PROTOCOL CODE: UMY0UF (teclistamab)

Cycle 1

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment.

DOCTOR'S ORDERS

Ht_____cm Wt_____kg BSA_____m^2

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: **To be given:** **Cycle #:**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff, platelets** day of treatment

May proceed with doses as written if within 48 hours of Day 1, and within 24 hours of Day 3 and Day 5: **ANC greater than or equal to 0.5 x 10^9/L, platelets greater than or equal to 25 x 10^9/L** (without bleeding), and no signs or symptoms of CRS or ICANS.

Dose modification for: ☐ Other Toxicity: _____

Proceed with treatment based on blood work from _____

☐ Hold anti-hypertensive medications, starting 24 hours before and for 24 hours after 3rd dose of teclistamab
OR
☐ Patient may continue to take anti-hypertensive medications

Insert saline lock prior to first treatment

- Per physician's clinical judgement, physician to ensure prophylaxis with antiviral/antifungal/antibacterial

PREMEDICATIONS:

☐ **prochlorperazine** 10 mg PO or ☐ **metoclopramide** 10 mg PO prior to each dose of teclistamab

dexamethasone 20 mg ☐ PO or ☐ IV (select one) 60 minutes prior to each dose of teclistamab
acetaminophen 650 mg to 975 mg PO prior to each dose of teclistamab

Select one of the following:
☐ **loratadine 20 mg** PO prior to each dose of teclistamab
OR
☐ **diphenhydrAMINE 50 mg** ☐ PO or ☐ IV (select one) prior to each dose of teclistamab
☐ **Other:**

****Have Hypersensitivity Reaction Tray & Protocol Available****

TREATMENT:

teclistamab 0.06 mg/kg x _____ kg = _____mg subcutaneous injection on **Day 1** (**Round to one decimal place)**
THEN
teclistamab 0.3 mg/kg x _____ kg = _____mg subcutaneous injection on **Day 3*** (**Round to one decimal place)**
THEN
teclistamab 1.5 mg/kg x _____ kg = _____mg subcutaneous injection on **Day 5***

Administer doses greater than 2 mL as two syringes at two separate sites.

* Day 3 and Day 5 doses may be given 2 to 7 days after previous dose

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DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

DATE:

Patients to be monitored for at least 48 hours after dosing.

Vital signs routinely per hospital policy. If there is a drop in blood pressure or clinical evidence of CRS or ICANS, notify physician immediately and continue to monitor vital signs according to CRS or ICANS protocol.

Cytokine Release Syndrome (CRS)
Clinical symptoms indicative of CRS are **fever, rigors, hypotension and hypoxemia.**
Symptoms may also include but are not limited to: tachycardia, tachypnea, dyspnea, nausea, vomiting, diarrhea, mental status changes, transaminitis, fatigue, malaise, myalgias, headache, rash.

Patients should be closely monitored for early signs and symptoms indicative of CRS – in particular fevers (temperature greater than 38 degrees Celsius), rigors, hypotension (systolic blood pressure less than 100 mmHg or drop of greater than 20 mmHg from baseline) and hypoxia.

Refer to the separate CRS PPO for specific management of CRS.

Immune effector cell-associated neurotoxicity syndrome (ICANS)
Clinical symptoms indicative of ICANS are headache, confusion, disorientation, speech disturbances, altered levels of consciousness, seizures and motor weakness.
Symptoms may also include, but are not limited to: lethargy, aphasia, difficulty concentrating, agitation, tremor, and rarely cerebral edema.

Patients should be closely monitored for early signs and symptoms indicative of ICANS- in particular ICE score 7 to 9, depressed level of consciousness, ataxia, or any significant change in their clinical status.
Refer to the separate ICANS PPO for specific management of ICANS.

*** See also: SCCRS and SCICANS orders**

Discharge Instructions:
Responsible provider must assess patient and review labs drawn morning after treatment prior to discharge.

RETURN APPOINTMENT ORDERS

Return in **12 days** (12 days from 1st dose) for Doctor and Cycle 2
☐ Or Return in ____ days (minimum 7 days after Cycle 1, Day 5) for Doctor and Cycle 2

Cycle 2, prior to Day 1: **CBC & Diff, platelets, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, random glucose**

If admission to hospital required, 48 hours after most recent dose while admitted: **CBC & Diff, platelets, creatinine, sodium, potassium, calcium, magnesium, phosphate, ALT, alkaline phosphatase, total bilirubin, albumin, LDH**

Cycle 2, if clinically indicated:

☐ **CBC & Diff, platelets** Days 8, 15, 22
☐ **Creatinine, sodium, potassium** Days 8, 15, 22
☐ **Total bilirubin, ALT, alkaline phosphatase** Days 8, 15, 22
☐ **Random glucose** Days 8, 15, 22
☐ **Calcium, albumin** Days 8, 15, 22
☐ **Phosphate**
☐ **Magnesium**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: