

# Clearing Up Confusion Around “Bispecific Antibodies”

This document demystifies common confusion about “bispecific antibodies”-or, more precisely, bispecific T-cell engagers (BTCEs).



Clarifying “Bispecific” Terminology



Varying Observation Periods



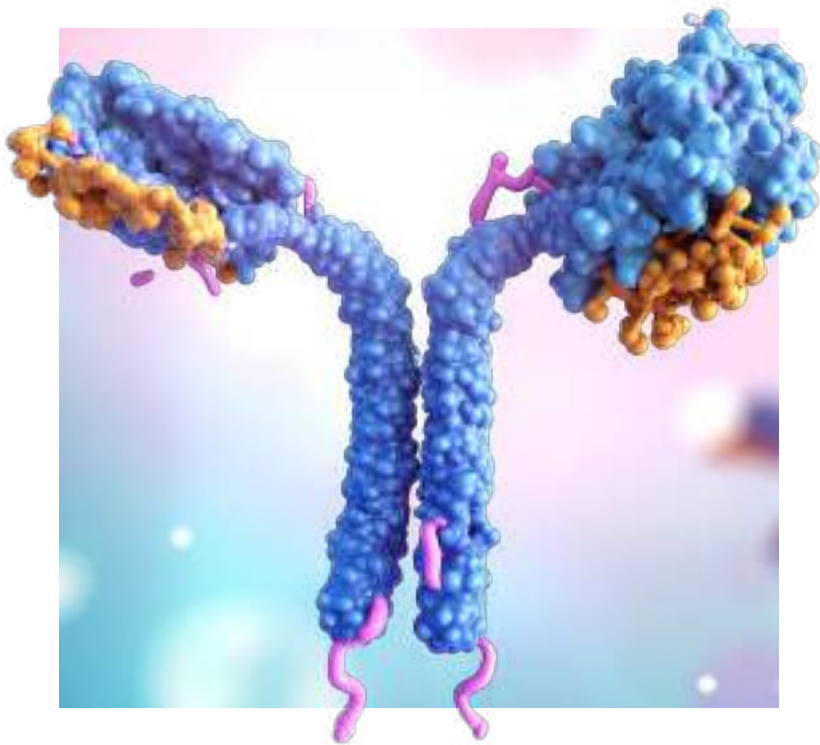
Different Supportive Care



# Clarifying “Bispecific” Terminology



The **term “bispecific”** describes a mechanism of action—binding two different targets at the same time. But, as an all-encompassing drug class term, it is an inadequate oversimplification that should be avoided.



## Why it matters:

Not all bispecifics target T-cells! Non-T-cell-engaging bispecifics do NOT cause the same adverse reactions or require the same operational considerations as those that target T-cells.

- This distinction is vital for clinics developing **operational workflows**, as confusion can arise when comparing T-cell engaging with non-T-cell engaging agents.

We expect many more T-cell engaging and non-T-cell engaging therapies to be approved in the near future.

- As such, **knowing which ones engage T-cells is crucial.**

**A closer look:** Here is a list of bispecific therapies approved for hematology and oncology indications in the US as of November 2025.

Initial FDA Approval (Year)	Agent Name (Brand)	Targets	Cancer Type or Condition
<b>T-cell Engaging</b>			
2025	Linvoseltamab-gcpt (LYNOZYFIC™)	CD3 x BCMA	MM
2024	Tarlatamab-dlle (IMDELLTRA™)	CD3 x DLL3	SCLC
2023	Elranatamab-bcmm (ELREXFIO™)	CD3 x BCMA	MM
2023	Epcoritamab-bysp (EPKINLY®)	CD3 x CD20	LBCL and FL
2023	Glofitamab-gxbm (COLUMVI™)	CD3 x CD20	LBCL
2023	Talquetamab-tgvs (TALVEY®)	CD3 x GPRC5D	MM
2022	Mosunetuzumab-axgb (LUNSUMIO™)	CD3 x CD20	FL
2022	Tebentafusp-tebn (KIMMTRAK®)	CD3 x gp100	HLA-A*02:01-positive uveal melanoma
2022	Teclistamab-cqyv (TECVAYLI®)	CD3 x BCMA	MM
2014	Blinatumomab (BLINCYTO®)	CD3 x CD19	B-ALL
<b>Non-T-cell Engaging</b>			
2024	Zanidatamab-hrii (ZIIHERA®)	HER2 x HER2	HER2-positive biliary tract cancer
2024	Zenocutuzumab-zbco (BIZENGRI®)	HER2 x HER3	NRG1 gene fusion positive NSCLC or pancreatic cancer
2021	Amivantamab-vmjw (RYBREVANT®)	EGFR x MET receptor	EGFR-mutated NSCLC
2017	Emicizumab-kxwh (HEMLIBRA®)	FIXa x FX	Hemophilia A

