National Cancer Control Programme

NCCP Technology Review Committee (TRC)

Meeting Notes

Date of Meeting:	**25th August 2025 at 4.30pm**
Venue:	**Teleconference via MS Teams**
Assessment:	Talquetamab (Talvey®)

TEXT FOR REDACTION DUE TO DELIBERATIVE PROCESS HIGHLIGHTED IN YELLOW

TEXT FOR REDACTION DUE TO COMMERCIAL SENSITIVITY IS HIGHLIGHTED IN PINK

TEXT FOR REDACTION DUE TO CONFIDENTIALITY IS HIGHLIGHTED IN BLUE

Attendance:

Members present		
NCPE representative	National Centre for Pharmacoeconomics (NCPE)	By MS Teams
Prof Maccon Keane	Medical Oncologist, Galway: NCCP National Medical Oncology Programme Clinical Advisor	By MS Teams
Dr Janusz Krawczyk	Consultant Haematologist, Galway: IHS representative	By MS Teams
Ms Fiona Mulligan	PCRS representative	By MS Teams
Ms Aishling McLoughlin	Chief I Pharmacist, NCCP (Deputy Chair)	By MS Teams
Dr Dearbhaile O'Donnell	Medical Oncologist, St James's Hospital: ISMO nominee	By MS Teams
Dr Derville O'Shea	Consultant Haematologist, Cork University Hospital: NCCP National Clinical Lead(s) for Haemato-oncology	By MS Teams
Dr Liam Smyth	Consultant Haematologist, St Vincent's University Hospital: NCCP National Clinical Lead(s) for Haemato-oncology	By MS Teams
Non-member invited specialists present		
Apologies (members)		
Dr Neil Barrett	Consultant Haematologist, Children's Health Ireland – Crumlin: IHS representative **Chair**	
Dr Oscar Breathnach	Medical Oncologist, Beaumont: ISMO nominee	
Dr Dearbhaile Collins	Medical Oncologist, Cork University Hospital: ISMO nominee	
Dr Patrick Hayden	Consultant Haematologist, St James's Hospital: HIS representative	
Observers present		
Ms Helena Desmond	Senior Pharmacist, NCCP	By MS Teams

Item	Discussion	Actions
1	**Introduction & reminder re. conflict of interest & confidentiality**	
	Members were reminded to raise any conflicts of interest that they had in relation to any drug for discussion prior to the commencement of the discussion of that item.	
2	**Notes of previous meeting and matters arising**	
	The notes of the previous meeting on July 28th 2025 were reviewed and agreed.	
3	**Drugs/Technologies for consideration**	
	Talquetamab (Talvey®) (Ref. TRC 179) *As monotherapy is indicated for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least 3 prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.* The clinical aspects of this indication were discussed. Talquetamab is a bispecific antibody, and it was noted that while it has similar efficacy to teclistamab (currently approved for the treatment of relapsed / refractory multiple myeloma (RRMM) for those who have received at least three prior therapies), talquetamab is different and targets GPR-C5D receptors as opposed to BCMA receptors, offering a novel and important treatment for RRMM. The supporting evidence for this indication comes the MonumenTAL-1 trial, a single-arm, open-label, phase I-II trial which included patients who had previously received at least three prior therapies, including a proteasome inhibitor (PI), an immunomodulatory agent (IMiD) and an anti-CD38 monoclonal antibody. The trial showed an overall response rate (ORR) of approximately 70% in patients who were heavily pre-treated, with up to 42% of patients achieving a complete remission, and a progression free survival (PFS) of 9 to 14 months, representing unique and important data. The positioning of the talquetamab in the treatment pathway was discussed. Other than teclistamab, an anti-BCMA bispecific antibody, there are no other novel treatments approved for reimbursement for patients in this setting or who are ineligible for BCMA treatment, or refractory to the relevant comparators such as PIs, IMiDs and anti-CD38 monoclonal antibodies, referred to here as real world physician's choice (RWPC). With regards to efficacy, response rates with talquetamab are comparable to teclistamab, however there is a strong desire among the clinicians to have talquetamab available for this patient cohort, as these agents have different targets. It was noted that internationally patients are treated with talquetamab as a bridge to CAR-T cell therapy. Approval for CAR-T cell therapy for the treatment of RRMM in Ireland is pending. Should CAR-T cell therapy be approved in this setting, access to CAR-T cell therapy may be limited due to capacity constraints, therefore it would be very important to have access to talquetamab as a bridging management to CAR-T cell therapy. The pharmacoeconomic aspects as outlined in the HTA assessment carried out by the NCPE were discussed. A number concerns were highlighted by the NCPE review group, such as the relevant comparators, supporting evidence, the single arm nature of the trial and the lack of comparator evidence for talquetamab. The comparators used in the HTA assessment were discussed, noting that CAR-T cell therapy was not included as a relevant comparator, as it is not currently reimbursed in this setting. With regard to the supporting evidence, there is uncertainty of how the ORR will translate to PFS and OS. Due to the single arm nature of the supporting trial, there is a lack of direct comparator evidence, therefore it is difficult to isolate the causal effect of talquetamab. Indirect treatment comparisons (ITCs) were conducted to establish the relative effectiveness of talquetamab versus the relevant comparators. The LocoMMotion and the MoMMent studies were used to inform efficacy of RWPC and the MajesTEC-1 trial was used to inform	

	efficacy of teclistamab. The ITCs were discussed, and indicated that talquetamab was associated with a statistically significant improvement in PFS and OS compared to RWPC, and when compared to teclistamab there was a statistically significant improvement in OS, but no difference in PFS. However the NCPE review group highlighted concerns regarding the differences to the patient populations in studies used in the ICTs. The cost effectiveness analysis and the modelling used was outlined. In terms of the cost, the estimated cost per patient per treatment course of talquetamab was €252,000 including VAT based on a treatment duration of 20 months (reflective of the supporting trial). The estimated cost per patient per treatment course for teclistamab was [redacted], also based on a treatment duration of 20 months. The estimated cost per patient per treatment course of RWPC is [redacted] based on a treatment duration of 7.1 months. In terms of the cost effectiveness the NCPE adjusted base case incremental cost-effectiveness ratio (ICER) versus real word physician's choice is €151,000/QALY, and the ICER versus teclistamab is [redacted] There is a zero probability of being cost effective at the €45,000 per QALY threshold. In terms of the budget impact (BI), the gross BI over 5 years is estimated to be €60.5m including VAT. The net BI, when accounting for the displacement of both the RWPC and teclistamab is estimated to be [redacted] including VAT, assuming that the market share of talquetamab would start at [redacted] year 5, and it is also assumed that approximately 30% of patients who are RRMM in Ireland would eventually require fourth line therapy. The NCPE recommends that talquetamab not be considered for reimbursement unless the cost effectiveness can be improved relative to existing treatments Having considered the clinical efficacy of the indication in this patient cohort the committee members agreed unanimously to recommend approval of this indication to the HSE Drugs Group. *(Decision: TRC 179)*	
4	**Update on other drugs in the reimbursement process**	
	An update had been shared with the group in the documentation for the meeting	
5	**Next meeting**	
	The proposed date for the next meeting is Monday September 22nd 2025	
6	**Any other business / Next meeting**	

The meeting concluded at 17.10pm.

Actions arising from meeting:

Ref.	Date of meeting	Details of action	Responsible	Update
25/08	25/08/2025	NCCP to communicate recommendations to HSE Drugs Group.	NCCP	Complete
25/08	25/08/2025	Apply for CPD	NCCP	Complete