Bayside Health

Feasibility of Outpatient Administration

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Different Bi-specifics for multiple myeloma

Elranatamab
Talquatamab
Teclistamab
Linvoseltamab
Cevostumab

Eligibility.

Elranatamab

Pfizer 'Patient Familiarisation Program (PFP)
June 2025 – 30 September 2025

1 April 2026 – PBS listed

3 prior lines of therapy (triple class exposed)
- PI
- IMID
- Anti-CD38 monoclonal antibody

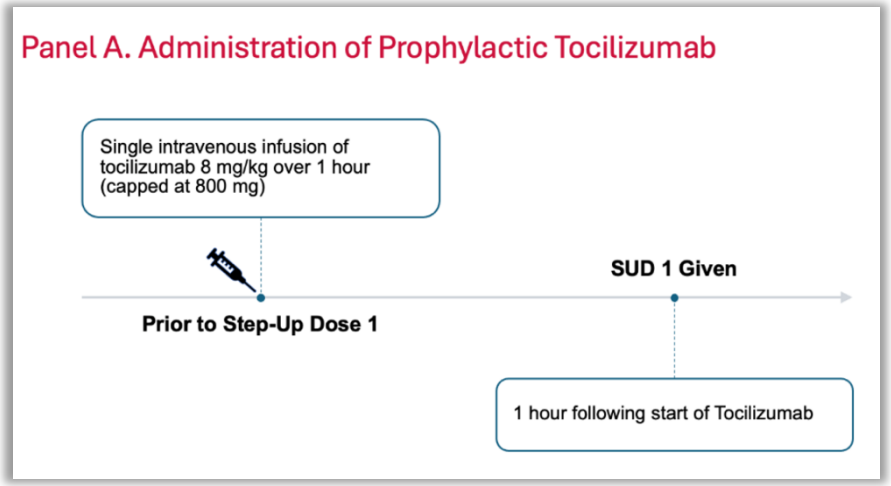
Talquatamab

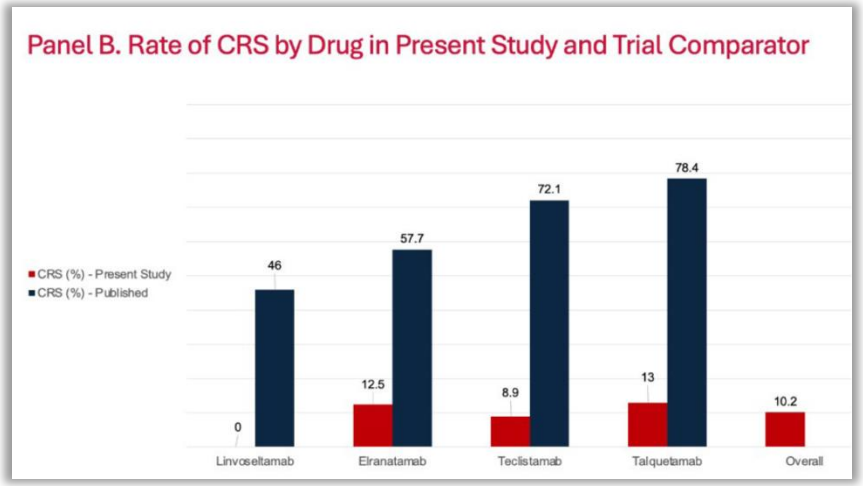
Bridging therapy to Cilta-cel (Carvykti)

