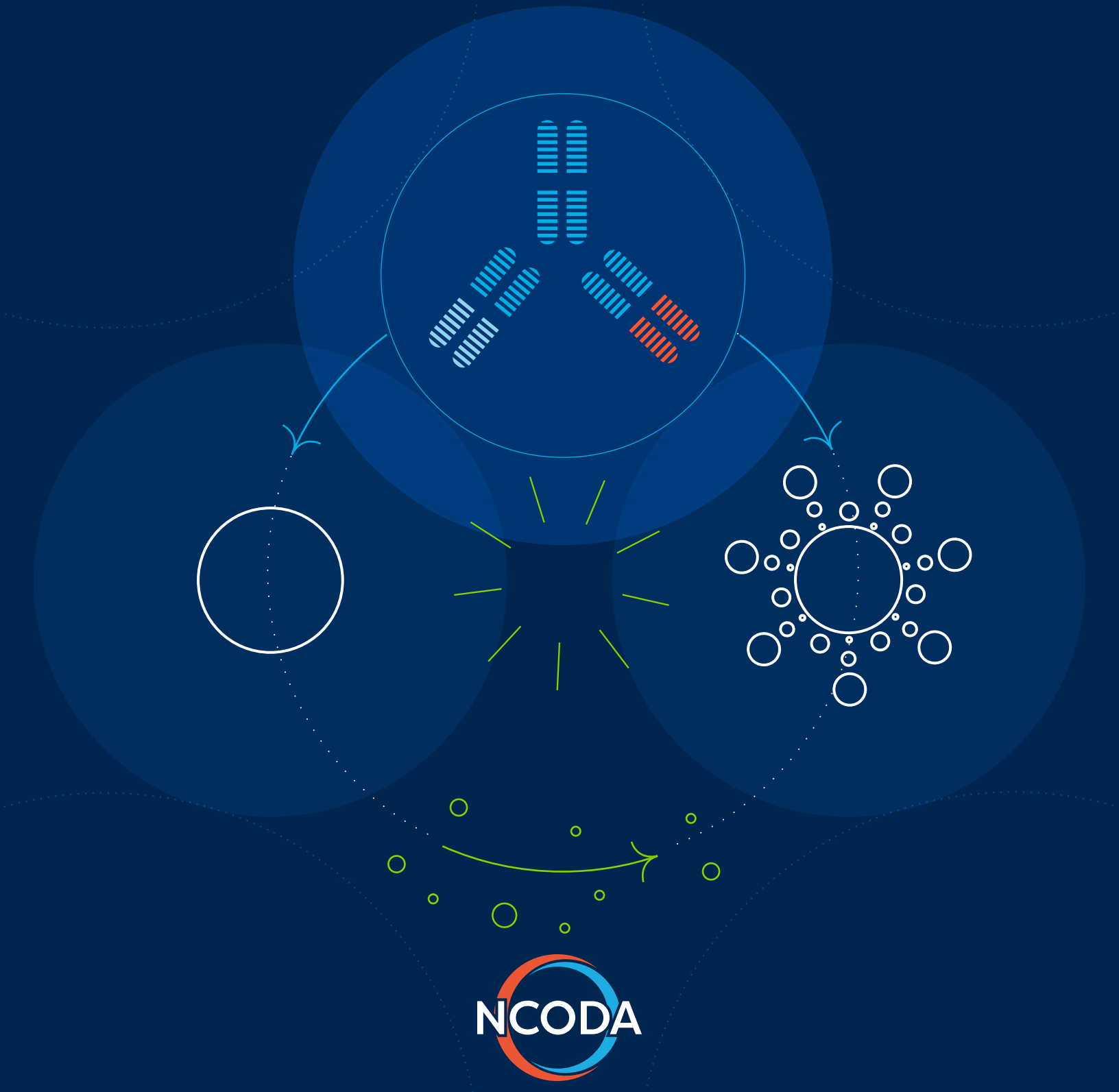
BISPECIFIC T-CELL ENGAGERS IN NON-HODGKIN LYMPHOMA

Treatment Discussion Guide



NCODA

Non-Hodgkin Lymphoma (NHL) and the Role of Bispecific T-Cell Engagers (BTCE)