Abbreviations: B-ALL; B-cell acute lymphoblastic leukemia; BCMA, B-cell maturation antigen; CD3, cluster of differentiation 3; CD19, cluster of differentiation 19; CD20, cluster of differentiation 20; DLL3, delta-like ligand 3; EGFR, epidermal growth factor; EGFR, epidermal growth factor receptor; FIXa, activated factor IX; FX, factor X; FL, follicular lymphoma; GPRC5D, G protein-coupled receptor class C group 5 member D; HER2, human epidermal growth factor receptor 2; HER3, human epidermal growth factor receptor 3; HLA, human leukocyte antigen; LBCL, large B-cell lymphoma; MET, mesenchymal-epithelial transition; MM, multiple myeloma; NSCLC, non-small cell lung cancer; NRG1, neuregulin 1



# Varying Observation Periods



Observation times can vary not just by drug and dose number, but also by indication.

**Why the confusion?** There are many elements of the varying observation periods that can be confusing.

- Some BTCEs do not require hospital monitoring during step-up dosing.
- For BTCEs that require hospitalization, some allow the first step-up dose to be administered in a clinic.
- The package insert (PI) recommends hospitalization for the full first dose of epcoritamab in large B-cell lymphoma but not for follicular lymphoma.
- Some PIs use the term “appropriate healthcare setting” for the place to administer BTCEs, providing looser language than “hospitalization.”

## Why it matters:

It is crucial for the care team to be aware of the different observation times for BTCEs, as these recommendations vary by drug, dose number, and by indication.

**A closer look:** Here are tables comparing observation periods for BTCEs (per their US PIs) based on cancer type

- Abbreviations used in these tables:
  - FFD, first full dose
  - SUD, step-up dose

## Leukemia BTCE

Blinatumomab			
<b>Indication</b>	MRD-positive B-cell Precursor ALL	r/r B-cell Precursor ALL	B-cell Precursor ALL in the Consolidation Phase
<b>Step-Up Dosing</b>	None	SUD 1: C1D1-C1D7 FFD: C1D8-C1D28	None
<b>PI Recommendations for Hospitalization</b>	C1: First 3 days C2: First 2 days  Cycle = 42 days	C1: First 9 days C2: First 2 days  Cycle = 42 days (changes to a 84-day cycle with cycles 6-9)	C1: First 3 days C2: First 2 days  Cycle = 42 days
<b>Duration of Infusion</b>	Continuous infusion over 24 hours, 48 hours, 72 hours, 96 hours, or 7 days		

## Lymphoma BTCEs

	Epcoritamab		Glofitamab	Mosunetuzumab
<b>Premedications</b>	FL	LBCL	LBCL	FL
<b>Step-Up Dosing</b>	3 SUDs  SUD 1: C1D1 SUD 2: C1D8 SUD 3: C1D15 FFD: C1D22  Cycle = 28 days	2 SUDs  SUD 1: C1D1 SUD 2: C1D8 FFD: C1D15  Cycle = 28 days	2 SUDs (After receiving obinutuzumab on C1D1)  SUD 1: C1D8 SUD 2: C1D15 FFD: C2D1  Cycle = 21 days	2 SUDs  SUD 1: C1D1 SUD 2: C1D8 FFD: C1D15  Cycle = 21 days
<b>PI Recommendations for Hospitalization</b>	No	Patients should be hospitalized for <b>24 hours</b> after administration of the <b>FFD</b> (C1D15).	Administer infusions intravenously in a healthcare setting with immediate access to medical support to manage CRS, including severe CRS.  Patients should be hospitalized for <b>24 hours</b> after completion of <b>SUD 1</b> (C1D8).  Patients who experience any grade CRS during SUD 1 should be hospitalized during and for <b>24 hours</b> after completion of <b>SUD 2</b> .	No
<b>Duration of Infusion</b>	N/A		SUD 1 (C1D8): 4 hours SUD 2 (C1D15): 4 hours FFD (C2D1): 4 hours C3-12: 2 hours  Time of infusion may be extended up to 8 hours for patients who experience CRS with their previous dose of glofitamab.	C1: ≥4 hours C2+: 2 hours (if infusions from C1 were well-tolerated)