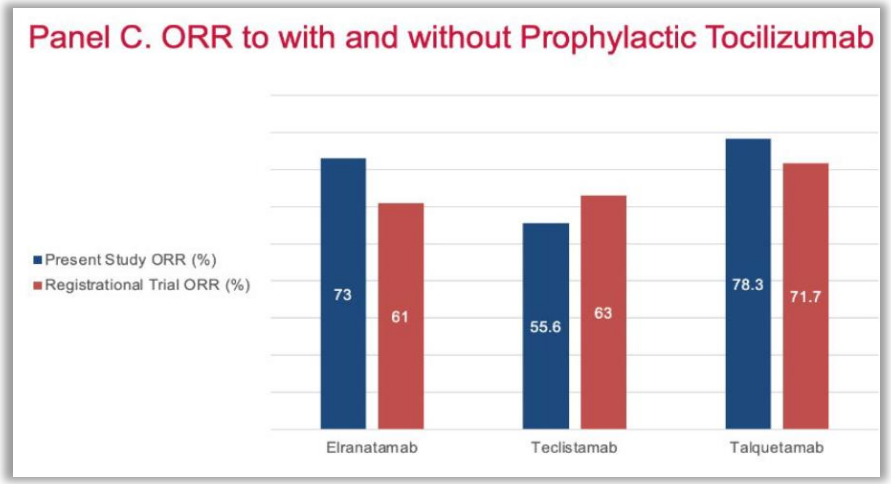
May 2026

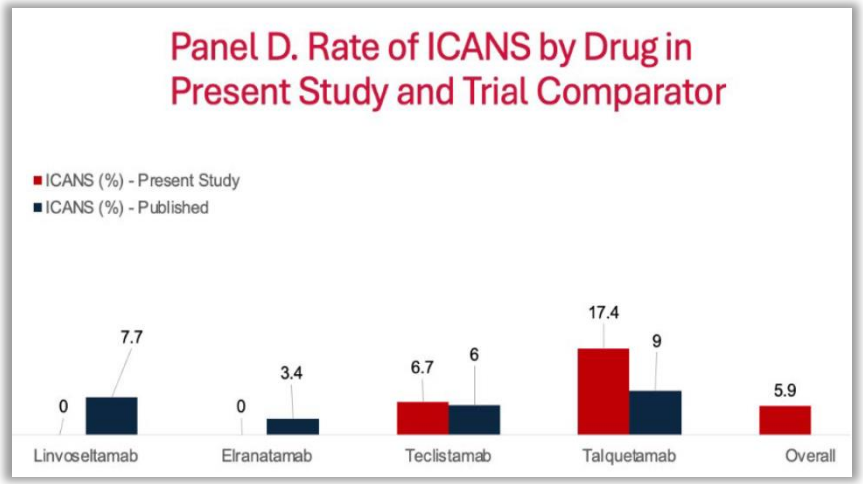
4 prior lines of therapy (triple class exposed
- PI
- IMID
- Anti-CD38 monoclonal antibody

Tocilizumab prophylaxis for patients with multiple myeloma treated with bispecifc antibodies









