Information on this form is a guide only. Understand With Be select versionality for expressionality of the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca main according to acceptable standards of care PROTOCOL CODE: UMYTEC Cycle 2+ Page 1 of 2 A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment. DOCTOR'S ORDERS Htcm Wtkg BSAm² REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert For DATE: Date of Previous Cycle:		
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If required (if CRS with prior dose, or when resuming treatment after treatment interruption*) dexamethasone 16 mg PO or IV (select one) 60 minutes prior to each dose of teclistamab acetaminophen 650 mg to 975 mg PO 60 minutes prior to each dose of teclistamab		
Select one of the following: I loratadine 20 mg PO 60 minutes prior to each dose of teclistamab OR		
☐ diphenhydrAMINE 50 mg ☐ PO or ☐ IV (select one) 60 minutes prior to each dose of teclistamab		
* Refer to Protocol for suggested indications for premedications		
Other:		
Have Hypersensitivity Reaction Tray & Protocol Available		
TREATMENT:		
Vital signs prior to treatment and at 15 minutes post-injection.		
teclistamab 1.5 mg/kg x kg =mg subcutaneous injection on Days 1, 8, 15, and 22		
Administer doses greater than 2 mL as two syringes at two separate sites.		
Observe patient for 15 minutes post-injection.		
DOCTOR'S SIGNATURE: SIGNATURE:		
UC:		

BC Cancer Provincial Preprinted Order **UMYTEC Cycle 2+** Created: 26 Feb 2024 (as UMY0UF) Revised: 1 June 2025 (Protocol code and premedications updated, treatment clarified)



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: UMYTEC Cycle 2+

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DATE:	
RETURN APPOINTMENT ORDERS	
Return in four weeks for Doctor and Cycle Book treatment on Days 1, 8, 15 and 22.	
CBC & Diff, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, random glucose, serum protein electrophoresis <u>and</u> serum free light chain levels every 4 weeks	
urine protein electrophoresis every 4 weeks	
Immunoglobulin panel (IgA, IgG, IgM) every 4 weeks	
Beta-2 microglobulin every 4 weeks	
CBC & Diff 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	
MUGA scan or Echocardiogram	
Other tests:	
Consults:	
See general orders sheet for additional requests	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: