Bispecific Antibody Therapy Resource Guide

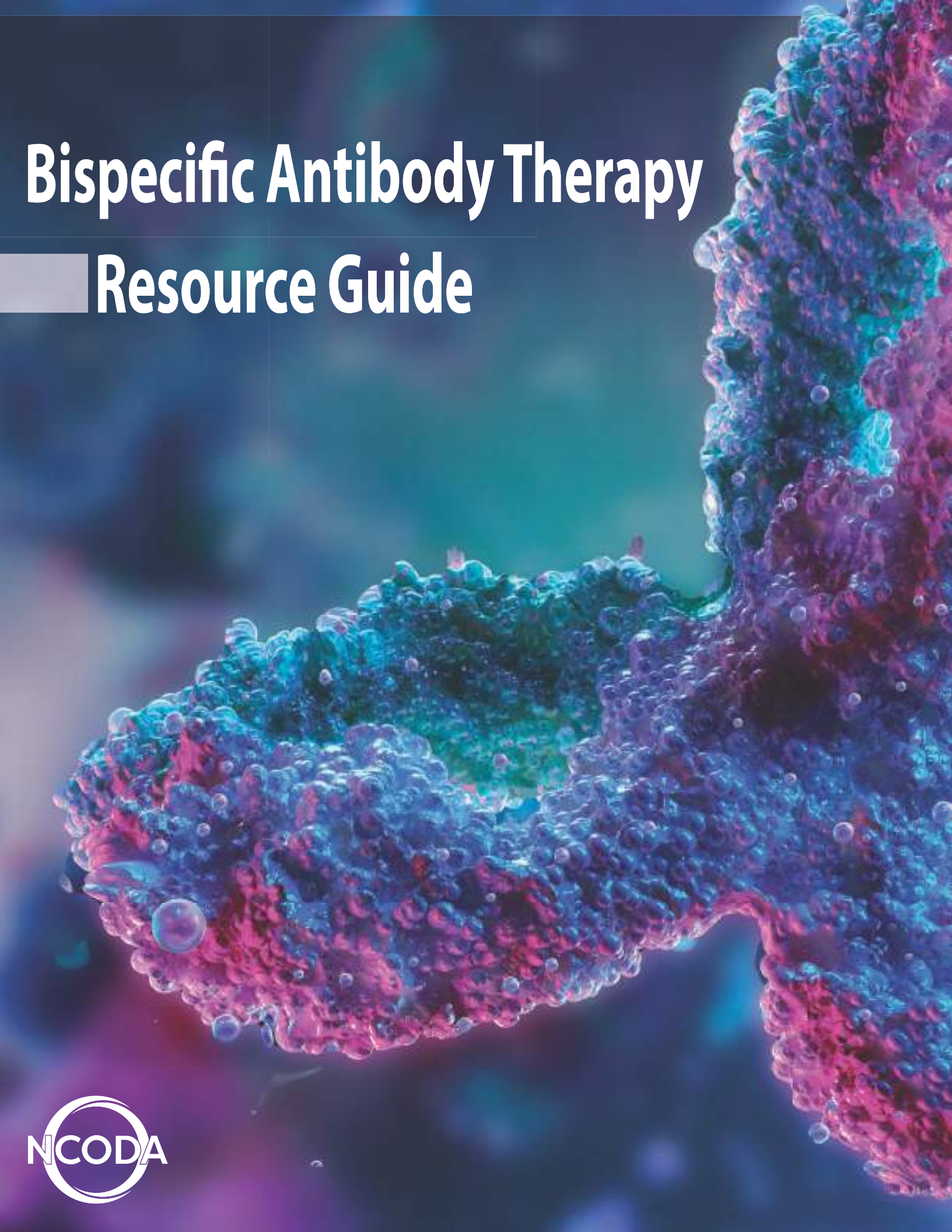

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TABLE OF CONTENTS

BsAbs IN LYMPHOMA (AS OF OCT. 28, 2025)