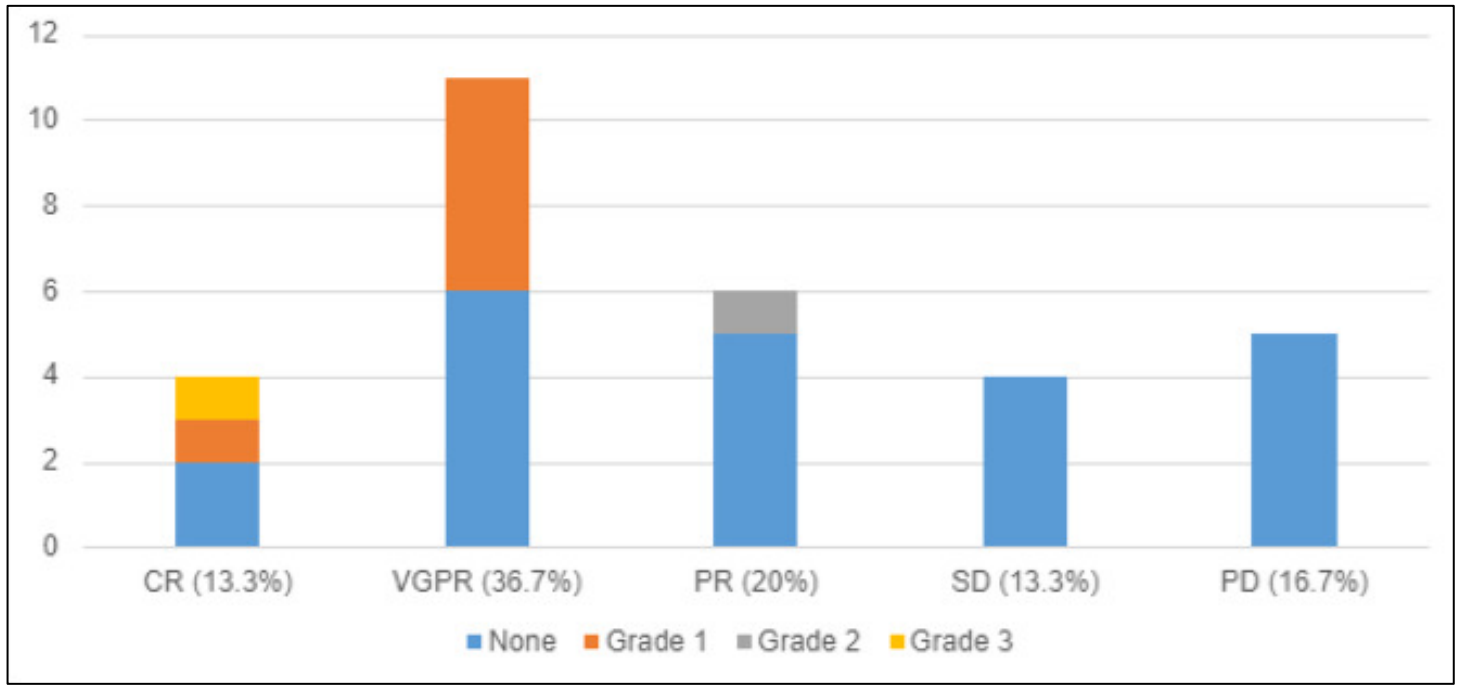
Overall CRS 10.1%

ELRA CRS 12.5%/ 57.7%

TAL CRS 13%/ 78.4%

Kowalski et al. Blood Advances 2025; 9(19):4979

Prophylactic tocilizumab to prevent cytokine release syndrome (CRS) with teclistamab: A single center experience.