# Multiple Myeloma BTCEs

	Elranatamab	Linvoseltamab	Talquetamab		Teclistamab
<b>Step-Up Dosing</b>	2 SUDs  SUD 1: C1D1 SUD 2: C1D4 FFD: C1D8	2 SUDs  SUD 1: C1D1 SUD 2: C1D8 FFD: C1D15	<u>Weekly Dosing</u>  2 SUDs  SUD 1: C1D1 SUD 2: C1D4 FFD: C1D7	<u>Biweekly Dosing</u>  3 SUDs  SUD 1: C1D1 SUD 2: C1D4 SUD 3: C1D7 FFD: C1D10	2 SUDs  SUD 1: C1D1 SUD 2: C1D4 FFD: C1D7
<b>PI Recommendations for Hospitalization</b>	<p>Patients should be <b>hospitalized for 48 hours</b> after administration of <b>SUD 1</b>, and for <b>24 hours</b> after administration of <b>SUD 2</b>.</p> <p>Patients should be <b>monitored for 48 hours</b> following the next dose of elranatamab and should remain within proximity of a healthcare facility and consider hospitalization if they experience:</p> <ul style="list-style-type: none"> <li>• Grade 2 CRS or ICANS</li> </ul> <p>Patients should be <b>hospitalized for 48 hours</b> following the next dose if they experience:</p> <ul style="list-style-type: none"> <li>• Grade 3 (1st occurrence) CRS or ICANS</li> </ul>	<p>Patients should be <b>hospitalized for 24 hours</b> after administration of <b>SUD 1</b> and <b>SUD 2</b>.</p> <p>Patients should be <b>monitored for 24 hours</b> following the next dose of linvoseltamab and should remain within proximity of a healthcare facility and consider hospitalization if they experience:</p> <ul style="list-style-type: none"> <li>• Grade 2 CRS or ICANS</li> </ul> <p>Patients should be <b>hospitalized for 24 hours</b> following the next dose if they experience:</p> <ul style="list-style-type: none"> <li>• Grade 3 (1st occurrence) CRS or ICANS</li> </ul>	<p>Patients should be <b>hospitalized for 48 hours</b> after administration of all doses within the step-up dosing period (All SUDs and FFD).</p> <p>Patients should be <b>hospitalized for 48 hours</b> following the next dose if they experience:</p> <ul style="list-style-type: none"> <li>• Grade 2 CRS or ICANS</li> <li>• Grade 3 CRS (1st occurrence, duration &lt;48 hours)</li> <li>• Grade 3 ICANS (1st occurrence)</li> </ul>	<p>Patients should be <b>hospitalized for 48 hours</b> after administration of <b>all doses within the step-up dosing period</b> (SUDs and FFD).</p> <p>Patients should be <b>hospitalized for 48 hours</b> following the next dose if they experience:</p> <ul style="list-style-type: none"> <li>• Grade 2 CRS or ICANS</li> <li>• Grade 3 CRS (1st occurrence, duration &lt;48 hours)</li> <li>• Grade 3 ICANS (1st occurrence)</li> </ul>	
<b>Duration of Infusion</b>	N/A	<p>SUD 1, 2 and FFD: 4 hours</p> <p>Weekly dosing: 1 hour for the second treatment dose, and 30 minutes for subsequent doses</p> <p>Biweekly and every 4 weeks dosing: 30 minutes</p>	N/A	N/A	

