Regimen Monograph

A - Regimen Name

TECL Regimen

Teclistamab

Disease Site

Hematologic
Multiple Myeloma

Intent

Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

Treatment of relapsed or refractory myeloma in patients who have received previous therapies including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody

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B - Drug Regimen

Step-up Dose 1:

teclistamab	0.06 mg /kg	Subcut	One-time dose*

(This drug is not publicly funded. Universal compassionate access program is available.)

Then, wait 2 to 7 days and give Step-up Dose 2:

teclistamab	0.3 mg /kg	Subcut	One-time dose*

(This drug is not publicly funded. Universal compassionate access program is available.)

Wait 2 to 7 days, then:

teclistamab	1.5 mg /kg	Subcut	Once weekly*

(This drug is not publicly funded. Universal compassionate access program is available.)

*Refer to the dose banding tables in the product monograph for the step-up and treatment doses.

Inpatient admission may be required for cytokine release syndrome monitoring.

Note: ST-QBP funding for ambulatory administration only

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C - Cycle Frequency

Repeat once weekly

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal

- Also refer to CCO Antiemetic Summary.

Premedications:

Give 1 to 3 hours prior to each step-up dose and first treatment dose*, to reduce the risk of cytokine release syndrome:

- Corticosteroid (oral or intravenous dexamethasone, 16 mg)
- Antihistamine (oral or intravenous diphenhydramine, 50 mg or equivalent)
- Antipyretic (oral or intravenous acetaminophen, 650 mg to 1000 mg or equivalent)

*May be required prior to other doses. Refer to the product monograph for details.

Other Supportive care:

- Consider prophylaxis against Pneumocystis jirovecii pneumonia (PJP) and herpes virus infections.
- Consider other antimicrobial prophylaxis as per local guidelines.
- Teclistamab should be administered to adequately hydrated patients.
- Patients at risk of tumour lysis syndrome should have appropriate prophylaxis and be monitored closely.

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J - Administrative Information

Approximate Patient Visit	1.5 hours
Pharmacy Workload (average time per visit)	17.000 minutes
Nursing Workload (average time per visit)	44.833 minutes

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K - References

Moreau P, Garfall AL, van de Donk NWCJ, et al. Teclistamab in relapsed or refractory multiple myeloma. N Engl J Med 2022 Aug 11;387(6):495-505.

February 2024 Modified Drug regimen and Premedication/Supportive measures sections

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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