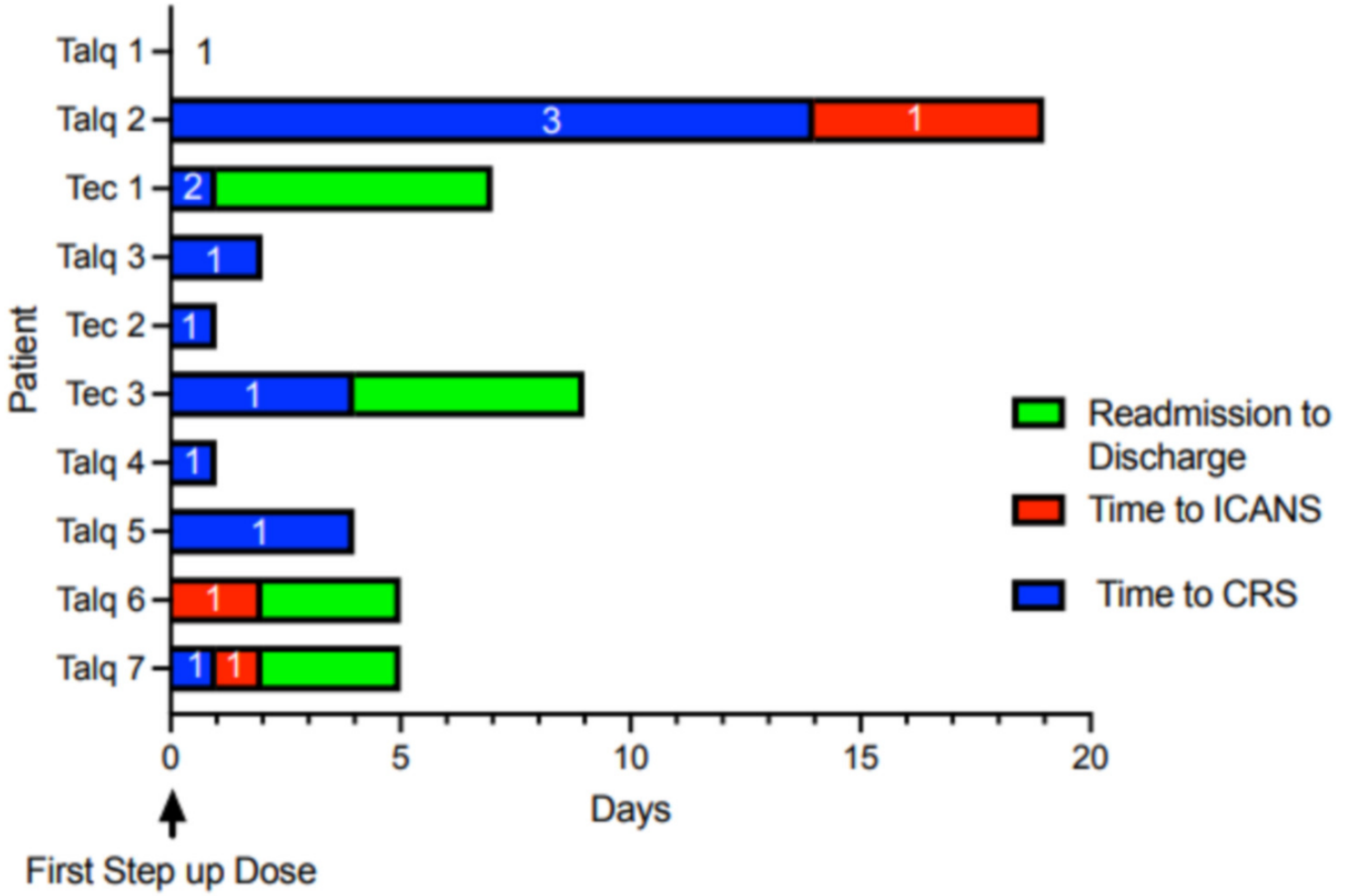


Prophylaxis
CRS 26.3%

No prophylaxis
CRS 73.3%

Scott et al. Blood Cancer Journal 2023; 13(1):191

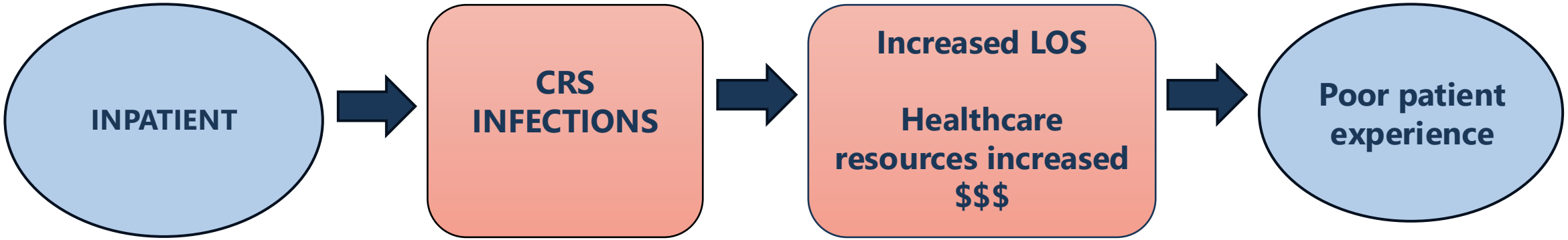
Feasibility and safety of Outpatient Model for Administration of Bispecific Antibodies: Preceedings from an International Myeloma Society Annual Meeting Oral Abstract