## Small Cell Lung Cancer BTCE

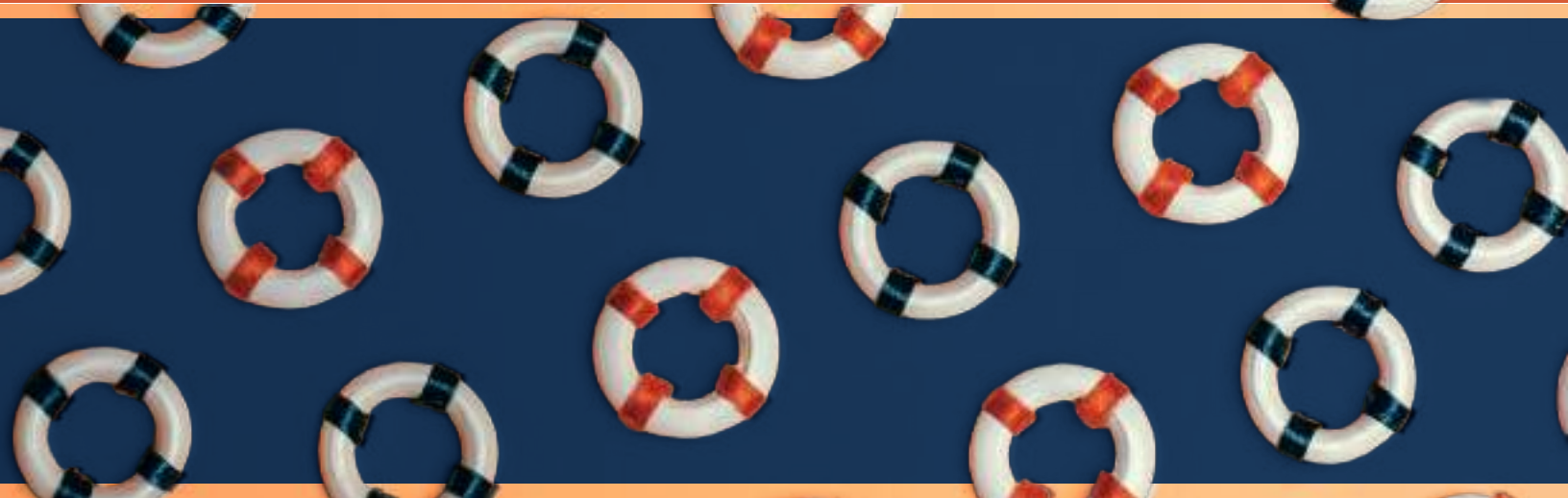
Tarlutamab	
Step-Up Dosing	1 SUD SUD 1: C1D1 FFD: C1D8
PI Recommendations for Hospitalization	No specific mention of “hospitalization.” Instead, the language “in an appropriate healthcare setting” is used.
PI Monitoring Recommendations	<ul style="list-style-type: none"> <li>C1D1 and C1D8: Monitor patients <b>from the start</b> of the tarlatamab administration for 22 to 24 hours in an appropriate healthcare setting.               <ul style="list-style-type: none"> <li>Recommend that patients remain within 1-hour of an appropriate healthcare setting for a total of 48 hours from start of the infusion with tarlatamab, accompanied by a caregiver.</li> </ul> </li> <li>C1D15 and C2: Observe patients for 6-8 hours post tarlatamab infusion.</li> <li>C3-C4: Observe patients for 3-4 hours post tarlatamab infusion.</li> <li>C5+: Observe patients for 2 hours post tarlatamab infusion.</li> </ul>
Duration of Infusion	1 hour (Note: C1 also requires 1L of normal saline intravenously over 4-5 hours of post-administration)

## Uveal Melanoma BTCE

Tebentafusp	
Step-Up Dosing	2 SUDs SUD 1: C1D1 SUD 2: C1D8 FFD: C1D15
PI Recommendations for Hospitalization	No specific mention of “hospitalization.” Instead, the language “in an appropriate healthcare setting” is used.
PI Monitoring Recommendations	Administer the first <b>3 infusions</b> (SUD 1, SUD 2, and FFD) in an appropriate healthcare setting. Monitor patients during the infusion and for <b>at least 16 hours</b> after the infusion is complete.
Duration of Infusion	15-20 minutes



# Different Supportive Care



Supportive care with BTCEs is important for mitigating the risk of certain adverse events, such as cytokine release syndrome (CRS) and infections.

**Why the confusion?** There are many elements of the varying observation periods that can be confusing.

- Some, but not all, BTCEs recommend premedication with a corticosteroid, antihistamine, and antipyretic.
- Epcoritamab uniquely recommends 3 days of dexamethasone (or an equivalent corticosteroid) post-infusion for Cycle 1 and certain patients in Cycle 2.
- Corticosteroid doses vary among BTCEs and by indication.
- Inconsistencies exist between infection prophylaxis in package inserts and national guidelines.

