from the nail bed. The skin around the nails can also become red, swollen, or painful.

Recommendations:
Keep nails short and clean; trim carefully and file rough edges.
Wear comfortable shoes with room for your toes and soft socks.
Protect your hands and feet with gloves and closed-toe shoes when doing chores.
Avoid fake nails, gel/acrylic nails, and harsh chemicals (like strong nail polish removers).
Moisturize your hands, feet, and cuticles with fragrance-free cream.
Do not bite your nails or pick at the skin around them.
Talk to your care team if you have:
Redness, swelling, warmth, or pain around a nail
Pus, drainage, or a bad smell from the nail area (signs of infection)
Nails that are very loose, lifting, or falling off
Nail changes that make it hard to walk or use your hands
Fever or chills along with nail or skin changes</td></tr>
<tr><td>Injection-Site Reactions</td><td>Description: An injection-site reaction is a local skin reaction where the medicine is given under the skin (subcutaneous injection). It can cause pain, redness, swelling, itching, or a lump at the injection site.

Recommendations:
Tell your nurse or care team right away if you feel burning, stinging, or pain during the injection.
After the injection, you may use a cool compress on the area for 10–15 minutes to ease pain or swelling.
Keep the area clean and dry. Gently wash with mild soap and water if needed.
Avoid scratching, rubbing, or massaging the site.
Wear loose, soft clothing over the area to reduce rubbing.
Talk to your care team if you have:
Increasing redness, warmth, swelling, or pain at the injection site
A lump that gets bigger or does not improve
Drainage of pus or fluid, or a bad smell from the area
Red streaks on the skin near the injection site
Fever or chills along with injection-site redness or pain</td></tr>
</table>

Brought to you by: ACCC Association of Cancer Care Centers, HOPA Hematology/Oncology Pharmacy Association, NCODA Network for Collaborative Oncology Development & Advancement, ONS Oncology Nursing Society

Changes in Electrolytes	Description: Treatment may cause low levels of phosphate, potassium, and sodium in your blood. Your care team will perform blood tests to check for these changes and will treat you if needed. Talk to your care team if you have: • Severe tiredness or trouble doing your usual daily activities • New or worsening muscle weakness, severe cramps, spasms, or bone pain • Tingling or numbness around your mouth, hands, or feet • Fast, irregular, or pounding heartbeat • Chest pain • Trouble breathing or shortness of breath • New or worsening confusion, drowsiness, or trouble thinking • Slurred speech • Severe headache • Nausea/vomiting with headache or confusion • Seizures or fainting • Sudden trouble walking or keeping your balance • Sudden weight gain • Swelling of your arms, hands, legs, or ankles

Select Rare Side Effects

Side Effect	Talk to Your Care Team if You Have Any of These Signs or Symptoms
Neurologic Problems (Boxed Warning)	Treatment can cause serious neurologic (brain and nerve) problems that can be life-threatening and may lead to death. These problems can include a condition called Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS). Neurologic problems may occur days or weeks after treatment. Your care team may refer you to a specialist who treats neurologic problems. Do not drive, operate heavy or dangerous machinery, or do other dangerous activities during the step-up dosing schedule and for 48 hours after your first full treatment dose. If you develop neurologic side effects, do not drive or operate dangerous machinery until your care team says it is safe. • Headache • Agitation, trouble staying awake, confusion or disorientation, seeing or hearing things that are not real (hallucinations) • Trouble speaking, writing, thinking, remembering things, paying attention, or understanding things • Problems walking, muscle weakness, shaking (tremors), loss of balance, or muscle spasms • Numbness and tingling (feeling like "pins and needles") • Burning, throbbing, or stabbing pain • Changes in your handwriting • Seizures
Low Immunoglobulin Levels (Hypogammaglobulinemia)	Your care team may check your immunoglobulin levels and give immunoglobulin replacement if needed. • Getting sick often (like colds or pneumonia) • Taking longer to feel better after being sick • Tiredness or weakness • Skin infections or rashes • Severe stomach-area (abdominal) pain or diarrhea • New or worsening allergies or other immune problems

Before starting treatment, ask your care team when to call 9-1-1 or seek emergency help.
If you experience any new, worsening, or uncontrolled side effects, contact your care team immediately.

Intimacy, Pregnancy, and Breastfeeding

- Treatment may **change how you feel about intimacy and your body.** However, physical closeness—such as holding hands and hugging—remains safe. It is common to have questions about intimacy. If needed, talk to your care team for guidance.
- Treatment may **harm an unborn baby**.
    - If you are able to become pregnant:
        - Your care team will verify your pregnancy status before treatment.
        - Use an effective method of birth control during treatment and for 3 months after your last dose of talquetamab.
        - If you think you might be pregnant or if you become pregnant, tell your care team right away.
    - If your partner is able to become pregnant, use an effective method of birth control—such as condoms—during treatment with talquetamab.
- **Do not breastfeed** during treatment and for 3 months after your last dose of talquetamab.

Additional Information

- **Boxed Warning: Talquetamab is available only through a special FDA program called the TECVAYLI and TALVEY Risk Evaluation and Mitigation Strategy (REMS).**
  You will receive a Patient Wallet Card from your healthcare provider. Always carry the Patient Wallet Card with you and show it to all of your healthcare providers. The Patient Wallet Card lists signs and symptoms of CRS and neurologic problems.
- **Tell your care team about all the medicines you take**.
  This includes prescriptions, over-the-counter drugs, vitamins, and herbal products. Before starting any new medicine, supplement, or vaccine, ask your care team first.
- **This Patient Education Sheet may not describe all possible side effects.**
  Call your care team for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

Notes

Updated Date: August 17, 2026

Patient Education Sheets

Scan the QR code below to access this education sheet.

Important Notice:
The Association of Cancer Care Centers (ACCC), Hematology/Oncology Pharmacy Association (HOPA), Network for Collaborative Oncology Development & Advancement, Inc. (NCODA), and Oncology Nursing Society (ONS) have collaborated to gather information and develop this patient education guide. This guide is a summary of the medication, based on information provided by the drug manufacturer and other sources.

This guide does not cover all information available on the possible uses, directions, doses, precautions, warnings, interactions, adverse effects, or risks associated with this medication. It should not be used as a substitute for the advice of a qualified healthcare professional. The provision of this guide is for informational purposes only. It does not constitute or imply endorsement, recommendation, or favoring of this medication by ACCC, HOPA, NCODA, or ONS, who assume no liability for and cannot ensure the accuracy of the information presented. All decisions regarding this medication should be made with the guidance and direction of a qualified healthcare professional.

Permission:
Patient Education Sheets are provided as a free educational resource for patients with cancer and their caregivers in need of concise, easy-to-understand information about cancer therapy. Healthcare providers may copy and distribute the sheets to patients and direct them to the Patient Education Sheets website. However, commercial reproduction or reuse, as well as rebranding or reposting of any type, are strictly prohibited without permission of the copyright holders. Permission requests, including direct linking from Electronic Health Records, and licensing inquiries should be emailed to patienteducationsheets@ncoda.org.

PES-131

Brought to you by:
ACCC Association of Cancer Care Centers
HOPA Hematology/Oncology Pharmacy Association
NCODA Network for Collaborative Oncology Development & Advancement
ONS Oncology Nursing Society