DRUG	Mosunetuzumab-axgb (LUNSUMIO™)[1,2]	Epcoritamab-bysp (EPKINLY®)[3,4]	Glofitamab-gxbm (COLUMVI™)[5,6]
Manufacturer	Genentech, Inc.	Genmab US, Inc.	Genentech, Inc.
Target	CD3xCD20	CD3xCD20	CD3xCD20
Indication	R/R follicular lymphoma following two or more lines of therapy	1. R/R diffuse large B-cell lymphoma following two or more lines of therapy 2. R/R follicular lymphoma following two or more lines of therapy	R/R diffuse large B-cell lymphoma following two or more lines of therapy
Route of administration	IV	SC	IV
Dosing schedule	C1: Days 1, 8,15 C2+: Day 1, every 21 days, for up to eight cycles in CR or up to 17 cycles for PR or SD	C1-3: Days 1, 8 ,15, and 22 C4-9: Days 1 and 15 C10+: Day 1, every 28 days until progression	C1: obinutuzumab, Day 1; glofitamab-gxbm Days 8 and 15 C2-12: Day 1, every 21 days
CRS mitigation			
Step-up dosing	C1D1: 1mg C1D8: 2mg C1D15: 60mg C2D1: 60mg C3+D1: 30mg	R/R DLBCL C1D1: 0.16mg C1D8: 0.8mg C1D15: 48mg C1D22: 48mg C2D1+: 48mg R/R FL C1D1: 0.16mg C1D8: 0.8mg C1D15: 3mg C1D22: 48mg C2D1+: 48mg	C1D1: obinutuzumab 1,000mg C1D8: 2.5mg (first glofitamab-gxbm dose) C1D15: 10mg C2D1+: 30mg
Premedications	1. A/P 500-1000mg, 30 minutes prior, for C1 and C2 2. Diphenhydramine 50-100mg (or equivalent), 30 minutes prior, for C1 and C2 3. Dexamethasone 20mg or methylprednisolone 80mg, one hour prior, for C1 and C2. Continue all premedications if CRS occurs with prior dose.	1. A/P 650-1,000mg, 30 to 120 minutes before C1 treatments 2. Diphenhydramine 50mg (or equivalent), 30 to 120 minutes before C1 treatments 3. Dexamethasone 15mg or prednisolone 100mg (or equivalent), 30 to 120 minutes before C1 treatments and for three consecutive days after. Continue dexamethasone thereafter if G2 or G3 CRS with prior dose.	1. A/P 500-1,000mg, 30 minutes before all treatments 2. Diphenhydramine 50mg (or equivalent), 30 minutes before all infusions 3. Dexamethasone 20mg (or equivalent), one hour before treatment on C1D8, C1D15, C2D1, and C3D1. Continue if CRS with prior dose.
Hospitalization	Optional	R/R DLBCL: C1D15: 24-hour admission R/R FL: Hospitalization is not required	C1D8: 24-hour admission
CRS occurrence	G1: 26% G2: 17% G3: 1% G4: 1% G5: 0%	G1: 34% G2: 15% G3: 3% G4: 0% G5: 0%	G1: 47% G2: 12% G3: 3% G4: 1% G5: 0%
	Time course for CRS onset C1D1: 23.3% C1D8: 5.6% C1D15: 36.4% C2D1: 10.3% C3+D1: 2.4% Median time to CRS onset C1D1: 5 hours C1D8: 20 hours C1D15: 27 hours C2D1: 38 hours	Time course for CRS onset C1D1: 5.8% C1D8: 11.8% C1D15: 42.8% C1D22: 4.9% C3+: 3% Median time to CRS onset All doses: 24 to 59 hours (range: up to 10 days) First Full Dose: 21 to 61 hours (range: 14 days)	Time course for CRS onset C1D8: 42.8% C1D15: 25.2% C2: 26% C3+: 0.9% Median time to CRS onset C1D8: 14 hours (range: 6 to 52 hours)
Median duration of CRS	Three days (range: one to 29 days)	Two days (range: one to 27 days)	Two days (range: one to 14 days)
ICANS	G1-2: 3% G3: 0% G4: 0% G5: 0%	G1: 4.5% G2: 1.3% G3: 0% G4: 0% G5: 0.6%	G1-2: 5% G3-4: 3% G5: 0%
Any Grade Adverse Events (with >25% incidence)	Lymphopenia (100%), decreased phosphate (78%), anemia (68%), decreased WBC count (60%), neutropenia (58%), thrombocytopenia (46%), cytokine release syndrome (44%), fatigue (42%), increased glucose (42%), rash (39%), increased AST (39%), decreased magnesium (34%), hypokalemia (33%), increased ALT (32%), headache (32%), pyrexia (29%), musculoskeletal pain (28%)	Lymphopenia (87%), anemia (62%), hyponatremia (56%), decreased phosphate (56%), decreased WBC count (53%), cytokine release syndrome (51%), neutropenia (50%), thrombocytopenia (48%), increased AST (48%), increased ALT (45%), decreased potassium (34%), decreased magnesium (31%), fatigue (29%), musculoskeletal pain (28%), injection site reactions (27%)	Lymphopenia (90%), decreased fibrinogen (84%), anemia (72%), cytokine release syndrome (70%), decreased phosphate (69%), neutropenia (56%), thrombocytopenia (56%), hyponatremia (49%), hypocalcemia (49%), infection (35%), hypokalemia (32%)
Grade 3 or > Adverse Events (with >25% incidence)	Lymphopenia (98%), decreased phosphate (46%), increased glucose (42%), neutropenia (40%)	Lymphopenia (77%), neutropenia (32%)	Lymphopenia (83%), decreased phosphate (28%), neutropenia (26%)
REMS Program	No	No	No
Drug Approval	December 2022	May 2023 (DLBCL), June 2024 (FL)	June 2023
Pivotal Trial	GO29781	EPCORE NHL-1	NP30179