## Why it matters:

Each BTCE has recommendations for empiric supportive care. Pre-administration medications—and sometimes post-administration medications—are used to reduce the risk of CRS. Infection prevention is also vital for certain therapies.

**A closer look:** Here are tables comparing supportive care for BTCEs (per their US package inserts and national guidelines) based on cancer type.

# Leukemia BTCE

Blinatumomab			
<b>Indication</b>	MRD-positive B-cell Precursor ALL	r/r B-cell Precursor ALL	B-cell Precursor ALL in the Consolidation Phase
<b>Premedications</b>	For adult patients: prednisone 100 mg IV or equivalent (e.g., dexamethasone 16 mg).	For adult patients: dexamethasone 20 mg IV or PO to the first dose of blinatumomab of each cycle, prior to a step dose (such as Cycle 1 Day 8), and when restarting an infusion after an interruption of 4 or more hours.	For adult patients: dexamethasone 20 mg IV prior to the first dose of blinatumomab of each cycle.
	For pediatric patients: dexamethasone 5 mg/m <sup>2</sup> (max dose: 20 mg) IV or PO prior to the first dose of blinatumomab in the first cycle and when restarting an infusion after an interruption of 4 or more hours in the first cycle.	For pediatric patients: dexamethasone 5 mg/m <sup>2</sup> (max dose: 20 mg) IV or PO prior to the first dose of blinatumomab in the first cycle, prior to a step dose (such as Cycle 1 Day 8), and when restarting an infusion after an interruption of 4 or more hours in the first cycle.	For pediatric patients: dexamethasone 5 mg/m <sup>2</sup> (max dose: 20 mg) IV or PO prior to the first dose of blinatumomab in the first cycle and when restarting an infusion after an interruption of 4 or more hours in the first cycle.
<b>Postmedications</b>	None	None	None
<b>Prophylaxis</b>			
<b>Pneumocystis jirovecii pneumonia (PJP)</b>	Consider		
<b>Herpes virus</b>	Consider		
<b>Cytomegalovirus</b>	Not mentioned		
<b>Tumor Lysis Syndrome</b>	Recommend		
<b>Intrathecal chemotherapy</b>	Recommend		

# Lymphoma BTCEs

	Epcoritamab	Glofitamab	Mosunetuzumab
<b>Premedications</b>	<p>C1:</p> <ul style="list-style-type: none"> <li>Dexamethasone (15 mg IV or PO) or Prednisolone (100 mg IV or PO) or equivalent</li> <li>Diphenhydramine (50 mg IV or PO) or equivalent</li> <li>Acetaminophen 650 mg to 1,000 mg PO</li> </ul>	<p>C1D8 + D15; C2; C3</p> <ul style="list-style-type: none"> <li>Dexamethasone 20 mg IV               <ul style="list-style-type: none"> <li>If dexamethasone is not available, use prednisone 100 mg, prednisolone 100 mg, or methylprednisolone 80 mg IV</li> </ul> </li> <li>Antihistamine (diphenhydramine 50 mg IV or PO or equivalent)</li> <li>Acetaminophen 500 mg to 1,000 mg PO</li> </ul>	<p>C1 + C2</p> <ul style="list-style-type: none"> <li>Dexamethasone 20 mg IV or methylprednisolone 80 mg IV</li> <li>Diphenhydramine hydrochloride 50 mg to 100 mg or equivalent IV or PO antihistamine</li> <li>Acetaminophen 500 mg to 1,000 mg PO</li> </ul>
	<p>C2+ (for patients who experienced G2 or G3 CRS with previous dose):</p> <ul style="list-style-type: none"> <li>Dexamethasone (15 mg oral or intravenous) or Prednisolone (100 mg oral or intravenous) or equivalent</li> </ul>	<p>All Subsequent Infusions</p> <ul style="list-style-type: none"> <li>Acetaminophen 500 mg to 1,000 mg orally</li> <li>Antihistamine (diphenhydramine 50 mg oral or intravenously or equivalent)</li> <li>Patients who experienced any grade CRS with the previous dose: Dexamethasone 20 mg intravenously               <ul style="list-style-type: none"> <li>If dexamethasone is not available, administer prednisone 100 mg, prednisolone 100 mg, or methylprednisolone 80 mg intravenously.</li> </ul> </li> </ul>	<p>Cycles 3+ (Patients who experienced any grade CRS with the previous dose)</p> <ul style="list-style-type: none"> <li>Dexamethasone 20 mg intravenous or methylprednisolone 80 mg intravenous</li> <li>Diphenhydramine hydrochloride 50 mg to 100 mg or equivalent oral or intravenous antihistamine</li> <li>Oral acetaminophen (500 mg to 1,000 mg)</li> </ul>
<b>Postmedications</b>	<p>C1 and C2+ (for patients who experienced G2 or G3 CRS with previous dose):</p> <ul style="list-style-type: none"> <li>Dexamethasone (15 mg oral or intravenous) or Prednisolone (100 mg oral or intravenous) or equivalent for <b>3 consecutive days</b></li> </ul>	None	None
<b>Prophylaxis</b>			
<b>Pneumocystis jirovecii pneumonia (PJP)</b>	Recommend	PI: Consider Guidelines: Recommend	PI: Not mentioned Guidelines: Recommend
<b>Herpes virus</b>	PI: Not mentioned Guidelines: Recommend	PI: Consider Guidelines: Recommend	PI: Not mentioned Guidelines: Recommend
<b>Cytomegalovirus</b>	PI: Not mentioned Guidelines: Consider	Consider	PI: Not mentioned Guidelines: Consider
<b>Tumor Lysis Syndrome</b>	Not mentioned	Recommended for patients at risk of tumor lysis syndrome; ensure adequate hydration status	Not mentioned
<b>Other</b>	N/A	Note: Since Obinutuzumab is given on C1D1, screening for hepatitis B virus is recommended. Treat as indicated	N/A