Bispecific T-cell engagers (BTCE) are designed to simultaneously engage two distinct antigens, with the most advanced agents in B-cell NHL being CD20×CD3 T-cell-engagers that bind CD20 on malignant B cells and CD3 on T cells to induce T-cell activation, immune synapse formation, and major histocompatibility complex (MHC)-independent cytotoxic killing of tumor cells.[1,2] Unlike CAR T-cell therapies, BTCEs allow for rapid initiation of therapy without the need for individualized cell manufacturing, which has important implications for patients with aggressive or rapidly progressive disease or those who are not candidates for cellular therapy.[1] The safety profile of BTCEs is primarily related to immune activation, with cytokine release syndrome (CRS) being a common adverse event and typically occurring early in treatment, and immune effector cell-associated neurotoxicity syndrome (ICANS) less frequent; mitigation includes step-up dosing schedules, premedication strategies, and standardized monitoring and management protocols.[1,2]

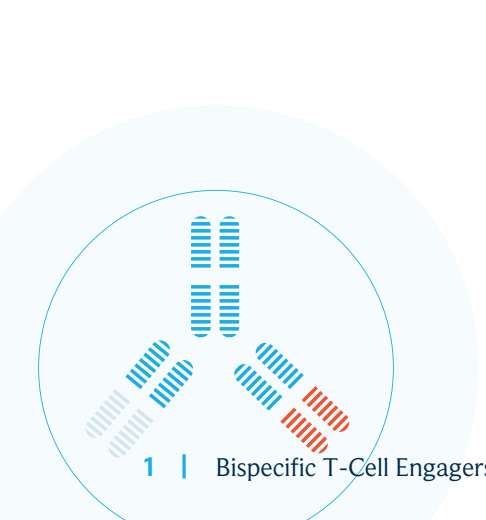
BTCEs have established a role in relapsed or refractory (R/R) B-cell NHL, including in diffuse large B-cell lymphoma (DLBCL) and follicular lymphoma (FL).[3] Clinical trials and regulatory approvals have demonstrated clinically meaningful response rates, including durable complete responses in heavily pretreated populations, such as patients who are ineligible for or have relapsed after CAR T-cell therapy.[1,2,4]

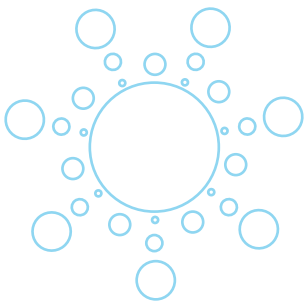
While individual agents differ in administration and dosing structure, successful implementation across practice settings requires coordinated interdisciplinary care, particularly during treatment initiation, when scheduling, monitoring, and patient education are most intensive.

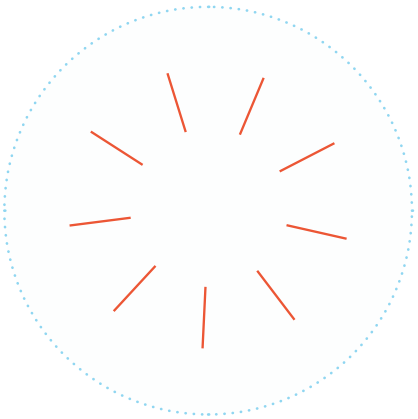
How to Use this Treatment Discussion Guide:

This **Treatment Discussion Guide (TDG)** is designed to serve as a **shared workflow** and **communication tool** for **medically integrated oncology teams.** It provides **role-specific discussion prompts and actionable considerations** for physicians/advanced practice providers (APP), pharmacists, nurses, and pharmacy technicians to promote consistent communication with patients, proactive follow-up, and safe care delivery.

This guide may be used at multiple points in care, including: treatment planning and therapy selection discussions, prior to the first dose and during treatment course, early-cycle follow-up visits and symptom check-ins, and after dose interruptions or transitions between care settings.







