

**PROTOCOL CODE: UMY0UF (teclistamab)**

**Cycle 2+**

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

<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, platelets</b> day of treatment		
May proceed with doses as written if within 48 hours <b>ANC greater than or equal to <math>0.5 \times 10^9/L</math>, platelets greater than or equal to <math>25 \times 10^9/L</math></b> (without bleeding), and no signs or symptoms of CRS or ICANS.		
Dose modification for: <input type="checkbox"/> Other Toxicity: _____ Proceed with treatment based on blood work from _____		
• Per physician's clinical judgement, physician to ensure prophylaxis with antiviral/antifungal/antibacterial		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.		
<input type="checkbox"/> <b>prochlorperazine</b> 10 mg PO or <input type="checkbox"/> <b>metoclopramide</b> 10 mg PO <b>60 minutes</b> prior to each dose of teclistamab		
<b>If required</b> (if CRS with prior dose, or when resuming treatment after treatment interruption*)		
<input type="checkbox"/> <b>dexamethasone 20 mg</b> <input type="checkbox"/> PO or <input type="checkbox"/> IV (select one) 60 minutes prior to each dose of teclistamab <input type="checkbox"/> <b>acetaminophen 650 mg to 975 mg</b> PO <b>60 minutes</b> prior to each dose of teclistamab		
Select one of the following: <input type="checkbox"/> <b>loratadine 20 mg</b> PO <b>60 minutes</b> prior to each dose of teclistamab <b>OR</b> <input type="checkbox"/> <b>diphenhydramine 50 mg</b> <input type="checkbox"/> PO or <input type="checkbox"/> IV (select one) <b>60 minutes</b> prior to each dose of teclistamab		
* Refer to Protocol for suggested indications for premedications		
<input type="checkbox"/> <b>Other:</b> _____		
<b>**Have Hypersensitivity Reaction Tray &amp; Protocol Available**</b>		
<b>TREATMENT:</b>		
<b>teclistamab 1.5 mg/kg</b> x _____ kg = _____ mg subcutaneous injection on <b>Days 1, 8, 15, and 22</b>		
Administer doses greater than 2 mL as two syringes at two separate sites.		
Observe for <b>15 minutes</b> post-injection. Vital signs prior to treatment and at <b>15 minutes</b> post-injection.		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>

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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
Return in <u>four</u> weeks for Doctor and Cycle _____. Book treatment on Days 1, 8, 15 and 22.	
<p><b>CBC &amp; 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</b> every 4 weeks</p> <p><input type="checkbox"/> <b>Urine protein electrophoresis</b> every 4 weeks</p> <p><input type="checkbox"/> <b>Immunoglobulin panel (IgA, IgG, IgM)</b> every 4 weeks</p> <p><input type="checkbox"/> <b>Beta-2 microglobulin</b> every 4 weeks</p> <p><input type="checkbox"/> <b>CBC &amp; Diff, platelets</b> Days 8, 15, 22</p> <p><input type="checkbox"/> <b>Creatinine, sodium, potassium</b> Days 8, 15, 22</p> <p><input type="checkbox"/> <b>Total bilirubin, ALT, alkaline phosphatase</b> Days 8, 15, 22</p> <p><input type="checkbox"/> <b>Random glucose</b> Days 8, 15, 22</p> <p><input type="checkbox"/> <b>Calcium, albumin</b> Days 8, 15, 22</p> <p><input type="checkbox"/> <b>Phosphate</b></p> <p><input type="checkbox"/> <b>Magnesium</b></p> <p><input type="checkbox"/> <b>MUGA scan</b> or <input type="checkbox"/> <b>Echocardiogram</b></p> <p><input type="checkbox"/> <b>ECG</b></p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>