ABBREVIATIONS: **A/P:** Acetaminophen; **ALL:** Acute Lymphoblastic Leukemia; **ALT:** Alanine Aminotransferase; **AST:** Aspartate Aminotransferase; **BCMA:** B-Cell Maturation Antigen; **BCP:** B-cell Precursor; **CRS:** Cytokine Release Syndrome; **C:** Cycle; **CD:** Cluster of Differentiation; **CrCl:** Creatinine Clearance; **D:** Day; **DLBCL:** Diffuse Large B Cell Lymphoma; **DLL3:** Delta-like ligand 3; **ES-SCLC:** Extensive Stage Small Cell Lung Cancer; **FL:** Follicular Lymphoma; **G1:** Grade 1; **G2:** Grade 2; **G3:** Grade 3; **G4:** Grade 4; **G5:** Grade 5; **GPRC5D:** G-protein-coupled receptor, class C, group 5, member D; **HLA:** Human Leukocyte Antigen; **ICANS:** Immune Effector Cell-Associated Neurotoxicity Syndrome; **IV:** Intravenous; **MRD:** Minimal Residual Disease; **NR:** Not Reported; **NS:** Normal Saline; **PR:** Partial Response; **R/R:** Relapsed/Refractory; **RRMM:** Relapsed/Refractory Multiple Myeloma **SC:** Subcutaneous; **WBC:** White Blood Cell; **SD**: Stable Disease; **VGPR:** Very Good Partial Response

BsAbs IN MULTIPLE MYELOMA (AS OF OCT. 28, 2025)