Currently Available CD20×CD3 BTCEs for B-Cell NHL

Drug	Mosunetuzumab-axgb (LUNSUMIO®, LUNSUMIO VELO™)[6-7]	Epcoritamab-bysp (EPKINLY®)[8-9]	Glofitamab-gxbm (COLUMVI™)[10-11]
Target	CD3xCD20	CD3xCD20	CD3xCD20
Indication(s)	FL following 2 or more lines of therapy	(1) DLBCL following 2 or more lines of therapy (2) R/R FL in combination with lenalidomide and rituximab (3) FL following 2 or more lines of therapy (monotherapy)	DLBCL following 2 or more lines of therapy
Route of Administration	IV (LUNSUMIO®) or SC (LUNSUMIO VELO™) *Do not substitute IV and SC formulations.	SC	IV
Dosing Schedule	C1: Days 1, 8, 15 C2+: Day 1, every 21 d, for up to 8 cycles for patients achieving CR; for up to 17 cycles for patients achieving PR or SD	**DLBCL and FL (monotherapy)** C1-3: Days 1, 8 ,15, and 22 C4-9: Days 1 and 15 C10+: Day 1, every 28 d until progression **FL (combination)** C1: Days 1, 8, 15, and 22 C2-3: Days 1, 8, 15, and 22 (FD) C4-12: Day 1, every 28 d until progression (FD)	C1: Obinutuzumab, Day 1; glofitamab Days 8 and 15 C2-12: Day 1, every 21 d
CRS Mitigation			
Step-Up Dosing Schedule	**IV** C1D1: 1 mg C1D8: 2 mg C1D15: 60 mg (FFD) C2D1: 60 mg C3+: 30 mg **SC** C1D1: 5 mg C1D8: 45 mg (FFD) C1D15: 45 mg	**DLBCL** C1D1: 0.16 mg C1D8: 0.8 mg C1D15: 48 mg (FFD) C1D22: 48 mg **FL** C1D1: 0.16 mg C1D8: 0.8 mg C1D15: 3 mg C1D22: 48 mg (FFD)	C1D1: Obinutuzumab C1D8: 2.5 mg (first dose of glofitamab) C1D15: 10 mg C2D1+: 30 mg (FFD)
Premedications	(1) Acetaminophen 500–1,000 mg PO (2) Diphenhydramine 50–100 mg PO or IV (or equivalent) (3) Dexamethasone 20 mg IV or methylprednisolone 80 mg IV Note: Premedications are recommended for IV mosunetuzumab during C1 and C2 and for SC administration during C1 only. Regardless of route of administration, any patient who experienced CRS of any grade with the previous dose should receive premedications prior to the next dose.	(1) Acetaminophen 650–1,000 mg PO (2) Diphenhydramine 50 mg PO or IV (or equivalent) (3) Dexamethasone 15 mg PO or IV or prednisolone 100 mg PO or IV (or equivalent), before C1 treatments and for 3 consecutive days after Continue dexamethasone thereafter if G2 or G3 CRS with prior dose Administer premedications 30-120 minutes prior to each weekly administration of EPKINLY®.	(1) Acetaminophen 500–1,000 mg PO (2) Diphenhydramine 50 mg PO or IV (or equivalent) (3) Dexamethasone 20 mg IV or equivalent) on C1D8, C1D15, C2D1, and C3D1. Continue if CRS occurs with prior dose.
Hospitalization	Consider	DLBCL: Consider FL: Consider	C1D8: 24-h admission

FL, follicular lymphoma; DLBCL, diffuse large B-cell lymphoma; IV, intravenous; SC, subcutaneous; C, cycle; D, day; CR, complete response; PR, partial response; SD, stable disease; FFD, first full dose; FD, full dose; CRS, cytokine release syndrome; H, hour; G, grade; PO, by mouth.

Role-Based Sections: How NHL Applies to Each Discipline

- **The remainder of this TDG is organized by profession to reflect how responsibilities overlap during BTCE therapy.**

  - **Physicians/APPs:** treatment selection, clinical oversight, and escalation decisions
  - **Pharmacists:** therapy verification, supportive care coordination, and medication safety
  - **Nurses:** monitoring workflows, symptom assessment, and education reinforcement
  - **Pharmacy Technicians:** preparation accuracy, inventory coordination, and documentation support

General Patient/Caregiver Education on NHL, BTCEs, CRS, and ICANS

- **How should I educate my patients when initiating treatment?**
  - Non-Hodgkin lymphoma (NHL) is a group of many different blood cancers that start in cells of the immune system called lymphocytes. These lymphocytes can be B cells, T cells, and Natural killer (NK) cells.
  - With NHL, you may notice:
    - Swollen lymph nodes that are usually painless (for example in the neck, armpit, or groin)
    - Lymphoma outside the lymph nodes (extranodal disease), such as in the stomach, skin, or other organs
    - Low blood counts (cytopenias), which can cause fatigue, infections, or easy bruising
    - "B symptoms," which include: fever, drenching night sweats, and unexplained weight loss
  - About your treatment:
    - Bispecific T-cell engagers (BTCEs), often called "bispecifics" or "bispecific antibodies," are a type of cancer medicine that works like a bridge between your immune system and the cancer cell
  - Step-up dosing:
    - Step-up dosing means we start your treatment at a smaller dose and then increase it in planned steps over the first few treatments
    - It helps your body adjust while we monitor you closely to minimize the risk of toxicities such as cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS)
    - Use NCODA's Patient Treatment Calendar to help your patients schedule treatments, step-up dosing, and other needed visits