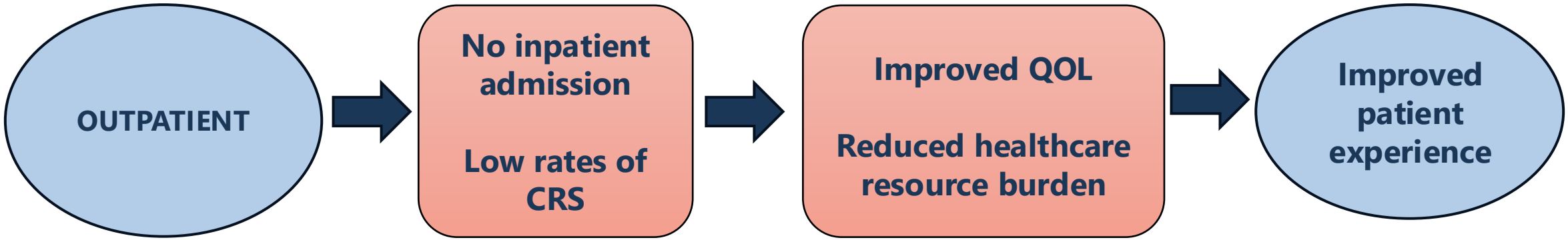
52 patients enrolled
CRS 19.2%

Scott et al. 2025. Clinical Lymphoma, Myeloma and Leukaemia.

Inpatient administration.



Outpatient administration.



Alfred Health modelling (per annum) 100 patients
Tocilizumab 8mg/kg (600mg) = $600