DRUG	Teclistamab-cqyv (TECVAYLI®)[7,8]	Talquetamab-tgvs (TALVEY™)[9,10]		Elranatamab-bcmm (ELREXFIO®)[11,12]	Linvoseltamab-gcpt (LYNOZYFIC™)[13,14]
Manufacturer	Janssen Biotech, Inc.	Janssen Biotech, Inc.		Pfizer	Regeneron Pharmaceuticals, Inc.
Target	CD3xBCMA	CD3xGPRC5D		CD3xBCMA	CD3xBCMA
Indication	RRMM following four or more lines of therapy	RRMM following four or more lines of therapy		RRMM following four or more lines of therapy	RRMM following four or more lines of therapy
Route of administration	SC	SC		SC	IV
Dosing schedule	C1: Days 1, 3, 5 C2+: Weekly until progression For patients who have achieved and maintained a CR or better for >six months, consider biweekly dosing	Weekly C1: Days 1, 4, 7 C2+: Weekly until progression	Biweekly C1: Days 1, 4, 7, 10 C2+: Every two weeks until progression	C1: Days 1, 4, 8 C2+: Weekly through Week 24 Weeks 25-48 (in patients achieving a partial response or better at 24 weeks with response maintained for ≥2 months): Biweekly Week 49+ (for patients who have maintained the response following 24 weeks of treatment at the biweekly dosing schedule): Every four weeks	C1: Days 1, 8, 15 C2+: Weekly through Week 13 Week 14+: Biweekly Week 24+ (for patients who have achieved and maintained VGPR or better at or after Week 24 and received at least 17 doses of 200mg): Every four weeks
CRS mitigation					
Step-up dosing	C1D1: 0.06mg/kg C1D3 (within two to four days after dose1): 0.3mg/kg C1D5 (within two to four days after dose 2): 1.5mg/kg C2D1 (one week after first treatment dose): 1.5mg/kg weekly	Weekly dosing C1D1: 0.01mg/kg C1D4 (between 2-4 days of previous dose): 0.06mg/kg C1D7 (between 2-4 days of previous dose): 0.4mg/kg C2D1 (one week after first treatment dose): 0.4mg/kg once weekly	Biweekly dosing C1D1: 0.01mg/kg C1D4 (between 2-4 days of previous dose): 0.06 mg/kg C1D7 (between 2-4 days of previous dose): 0.4mg/kg C1D10 (between 2-7 days after dose 3): 0.8mg/kg C2D1: 0.8mg/kg every two weeks	C1D1: 12mg C1D4 (minimum of two days between dose 1 and 2): 32mg C1D8 (minimum of three days between dose 2 and 3): 76mg C2D1 (one week after first treatment dose; minimum of six days between treatment doses): 76mg	C1D1: 5mg C1D8: 25mg C1D15: 200mg Weekly dosing should be at least five days apart.
Premedications	1. A/P 650-1,000mg (or equivalent), one to three hours prior, for C1 treatments 2. Diphenhydramine 50mg (or equivalent), one to three hours prior, for C1 treatments 3. Dexamethasone 16mg, one to three hours prior, for C1 treatments	1. A/P 650-1,000mg (or equivalent), one to three hours prior, for C1 treatments 2. Diphenhydramine 50mg (or equivalent), one to three hours prior, for C1 treatments 3. Dexamethasone 16mg (or equivalent), one to three hours prior, for C1 treatments		1. A/P 650mg (or equivalent), ~1 hour prior, for C1 treatments 2. Diphenhydramine 25mg (or equivalent), ~1 hour prior, for C1 treatments 3. Dexamethasone 20mg (or equivalent), ~1 hour prior, for C1 treatments	For step-up doses and first and second treatment doses 1. A/P 650-1,000mg (or equivalent), 30 to 60 minutes prior, for step-up doses and first and second treatment doses 2. Diphenhydramine 25mg (or equivalent), 30 to 60 minutes prior, for step-up doses and first and second treatment doses 3. Dexamethasone 40mg (or equivalent), one to three hours prior, for step-up doses and first treatment dose. Once tolerated without CRS or infusion-related reactions, 10mg dexamethasone (or equivalent) prior to the subsequent treatment dose
Hospitalization	For 48 hours after administration of step-up doses	For 48 hours after administration of step-up doses		For 48 hours after administration of first step-up dose, and for 24 hours after administration of second step-up dose	For 24 hours after administration of the first and second step-up doses