# Multiple Myeloma BTCEs

	Elranatamab	Linvoseltamab	Talquetamab	Teclistamab
<b>Premedications</b>	<p>During the SUD period (All SUDs and FFD).</p> <ul style="list-style-type: none"> <li>Dexamethasone (or equivalent) 20 mg IV or PO</li> <li>Diphenhydramine (or equivalent) 25 mg PO</li> <li>Acetaminophen (or equivalent) 650 mg PO</li> </ul>	<p>During the SUD period (All SUDs and FFD), second treatment dose, and if indicated, subsequent treatment doses.</p> <ul style="list-style-type: none"> <li>Dexamethasone (or equivalent) 40 mg IV before SUDs and FFD; once a treatment dose of linvoseltamab is tolerated without CRS and/or IRR with 40 mg (or equivalent), administer 10 mg dexamethasone (or equivalent) prior to the subsequent doses</li> <li>Diphenhydramine (or equivalent) 25 mg PO</li> <li>Acetaminophen (or equivalent) 650 mg to 1000 mg PO</li> </ul>	<p>During the SUD period (All SUDs and FFD).</p> <ul style="list-style-type: none"> <li>Corticosteroid (dexamethasone 16 mg IV or PO, or equivalent)</li> <li>Antihistamines (diphenhydramine 50 mg IV or PO, or equivalent)</li> <li>Antipyretics (acetaminophen 650 mg to 1,000 mg IV or PO, or equivalent)</li> </ul>	<p>During the SUD period (All SUDs and FFD).</p> <ul style="list-style-type: none"> <li>Corticosteroid (dexamethasone 16 mg IV or PO, or equivalent)</li> <li>Antihistamines (diphenhydramine 50 mg IV or PO, or equivalent)</li> <li>Antipyretics (acetaminophen 650 mg to 1,000 mg IV or PO, or equivalent)</li> </ul>
<b>Postmedications</b>	None	None	None	None
<b>Prophylaxis</b>				
<b>Pneumocystis jirovecii pneumonia (PJP)</b>	Recommend	Recommend	Recommend	Recommend
<b>Herpes virus</b>	Recommend	Recommend	Recommend	Recommend
<b>Cytomegalovirus</b>	Consider	Consider	Consider	Consider
<b>Tumor Lysis Syndrome</b>	Not mentioned	Not mentioned	Not mentioned	Not mentioned