Outpatient with Tocilizumab prophylaxis

Day admission x 100 patients

Tocilizumab x 100 patients x 1 dose = $60,000

G1/2 CRS x 13 patients (12.5%) 5-7day IP stay

G3/4 CRS or ICANS x 0 patients

Outpatient day chair cost: $1,800

Inpatient with no Tocilizumab prophylaxis

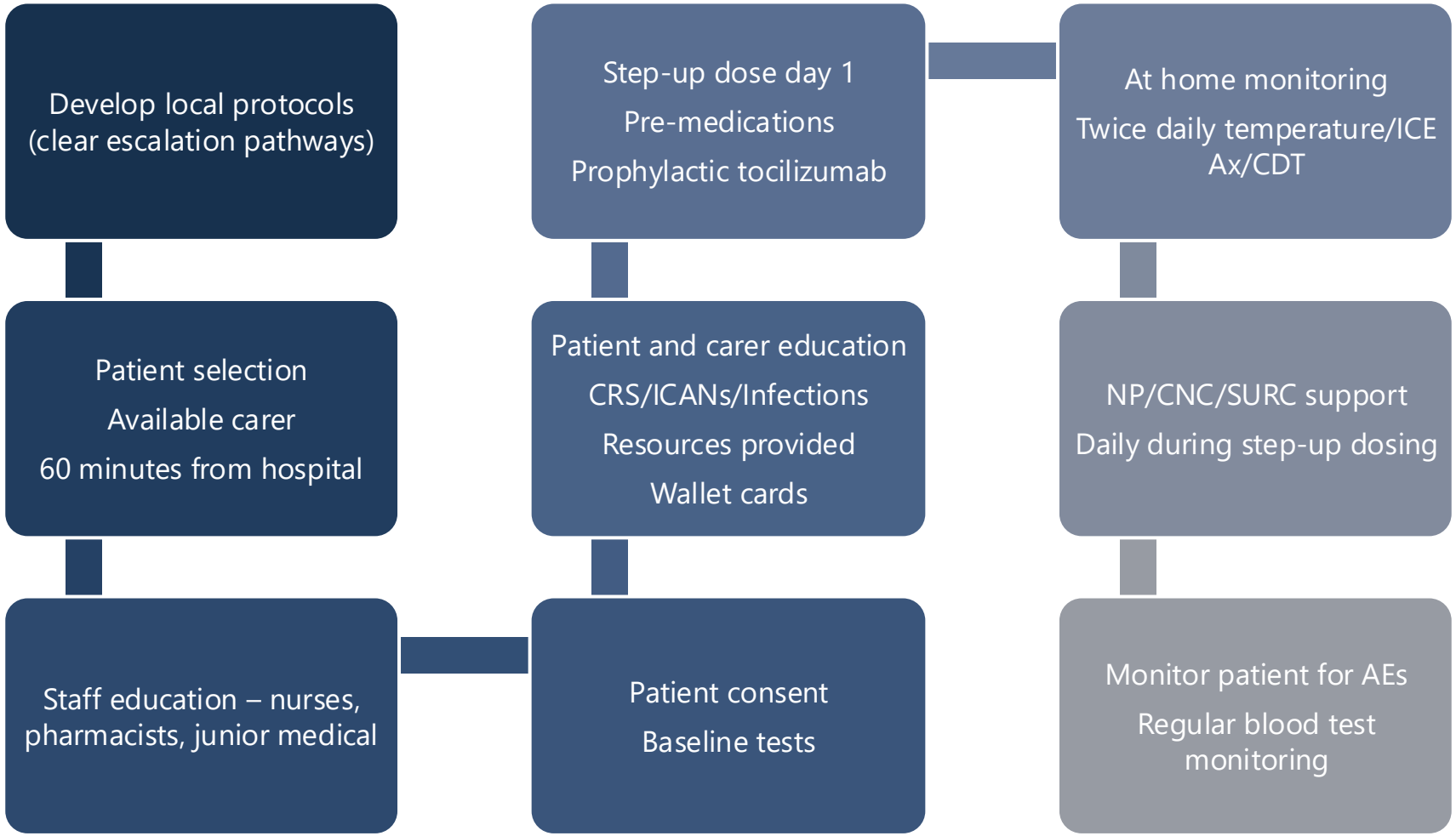
Patients x 100: five-day inpatient stay

Patients x 58 (57.7%) G1/2 CRS: Toci x 3 doses: $104,400

Inpatient bed cost: ~$2,500 per day

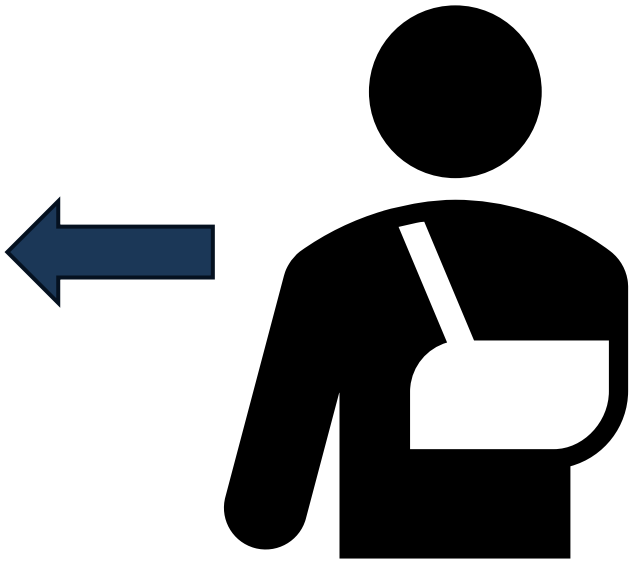
Five nights: $12,500

Outpatient pathway



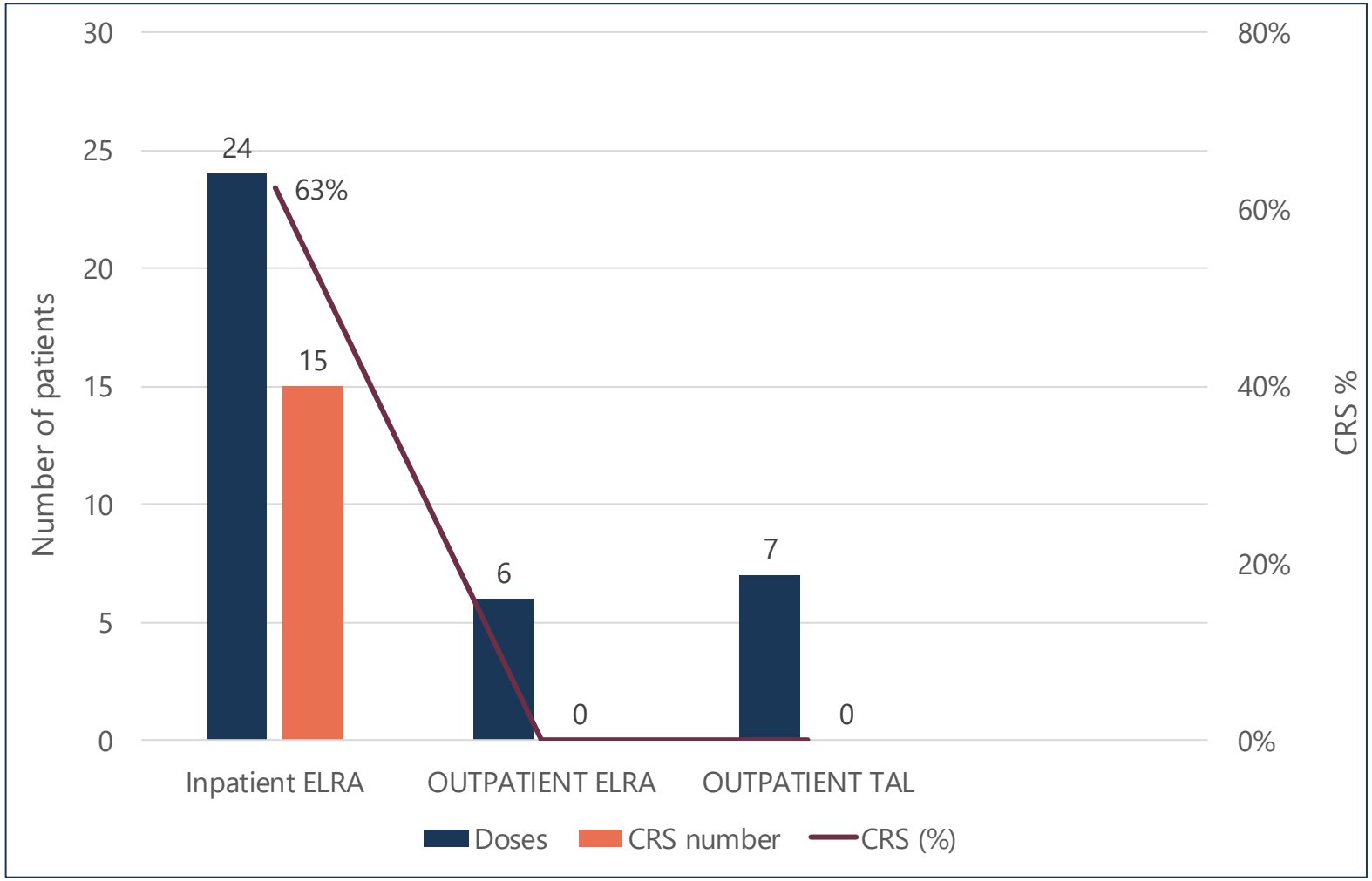
Alfred Hospital outpatient step-up dosing administration.

Elranatamab
6 patients



Talquatamab
7 patients

CRS data - elranatamab and talquatamab.



G1 CRS
41.6%

G2 CRS
20.8%

Patient demographics and adverse events.

Characteristic	Value
Number of patients, n	30
Median age, years (range)	67 (49-78)
Median prior lines of therapy (range)	5 (3-10)
Median time since diagnosis, years (range)	5 (1-22)

68% ≥ VGPR
84% ORR

Adverse event	Incidence	Severity/Grade	
Cytokine Release Syndrome (CRS)	62.5%	All Grade 1-2	No severe CRS reported
	41.6%	Grade 1	
	20.8%	Grade 2	
Neutropenia	56%	Grade 4	Regular filgrastim
Fatigue	68%	Grade 2/3	Most common adverse event reported
Multiple Infections (including Cytomegalovirus)	24%	Flu A, RSV, etc.	Required antiviral therapy
Skin Toxicities (Desquamation)	11%	G1/2/3	Included skin peeling/desquamation
Injection Site Reactions	24%	Not specified	Local injection site toxicity

Conclusion.

- CRS remains the principal barrier to administration of bispecific antibodies in outpatient settings.
- Emerging data suggests prophylactic tocilizumab significantly reduces the incidence and severity of CRS during step-up dosing.
- Reduced CRS will lead to fewer hospital admissions with reduced hospital resource utilisation.
- Administration of bispecific antibodies in outpatient settings supports clinically effective economically sustainable programs.
- Careful patient selection, clear escalation pathways, and rapid access to toxicity management remain essential.
- Outpatient delivery significantly improves patient quality of life.

THANK YOU.

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