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BsAbs IN MULTIPLE MYELOMA (AS OF OCT. 28, 2025) *CONTINUED FROM PREVIOUS PAGE*

DRUG	Teclistamab-cqyv (TECVAYLI®)[7,8]					Talquetamab-tgvs (TALVEY™)[9,10]					Elranatamab-bcmm (ELREXFIO®)[11,12]					Linvoseltamab-gcpt (LYNOZYFIC™)[13,14]				
S occurrence	G1	G2	G3	G4	G5	G1	G2	G3	G4	G5	G1	G2	G3	G4	G5	G1	G2	G3	G4	G5
	50%	21%	0.6%	0%	0%	57%	17%	1.5%	0%	0%	44%	14%	0.5%	0%	0%	35%	10%	0.9%	0%	0%
	Time course for CRS onset C1D1: 42% C1D3: 35% C1D5: 24% Subsequent doses: <3%		Median time to CRS onset All doses: two days (range: one to six days)			Time course for CRS onset Weekly dosing C1D1: 29% C1D4: 44% C1D7: 30% Biweekly dosing C1D7: 33% C1D10: 12%		Median time to CRS onset All doses: 27 hours (range 0.1 to 167 hours)			Time course for CRS onset C1D1: 43% C1D4: 19% C1D8: 7% C2D1: 1.6%		Median time to CRS onset All doses: two days (range: one to nine days)			Time course for CRS onset C1D1: 38% C1D8: 17% C1D15: 10% C2D1: 3.6%		Median time for CRS onset All doses: 11 hours (range: up to 184 hours)		
edian duration CRS	Two days (range: one to nine days)					17 hours (range: 0 to 622 hours)					Two days (range: one to 19 days)					15 hours (range: one to 76 hours)				
ANS	Any grade: 6%					Any grade: 9%					Any grade: 3.3%					Any grade: 8%				
y Grade Adverse ents (with >25% cidence)	Lymphopenia (92%), decreased WBC count (86%), decreased neutrophils (84%), pyrexia (76%), cytokine release syndrome (72%), thrombocytopenia (71%), decreased albumin (68%), decreased hemoglobin (67%), neurotoxicity (57%), anemia (52%), musculoskeletal pain (44%), increased Alk phos (42%), decreased phosphate (38%), increased gamma-glutamyl transferase (37%), injection-site reaction (37%), hyponatremia (35%), increased AST (34%), fatigue (33%), hypocalcemia (31%), increased creatinine (30%), diarrhea (29%), upper respiratory tract infection (26%), nausea (25%), headache (25%)					Lymphopenia (90%), pyrexia (83%), cytokine release syndrome (76%), decreased WBC count (73%), dysgeusia (70%), anemia (67%), neutropenia (64%), thrombocytopenia (62%), decreased albumin (66%), neurotoxicity (55%), nail disorder (50%), increased Alk phos (49%), decreased phosphate (44%), musculoskeletal pain (43%), skin disorder (41%), rash (38%), fatigue (37%), weight loss (35%), dry mouth (34%), increased ALT (33%), increased AST (31%), hypokalemia (31%), hyponatremia (31%), xerosis (30%)					Lymphopenia (91%), decreased WBC count (69%), anemia (68%), neutropenia (62%), thrombocytopenia (61%), neurotoxicity (59%), cytokine release syndrome (58%), decreased albumin (55%), fatigue (43%), increased AST (40%), increased creatinine (38%), injection-site reaction (37%), hypokalemia (36%), diarrhea (36%), rash (35%), upper respiratory tract infection (34%), musculoskeletal pain (34%), increased Alk phos (34%), diarrhea (32%), decreased CrCl (32%)					Lymphopenia (97%), decreased hemoglobin (72%), decreased platelet count (64%), decreased WBC count (63%), decreased neutrophils (62%), increased AST (61%), increased ALT (46%), decreased serum phosphate (55%), neurotoxicity (54%), musculoskeletal pain (53%), increased serum creatinine (47%), cytokine release syndrome (46%), serious infection (42%), cough (39%), upper respiratory tract infection (35%), diarrhea (35%), fatigue (34%), pneumonia (28%)				
ade 3 or > Adverse ents (with >25% cidence)	Neutropenia (64%), anemia (37%), lymphopenia (32%)					Lymphopenia (80%), decreased WBC count (35%), neutropenia (35%), anemia (30%)					Lymphopenia (84%), neutropenia (51%), anemia (43%), decreased WBC count (40%), thrombocytopenia (32%)					Lymphopenia (92%), neutropenia (47%), anemia (42%), decreased WBC count (31%)				
MS Program	Yes					Yes					Yes					Yes				
ug Approval	October 2022					August 2023					August 2023					July 2025				
votal Trial	MajesTEC-1					MonumenTAL-1					MagnetisMM-3					LINKER-MM1				