- **What should I tell my patients about CRS?**
  - CRS is a side effect that can happen after certain immune therapy treatments. These treatments make T-cells release proteins called cytokines. Cytokines bring immune cells together to help kill cancer cells. They also cause inflammation, similar to what happens when your body fights a bad infection.
  - When does CRS happen?
    - For most patients, CRS usually starts within hours or days, but may occur up to 1 week after treatment, depending on the type of therapy you get. It often begins with a fever and flu-like symptoms, but it can get worse quickly and lead to serious illness.
  - What are the signs and symptoms of CRS?
    - Common symptoms of CRS include:
      - Fever of 100.4 °F (38 °C) or higher
      - Feeling very tired
      - Feeling unwell
      - Shortness of breath or low oxygen levels

        - Nausea and vomiting
        - Chills
        - Fast heartbeat or changes in heart rhythm
        - Rash
        - Headache
        - Muscle and joint pain
        - Changes in kidney function
        - Low blood pressure
    - How is CRS diagnosed?
        - CRS is diagnosed based on whether you have a fever with low blood pressure, low levels of blood oxygen, or both. Note: Your vital signs (like temperature, blood pressure, and blood oxygen levels) will be monitored during the periods that you are at highest risk of developing CRS.
    - For more information on educating patients about CRS, please see **NCODA's Understanding Cytokine Release Syndrome (CRS) During Cancer Treatment Patient Education Sheet**.

- **What should I tell my patients about ICANS?**
    - ICANS is an illness related to the brain or nerves that may occur after certain types of immune therapy treatments. These therapies cause T-cells to release proteins called cytokines, which gather immune cells to help kill cancer cells. Cytokines cause inflammation, which is similar to when your body is fighting a severe infection. When this inflammation affects the brain or nerves, it can cause ICANS.
    - What should I know about ICANS?
        - For most patients, ICANS starts within one week after treatment, depending on the type of therapy you receive. It often begins with headache, confusion, weakness, shaking or twitching, or difficulty staying awake, and can quickly worsen and cause serious illness such as seizures, brain swelling, or coma. Some patients can experience changes in behavior or emotions, see things that aren't there, or have extreme excitement.
    - How is ICANS diagnosed?
        - Your care team will ask you some questions and give you some directions to follow every day to check your mental status. An immune effector cell encephalopathy (ICE) score will be performed to assess your risk of neurological dysfunction.
            - Your care team may also ask you to write a sentence and count backwards every day.
            - Using these questions, directions, and your handwriting, they will give you a score to determine if you are experiencing any ICANS.
        - They may also run a variety of tests, which could include blood tests, special monitoring for seizures, or imaging tests (e.g., X-rays, computed tomography (CT) scans, magnetic resonance imaging (MRI) scans).

- **For more information on educating patients about ICANS, please see NCODA's Understanding Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS) Patient Education Sheet.**

- **For product specific information please refer to the Medication Guides:**
    - EPKINLY® (epcoritamab-bysp)
        - **https://www.genmab-pi.com/medication-guide/epkinly-med-guide.pdf**
    - LUNSUMIO® (mosunetuzumab-axgb)
        - **https://www.gene.com/download/pdf/lunsumio_medguide.pdf**
    - LUNSUMIO VELO™ (mosunetuzumab-axgb)
        - **https://www.gene.com/download/pdf/lunsumio_velo_medguide.pdf**
    - COLUMVI® (glofitamab-gxbm)
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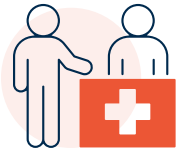
Physicians/APPs



Treatment Oversight & Education

Key Consideration

How should I guide my patients when considering BTCE therapy?

Patient Discussion

- Review the **General Patient Education on NHL, BTCEs, CRS, and ICANS** with your patient.

Physician/APP Responsibilities

- Confirm indication/line of therapy and discuss alternatives when relevant.
- Educate patient/caregiver on specific type of NHL, treatments already received, and overall health and activity level.
- Set expectations for step-up dosing frequency, administration setting, monitoring intensity, and caregiver involvement early.
- Communicate with care team on patient's care plan.