## Small Cell Lung Cancer BTCE

Tarlatacab	
<b>Premedications</b>	C1D1 and C1D8 <ul style="list-style-type: none"> <li>Dexamethasone 8 mg IV (or equivalent)</li> </ul>
<b>Postmedications</b>	C1 (all 3 doses) <ul style="list-style-type: none"> <li>1 L of normal saline IV over 4-5 hours after completion of tarlatacab infusion</li> </ul>
<b>Prophylaxis</b>	
<b>Pneumocystis jirovecii pneumonia (PJP)</b>	No
<b>Herpes virus</b>	No
<b>Cytomegalovirus</b>	No
<b>Tumor Lysis Syndrome</b>	No

## Uveal Melanoma BTCE

Tebentafusp	
<b>Premedications</b>	No empiric premedication recommended <ul style="list-style-type: none"> <li>For moderate CRS that is persistent (lasting 2-3 hours) or recurrent, or for severe CRS, give a corticosteroid (e.g., dexamethasone 4 mg or equivalent) prior to the next dose.</li> </ul>
<b>Postmedications</b>	No
<b>Prophylaxis</b>	
<b>Pneumocystis jirovecii pneumonia (PJP)</b>	No
<b>Herpes virus</b>	No
<b>Cytomegalovirus</b>	No
<b>Tumor Lysis Syndrome</b>	No

## Package Inserts

1. **BLINCYTO (blinatumomab)**. Thousand Oaks, CA. Amgen Inc.  
[www.accessdata.fda.gov/drugsatfda\\_docs/label/2024/125557s030lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2024/125557s030lbl.pdf).  
Published October 21, 2025. Accessed November 5, 2025.
2. **COLUMVI (glofitamab-gxbm)**. South San Francisco, CA. Genentech, Inc.  
[www.accessdata.fda.gov/drugsatfda\\_docs/label/2023/761309s000lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2023/761309s000lbl.pdf).  
Published October 27, 2025. Accessed November 5, 2025.
3. **ELREXFIO (elranatamab-bcmm)**. New York, NY. Pfizer Inc.  
[www.accessdata.fda.gov/drugsatfda\\_docs/label/2023/761345Orig1s000lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2023/761345Orig1s000lbl.pdf).  
Published July 10, 2025. Accessed November 5, 2025.
4. **EPKINLY (epcoritamab-bysp)**. Plainsboro, NJ. Genmab US, Inc.  
[www.accessdata.fda.gov/drugsatfda\\_docs/label/2024/761324s003lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761324s003lbl.pdf).  
Published September 11, 2025. Accessed November 5, 2025.
5. **IMDELLTRA (tarlatamab-dlle)**. Thousand Oaks, CA. Amgen Inc.  
[www.accessdata.fda.gov/drugsatfda\\_docs/label/2024/761344s000lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761344s000lbl.pdf).  
Published May 16, 2024. Accessed November 5, 2025.
6. **KIMMTRAK (tebentafusp-tebn)**. Conshohocken, PA. Immunocore Commercial LLC.  
[www.accessdata.fda.gov/drugsatfda\\_docs/label/2024/761228s003lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761228s003lbl.pdf).  
Published June 27, 2024. Accessed November 5, 2025.
7. **LUNSUMIO (mosunetuzumab-axgb)**. South San Francisco, CA. Genentech, Inc.  
[www.accessdata.fda.gov/drugsatfda\\_docs/label/2024/761263s005lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761263s005lbl.pdf).  
Published November 22, 2024. Accessed November 5, 2025.
8. **LYNOZYFIC (linvoseltamab-gcpt)**. Tarrytown, NY. Regeneron Pharmaceuticals, Inc.  
[www.accessdata.fda.gov/drugsatfda\\_docs/label/2025/761400s000lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2025/761400s000lbl.pdf).  
Published July 2, 2025. Accessed November 5, 2025.
9. **TALVEY (talquetamab-tgvs)**. Horsham, PA. Janssen Biotech, Inc.  
[www.accessdata.fda.gov/drugsatfda\\_docs/label/2023/761342s000lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2023/761342s000lbl.pdf).  
Published October 2, 2025. Accessed November 5, 2025.
10. **TECVAYLI (teclistamab-cqyv)**. Horsham, PA. Janssen Biotech, Inc.  
[www.accessdata.fda.gov/drugsatfda\\_docs/label/2024/761291s008lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761291s008lbl.pdf).  
Published August 19, 2025. Accessed November 5, 2025.

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