BsAbs IN OTHER INDICATIONS (AS OF OCT. 28, 2025)

DRUG	Blinatumomab (BLINCYTO®)[15-18]	Tebentafusp-tebn (KIMMTRAK®)[19,20]	Tarlatamab-dlle (IMDELLTRA™)[21,22]
Manufacturer	Amgen, Inc.	Immunocore Commercial LLC	Amgen, Inc.
Target	CD3xCD19	CD3xgp100peptide-HLA	CD3xDLL3
Indication	1. MRD+ BCP-ALL 2. R/R BCP-ALL 3. BCP-ALL in the consolidation phase	HLA-A*02:01-positive unresectable or metastatic uveal melanoma	ES-SCLC following progression on platinum-based chemotherapy
Route of administration	IV	IV	IV
Dosing schedule	MRD+ BCP-ALL and BCP-ALL in consolidation phase Induction Cycle 1: Days 1-28 then 14 days off Consolidation Cycles 2-4: Days 1-28 then 14 days off R/R BCP-ALL Induction C1 and C2: Days 1-28 then 14 days off Consolidation C3-5: Days 1-28 then 14 days off Continued Therapy C6-9: Days 1-28 then 56 days off	Once weekly until progression	C1: Days 1, 8 ,15 C2+: Days 1 and 15; every 28 days until progression
CRS mitigation			
Step-up dosing	R/R BCP-ALL, Induction Cycle 1: Days 1-7: 9mcg/day Days 8-28: 28 mcg/day Note: See PI for dosing for patients under 45kg	Day 1: 20mcg Day 8: 30mcg Day 15: 68mcg Day 22 and Beyond: 68mcg once weekly	C1D1: 1mg C1D8: 10mg C1D15: 10mg C2 and Beyond: 10mg every two weeks
Premedications	MRD+ BCP-ALL and BCP-ALL in consolidation phase Corticosteroid (IV): Prednisone 100mg (or equivalent) prior to Day 1 dose in each cycle For adults with R/R BCP-ALL Corticosteroid (IV): Dexamethasone 20mg prior to D1 dose in each cycle, prior to a step-up dose, and when restarting an infusion after interruption of ≥4 hours	None	1. Dexamethasone 8mg IV (or equivalent), one hour before treatment on C1D1 and C1D8 2. 1L NS IV over four to five hours immediately after infusion completion on C1D1, C1C8, and C1D15
Hospitalization	MRD+ BCP-ALL and BCP-ALL in consolidation phase: C1 (3 days) and C2 (2 days) R/R BCP-ALL: C1 (9 days), C2 (2 days)	Appropriate healthcare setting: Monitor for at least 16 hours after infusion completion for first three doses; then as clinically indicated	Appropriate healthcare setting: Monitor for 22 to 24 hours post-infusion on C1D1 and C1D8, six to eight hours post-infusion on C1D15, three to four hours post-infusion on C2D1 and C2D15, and two hours post-infusion on all subsequent infusions)
CRS occurrence	MRD+ BCP-ALL (any grade): 15% R/R BCP-ALL (any grade): 7% BCP-ALL in consolidation phase: 16%	G1: 12%; G2: 76%; G3: 1%; G4: 0%; G5: 0%	G1: 34%; G2: 19%; G3: 1.1%; G4: 0.5%; G5: 0%
	Time course for CRS onset: Not reported Median time to CRS onset: All doses: Two days	Time course for CRS onset Day 1: ~85% Day 8: ~75% Day 15: ~60% Day 22: ~30% Day 29: ~10% Median time to CRS onset: All doses: Within the day of the infusion	Time course for CRS onset C1D1: 39% C1D8: 28% C1D15: 6% C1D1: 2% Median time to CRS onset: All doses: 13.5 hours (range: one to 268 hours)
Median duration of CRS	Five days	Two days	Four days (IQR two to six days)
ICANS	Any grade: 7.5%	Not applicable	G1: 5.3%; G2 or greater: 3.7%; G5: 0%