Key Consideration

How is the appropriate BTCE selected?

Patient Discussion

- Several BTCEs are available that work in similar ways but may be used for different indications or treatment settings.
- When choosing a treatment, several factors will be considered, including:
  - Where you are in your treatment journey
  - How the medication is given (intravenous or subcutaneous)
  - How often you will need to come to the clinic
  - Potential side effects and monitoring requirements
- Together, we will review the options and select the therapy that best fits your clinical needs and treatment goals.

Physician/APP Responsibilities

- Confirm indication/line of therapy.
- Review patient factors, such as intravenous versus subcutaneous preference/feasibility, visit frequency and setting for step-up dosing, comorbidities, and ability for hospitalization, if needed, for monitoring.
- Coordinate step-up dosing schedule, monitoring plan, and early follow-up visits.
- Communicate with care team on patient's treatment plan.

Key Consideration

How should I counsel patients before starting treatment?

Patient Discussion

- Review the **Currently Available CD20×CD3 BTCEs for B-Cell NHL** table and product specific **Medication Guides.**
- Review the **General Patient Education on NHL, BTCEs, CRS, and ICANS** with your patient.
- Before starting BTCE therapy, we will discuss:
  - How the treatment works
  - What step-up dosing means
  - Why the first few treatments require closer monitoring
  - The importance of having a caregiver available early in treatment
  - How and when to contact your care team
- It is very important that you call us right away if you develop a fever, have difficulty breathing, or any new neurologic symptoms, such as confusion or trouble speaking. Early communication helps us manage side effects quickly and safely.
- At regular intervals, we will reassess how well the treatment is working and review the goals of therapy together.

Physician/APP Responsibilities

- Provide patient education on treatment plan and associated risks.
- Confirm patient-specific risk factors that influence monitoring (e.g., comorbidities, infection risk, disease burden, prior therapies).
- Ensure premedications/supportive medications and escalation medications are ordered per protocol.

Key Consideration

How is the start of treatment planned?

Patient Discussion

- Before the first dose, we check labs, screen for infection, assess your overall health, and decide the safest setting for early doses.

Physician/APP Responsibilities

- Coordinate treatment schedule, monitoring plan, and follow-up visits before the first dose is given.
- Communicate with pharmacy and nursing teams on care plan.

Adverse Event Management and Monitoring

Key Consideration

How are adverse reactions such CRS or ICANS managed and monitored?

Patient Discussion

- Review the **General Patient Education on NHL, BTCEs, CRS, and ICANS** with your patient.
- During treatment, we closely monitor for signs of CRS and ICANS, especially during the first few doses. If these symptoms occur, we will:
  - Assess the severity
  - Determine whether additional medications are needed
  - Decide if treatment should be delayed or adjusted
  - Arrange hospital monitoring if necessary
- During your first few treatments:
  - You may have longer clinic visits.
  - You may need observation after your dose.
  - You may have more frequent lab work.
- We will carefully monitor:
  - Your blood counts
  - Signs of infection
  - Your response to treatment
  - Any adverse reactions
- If adverse reactions occur, we will determine whether additional medications, temporary treatment delays, or hospital monitoring are needed.
- Most side effects are manageable, especially when identified early.

Physician/APP Responsibilities

- Provide patient education on associated adverse reactions with BTCE therapy.
- Communicate required grading assessments and treatment plan with care team (e.g., when to hold or discontinue BTCE, prophylactic and supportive medication orders, and escalation level of care).
- Define restart pathway after interruptions based on product guidance and time since last dose.

Pharmacists

Medication Adherence and Tools

Key Consideration

How should adherence be reinforced during step-up dosing and early cycles of BTCE therapy?

Patient Discussion

- Review the **General Patient Education on NHL, BTCEs, CRS, and ICANS** with your patient.

Pharmacist Responsibilities

- Review the step-up calendar and expected observation time for each visit; confirm the patient/caregiver can attend every treatment.
- Confirm premedications/supportive medications are available before first step-up dose.
- Reinforce signs/symptoms with patients and when to seek their care team.

Key Consideration

What supportive medications must be available prior to BTCE initiation?

Patient Discussion

- Before we start, we make sure you have the medications we use to prevent or treat adverse reactions, especially during step-up dosing.

Pharmacist Responsibilities

- Review the **Currently Available CD20×CD3 BTCEs for B-Cell NHL** chart and the recommended premedications for the patient's prescribed BTCE.
- Verify orders/access for premedications per regimen.
- Confirm timing plan with nursing.
- Screen for prophylaxis needs and communicate plan to prescriber.
- Remove access barriers early (e.g., coverage, specialty distribution, delivery timing) to avoid delaying step-up doses.

Managing Common Side Effects and Dose Adjustments

Key Consideration

What are the most significant adverse events during BTCE therapy?

Patient Discussion

- Review the **General Patient Education on NHL, BTCEs, CRS, and ICANS** with your patient.
- These adverse events are treatable, but timing matters. Call your care team immediately if you notice these symptoms.

Pharmacist Responsibilities

- Confirm availability of clinic "rescue" medications per protocol and verify patient knows how to contact their care team. Educate on the Patient Wallet Card as follows:
  - Carry this everywhere. If you go to an emergency department (ED), show it first and let the staff know you are on a BTCE and at risk for CRS/ICANS.
  - This supports faster, safer escalation consistent with the triage pathways.

Key Consideration

How should dose interruptions or delays be managed?

Patient Discussion

- If we hold a dose for safety, we may need to restart at a lower step-up dose depending on how long it's been. That's normal and helps prevent severe adverse reactions.

Pharmacist Responsibilities

- Before rescheduling, confirm BTCE-specific restart instructions and communicate the revised plan to the prescriber.
- Re-verify drug supply, visit length/observation needs, and premedication timing for the new date.

Monitoring and Safe Administration

Key Consideration

How does pharmacy support safe administration and monitoring?

Patient Discussion

- Review the **General Patient Education on NHL, BTCEs, CRS, and ICANS** with your patient.
- Symptoms can happen after you leave clinic. Your best protection is to monitor your blood pressure (BP), oxygen level, heart rate (HR), and temperature, noting first sign of CRS and neurologic changes, and contacting your care team.
- Your Bispecific Treatment Support Kit (TSK) includes a blood pressure monitor, pulse oximeter, and digital thermometer.

Pharmacist Responsibilities

- Provide written and verbal "when to call" instructions; document patient/caregiver understanding.
- Align with nursing/providers so escalation is consistent across the care team.

Nurses

Adverse Event Management and Monitoring

Key Consideration

How should CRS and ICANS be managed at home versus in clinic/at an infusion center?

Patient Discussion

- Review the **General Patient Education on NHL, BTCEs, CRS, and ICANS** with your patient.

CRS

- At home (patient/caregiver):
  - If you feel unwell, check temperature, BP, pulse oximeter (pulse ox), and HR right away.
  - Call your care team urgently if any of these occur:
    - Temperature ≥ 100.4°F (38°C)
    - Oxygen ≤ 90% or drops >5% from your baseline
    - BP < 90/70 mmHg or drops >10 points from baseline
    - Resting HR > 110 bpm
    - New rash with fever
  - Go to the ED/Call 911 if you pass out, can't be awakened, have chest discomfort with worsening shortness of breath, or severe breathing trouble.
- In clinic/infusion center (care team):
  - If CRS is suspected, we evaluate you (exam/labs) and may provide supportive care with intravenous (IV) fluids and oxygen.
  - CRS can require tocilizumab and/or corticosteroids and closer monitoring of vitals and inflammatory markers.

ICANS

- At home (patient/caregiver):
  - Call immediately for any neurological symptoms, even mild confusion or a headache that feels different.
  - Do not drive or operate machinery if dizzy, confused, shaky, or overly sleepy.
  - Go to the ED/Call 911 for inability to awaken, any seizure, or rapidly worsening confusion.
- In clinic/infusion center (care team):
  - We will perform an immune effector cell encephalopathy (ICE) assessment and neurological checks to measure the severity of neurological dysfunction.
  - If ICANS is suspected, we may hold your BTCE treatment and manage based on severity. This may include administration of supportive treatment to reduce your symptoms.
  - If you experience seizures/marked mental status changes, we will urgently evaluate and consider an electroencephalogram (EEG), anti-seizure medications, and intensive care unit (ICU) level care if severe.

Nursing Responsibilities

- Teach and reinforce home monitoring plan (temperature, BP, pulse ox, HR) and thresholds for calling care team/ED.
- Perform and document symptom assessments during calls/visits (CRS screening and ICE/mental status checks).
- Coordinate same-day evaluation pathway: triage, vitals, labs, provider notification, infusion/clinic rooming.