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BsAbs IN OTHER INDICATIONS (AS OF OCT. 28, 2025) *CONTINUED FROM PREVIOUS PAGE*

DRUG	Blinatumomab (BLINCYTO®)[15-18]	Tebentafusp-tebn (KIMMTRAK®)[19,20]	Tarlatamab-dlle (IMDELLTRA™)[21,22]
Any Grade Adverse Events (with >25% incidence)	Pyrexia (55% to 91%), infusion-related reactions (30% to 77%), headache (39%), neurotoxicity (65%), infections (28% to 39%), tremor (31%), neutropenia (15% to 31%), anemia (infants, children, adolescents: 41%; adults: 24% to 25%), chills (28%), thrombocytopenia (infants, children, adolescents: 34%; adults: 10% to 21%)	Decreased absolute lymphocyte count (91%), cytokine release syndrome (89%), increased serum creatinine (87%), skin rash (83%), fever (76%), pruritus (69%), increased ALT (65%), increased AST (65%), fatigue (64%), decreased hemoglobin (51%), decreased serum phosphate (51%), chills (48%), decreased serum albumin (47%), decreased serum calcium (45%), abdominal pain (45%), edema (43%), nausea (49%), fatigue (41%), hypotension (39%), increased serum lipase (37%), decreased serum magnesium (34%), increased alk phos (34%), antibody development (29% to 33%), headache (31%), xeroderma (31%), vomiting (30%), increased serum potassium (29%), hypopigmentation (28%), skin edema (27%), increased serum bilirubin (27%), diarrhea (25%), erythema of skin (24% to 25%)	Lymphocytopenia (84%), decreased serum sodium (68%), cytokine release syndrome (55%), fatigue (51%), decreased serum potassium (50%), neurotoxicity (47%), increased AST (44%), increased ALT (42%), infection (41%), fever (36%), dysgeusia (36%), decreased appetite (34%), decreased platelet count (33%), decreased serum magnesium (33%), musculoskeletal pain (30%), constipation (30%), increased serum creatinine (29%), anemia (27%)
Grade 3 or > Adverse Events (with >25% incidence)	Decreased absolute lymphocyte count (80%), neutropenia (15% to 28%)	N/A	Decreased lymphocytes (57%)
REMS Program	No	No	No
Drug Approval	December 2014	January 2022	May 2024
Pivotal Trial(s)	BLAST, TOWER, ECOG-ACRIN E1910	IMCgp100-202	DeLLphi-301

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