Key Consideration

How should other adverse reactions be managed?

Patient Discussion

- Low blood counts:
  - We will monitor your complete blood count (CBC) closely.
  - We may withhold or discontinue your BTCE based on severity.
  - We may consider administering preventative granulocyte colony-stimulating factor, which is a drug that helps your body make more white blood cells.
- Infection risk:
  - We will monitor for signs of infection before and during treatment
  - If you develop infection signs, we may hold your BTCE and treat promptly based on severity.
- Rash/skin changes:
  - We advise monitoring signs of discomfort (e.g., redness, burning, itching) and/or discoloration on your skin.
  - We may recommend a topical steroid and/or antihistamine for mild symptoms; for more severe symptoms, systemic steroids or a dermatology consult may be needed.

Nursing Responsibilities

- This is not an inclusive list of adverse events. Refer to the product specific **Medication Guides** for management recommendations of other adverse events patients may experience on BTCEs.
- Monitor patient vitals, labs, adverse events, and notify providers of concerning changes.
- Teach and reinforce symptoms to monitor and thresholds for calling care team/ED.

Key Consideration

How does the 24/7 emergency line work for patients on BTCEs? (If applicable to practice)

Patient Discussion

- When you call, we'll ask you to check vitals while we're on the phone and ask targeted questions about CRS/ICANS symptoms. Based on your vitals and symptoms, we'll decide if you should come to clinic same-day or go to the ED.

Nursing Responsibilities

- Familiarize the patient or caregiver on their Patient Wallet Card and advise them not to wait when symptoms occur.

Key Consideration

What is a treatment support kit (TSK) and how should it be taught to a patient?

Patient Discussion

- Treatment support kits provide patients and caregivers with educational resources and products to help improve medication adherence and compliance during treatment with anti-cancer medications. Each kit contains educational information as well as useful products for managing adverse events.
  - The **Bispecific TSK** includes:
    - Treatment Booklet
    - Treatment Calendar
      - Use it to track doses (especially step-up doses), symptoms, and vitals
    - Patient Wallet Card
      - Carry this everywhere. If you go to an ED, show it first and let the staff know you're on a BTCE and at risk for CRS/ICANS.
      - This supports faster, safer escalation consistent with the triage pathways.
    - Blood Pressure Monitor
      - If your blood pressure drops >10 points from your normal, or <90/70 mmHg, call your care team immediately, especially with dizziness.
    - Pulse Oximeter
      - If oxygen is ≤90% or drops >5% from your usual, call your care team immediately.
    - Digital Thermometer
      - Any temperature ≥100.4°F, call your care team immediately.

Nursing Responsibilities

- Familiarize yourself with the TSK and educate the patient/caregiver on its components.
- Use teach-back methods and checklists to reinforce learning before discharge.

Pharmacy Technicians

Medication Access and Prescription Coordination

Key Consideration

What documentation responsibilities do I have for BTCE preparation?

Pharmacy Technician Responsibilities

- Accurately document lot numbers, expiration dates, and preparation details according to institutional policy.
- Ensure documentation is completed before dispensing to support medication traceability and quality assurance.
- Escalate any discrepancies (e.g., product mismatch, expiration concerns) to the pharmacist immediately.

Key Consideration

What should I confirm with the patient before the first dose?

Patient Discussion

- Let's confirm your step-up dosing visit dates, expected visit length, and how to obtain your prescribed supportive medications.

Pharmacy Technician Responsibilities

- Confirm the patient/caregiver understands where and when they will receive step-up doses and whether any visits require extended observation.
- Confirm the patient/caregiver knows how to obtain their prescribed supportive medications, including pickup location and timing.
- Confirm the patient/caregiver has the correct care team contact number(s) on their Patient Wallet Card.

Key Consideration

What medication access issues should I screen for early on?

Patient Discussion

- Have you had trouble getting medications before, or any pharmacy access? We can help before this delays treatment.

Pharmacy Technician Responsibilities

- Ask whether the patient/caregiver has had trouble obtaining medications in the past (e.g., cost, transportation, pharmacy access, caregiver support).
- Identify whether medications will be filled through:
  - Clinic pharmacy
  - Specialty pharmacy
  - Retail pharmacy
- Escalate any access barriers early to the pharmacist and care team to avoid delays in therapy initiation.

Key Consideration

How should I support premedication and supportive care readiness?

Patient Discussion

- Do you still have your premedications and supportive medications at home, and have refills been easy to obtain?

Pharmacy Technician Responsibilities

- Confirm premedications are:
  - Available in the clinic (if administered onsite) and/or
  - Obtained by the patient/caregiver prior to treatment (if taken at home)
  - Ensure adequate stock of clinic "rescue" medications per protocol for CRS events.
- Help ensure supportive medications (as directed by the provider) are available early, such as:
  - Fever-reducing medication (e.g., acetaminophen)
  - Allergy medications (e.g., diphenhydramine)
  - Steroids (e.g., dexamethasone) if prescribed
  - Infection prevention medications, if ordered by the provider
- Confirm the patient has not had difficulty obtaining refills.
- Escalate recurring access issues to the pharmacist so the care team can adjust workflows and avoid missed or delayed treatment.

Key Consideration

How should I support step-up dosing workflows?

Pharmacy Technician Responsibilities

- Ensure step-up doses are clearly separated/labeled.
- Support the pharmacist by verifying that the correct product and dose match the planned treatment calendar.

Key Consideration

What should I confirm about how the medication is prepared?

Pharmacy Technician Responsibilities

- Review the product specific **Medication Guide** for preparation, dilution, and specific handling instructions.
- Confirm the correct product, dosage form, dose, and preparation pathway before preparation begins.
- Gather the correct supplies in advance, including the appropriate diluent, IV bag or syringe, and labeling materials.
- Follow product specific handling instructions during preparation.
- Confirm the final product is labeled correctly and prepared within the allowed timeframe for administration.
- Communicate any preparation delays, storage concerns, or workflow issues to the pharmacist promptly.
- Document preparation steps and route the product for pharmacist verification per site policy.

Key Consideration

What does "refill support" look like for patients on BTCE?

Patient Discussion

- Request refills early, especially before weekends or holidays, so you can avoid delays in receiving your supportive medications.

Pharmacy Technician Responsibilities

- Track refill timing for supportive medications commonly needed early in therapy (e.g., antiemetics, antipyretics, infection prophylaxis).
- Proactively notify the pharmacist if refill timing overlaps with step-up dosing visits.
- Reinforce to the patient that they should request refills early, especially before weekends or holidays.

Key Consideration

How should I reinforce 24/7 contact instructions to the patient/caregiver?

Patient Discussion

- Confirm the patient/caregiver has been educated on what signs/symptoms to look out for when on BTCE therapy. If the patient/caregiver is unaware, notify the pharmacist.

Pharmacy Technician Responsibilities

- Confirm the patient/caregiver has been given their Patient Wallet Card with appropriate care team contact information.

Key Consideration

If a treatment visit is delayed or rescheduled, what should I do?

Pharmacy Technician Responsibilities

- Notify the pharmacist immediately if the timing of doses changes so the care team can determine whether adjustments are needed.
- Verify that drug inventory remains available for the new appointment date.
- Communicate scheduling changes to the infusion team to prevent preparation errors or missed doses.

Key Consideration

What is included in the NCODA Bispecific Treatment Support Kit (TSK) and how should I support TSK distribution and workflow integration?

Patient Discussion

- This kit helps you track symptoms and vitals and tells other clinicians you're on a BTCE.

Pharmacy Technician Responsibilities

- Ensure patient/caregiver received or are offered kit components, which includes:
  - Treatment booklet
  - Treatment calendar
  - Patient wallet card
  - Blood pressure monitor
  - Pulse oximeter
  - Digital thermometer
- Coordinate with pharmacy and nursing leadership on how kits are distributed.
- Ensure kit distribution is documented per clinic workflow.
- Confirm the patient knows who to contact if equipment is missing or malfunctioning.

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Additional Resources

- https://www.ncoda.org/immunotherapy-hub/
- https://www.ncoda.org/resource/bispecific-antibody-therapy-resource-guide/
- https://www.ncoda.org/resource/up-close-with-mosunetuzumab/
- https://www.ncoda.org/resource/up-close-with-epcoritamab/
- https://www.ncoda.org/resource/up-close-with-glofitamab/
- https://www.ncoda.org/pes/understanding-and-managing-cytokine-release-syndrome/
- https://www.ncoda.org/pes/understanding-and-managing-immune-effector-cell-associated-neurotoxicity-syndrome-icans/
- https://www.ncoda.org/resource/bispecific-treatment-support-kits/
- https://patienttreatmentcalendars.com/cal/en/calendars/new/edit
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