Elranatamab

Care Team Contact Information: _____

Pharmacy Contact Information: _____

Diagnosis: _____

- This treatment is used for multiple myeloma (MM).
- It may also be used for other reasons.

Goal of Treatment: _____

- Treatment may continue until it no longer works or until side effects are no longer controlled.

Treatment Regimen

Treatment Name	How the Treatment Works	How the Treatment is Given
Elranatamab (EL-rah-NA-tah-mab): Elrexfio (el-REK-sfee-oh)	Binds immune cells (T-cells) to cancer cells so T-cells can more effectively attack and destroy them.	Injection under the skin (subcutaneous injection) into the stomach area (abdomen) or thigh.

Treatment Administration and Schedule

Due to the risk of cytokine release syndrome (CRS), you will receive elranatamab on a **"step-up dosing schedule"** and may be hospitalized for 48 hours after the first "step-up" dose and for 24 hours after the second "step-up" dose.

- During the step-up dosing schedule:
  - For your first dose, you will receive a smaller "step-up" dose on Day 1 of your treatment.
  - For your second dose, you will receive a larger "step-up" dose, which is usually given on Day 4 of your treatment.
  - For your third dose, you will receive the first full "treatment" dose, which is usually given on Day 8 of your treatment.
- If your dose is delayed for any reason, you may need to repeat the step-up dosing schedule.

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Treatment Administration and Schedule (Continued)

Weeks 1 and 2

Step-Up Dosing Schedule							
Treatment Name	**Week 1**						
	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**
Elranatamab	✓ Step-Up Dose 1			✓ Step-Up Dose 2			
	Week 2						
	Day 8	**Day 9**	**Day 10**	**Day 11**	**Day 12**	**Day 13**	**Day 14**
Elranatamab	✓ First Full Treatment Dose						

Week 3 and Beyond

- After you receive your first full treatment dose, elranatamab is usually given 1 time each week through Week 24.
- After Week 24, your care team may change treatment to once every 2 weeks if your cancer has responded and the response has lasted at least 2 months.
- After 24 weeks of treatment every 2 weeks (Week 49), your care team may change treatment to once every 4 weeks if your response continues.
- Your care team will decide the time between doses and how long you will receive treatment.

Appointments

Appointments may include regular check-ups with your care team, treatment appointments, lab visits, and imaging tests. It's important to keep your appointments whenever you can. If you miss an appointment, call your care team as soon as possible to reschedule it.

Supportive Care to Prevent and Treat Side Effects

Description	Supportive Care Given at the Clinic or Hospital	Supportive Care Taken at Home
To help lower the risk of Cytokine Release Syndrome (CRS)		
To help lower the risk of infections		
Other		

Common Side Effects

Side Effect	Important Information
Cytokine Release Syndrome (CRS) (Boxed Warning)	Description: CRS happens when your immune system becomes very active after treatment. Most CRS events are mild, get better with treatment, and happen during the first few doses. However, some CRS events can be serious and life-threatening. Symptoms can include fever, chills, fatigue, headache, dizziness or feeling lightheaded, or difficulty breathing. Recommendations: • Keep a symptom diary to record any new or worsening symptoms such as fever, chills, fatigue, or difficulty breathing. • Your care team may ask you to monitor your temperature, blood pressure, heart rate, or oxygen level. • Stay hydrated by drinking plenty of fluids to help manage symptoms and support overall health. • Do not drive, operate heavy or potentially dangerous machinery, or do other dangerous activities for 48 hours after each of the 2 step-up doses and after the first full treatment dose. • If you develop CRS, do not drive or operate dangerous machinery until your care team says it is safe. • Your care team may prescribe medications for CRS. Talk to your care team if you have: • Fever of 100.4°F (38°C) or higher • Trouble breathing • Chills • Dizziness or light-headedness • Fast heartbeat • Headache Note: Your care team may have specific numbers for blood pressure, heart rate, and blood oxygen levels. If your numbers go beyond those limits, call your care team or get emergency help.
Low White Blood Cell (WBC) Count (Neutropenia) and Increased Risk of Infection	Description: WBCs help protect your body from infections. A low WBC count increases your risk of infection. Recommendations: • Wash your hands often and bathe regularly. • Avoid crowded places and close contact with people who are sick. • Follow food safety and wound care advice from your care team. • Your care team may prescribe medicine to help your WBCs recover. Talk to your care team if you have: • Fever of 100.4°F (38°C) or higher • Chills • New or worsening cough or sore throat • Painful urination or signs of a urinary infection • Feeling much more tired than usual • Red, swollen, warm, or painful areas on the skin (possible skin infection)

Low Platelet Count (Thrombocytopenia)	Description: Platelets help your blood clot and wounds heal. A low platelet count increases your risk of bruising and bleeding. Recommendations: • Blow your nose gently and avoid picking it. • Brush your teeth gently with a soft toothbrush and keep good oral hygiene. • Use an electric razor for shaving and a nail file instead of nail clippers. • Avoid over-the-counter medicines that can increase bleeding risk (for example, nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen). • Talk with your care team or dentist before medical or dental procedures — you may need to pause treatment. Talk to your care team if you have: • A nosebleed lasting more than 5 minutes despite pressure • A cut that continues to bleed • Heavy gum bleeding when brushing or flossing • Sudden or severe headache • Blood in your urine or stool • Blood in your spit after coughing
Low Red Blood Cell (RBC) Count and Hemoglobin (Hgb) (Anemia)	Description: RBCs and Hgb carry oxygen to your body's tissues and remove carbon dioxide. Low RBC or Hgb (anemia) can make you feel weak or very tired, or may make you look pale. Recommendations: • Aim for 7 to 8 hours of sleep each night. • Do not drive, operate heavy machinery, or do other dangerous activities if you are very tired. • Balance activity and rest — stay as active as you can, but rest when needed. • Eat a balanced diet and follow any nutrition or supplement advice from your care team. Talk to your care team if you have: • Shortness of breath • Dizziness or fainting • Fast or irregular heartbeats • Sudden or severe headache

<table>
<tr><td>Fatigue</td><td>Description: Fatigue is a constant and sometimes strong feeling of tiredness.
Recommendations:
Routine exercise can help reduce fatigue. Talk with your care team to find the right type and amount of activity for you.
Ask family and friends for help with daily tasks and for emotional support.
Try healthy ways to feel better, such as meditation, journaling, yoga, or guided imagery, to reduce anxiety and improve well-being.
Aim for 7 to 8 hours of sleep each night. Limit daytime naps to help you sleep better at night.
Do not drive, operate heavy machinery, or do other potentially dangerous activities if you are very tired.
Talk to your care team if you have:
Tiredness that affects your daily life or prevents you from doing normal activities
Tiredness that does not get better with rest
Dizziness or weakness along with severe tiredness</td></tr>
<tr><td>Diarrhea</td><td>Description: Diarrhea is loose, watery stools or more frequent bowel movements than usual. It can cause dehydration and weakness.
Recommendations:
Keep track of how often you go to the bathroom each day.
Drink 8 to 10 glasses of water or other fluids daily, unless your care team tells you otherwise.
Eat small meals of mild, low-fiber foods (such as bananas, applesauce, potatoes, chicken, rice, and toast).
If you have diarrhea, avoid high-fiber foods (such as raw vegetables, fruits, and whole grains), gas-producing foods (such as broccoli and beans), dairy (such as milk and yogurt), and spicy, fried, or greasy foods.
Your care team may recommend an antidiarrheal medicine such as loperamide (Imodium).
Talk to your care team if you have:
4 or more bowel movements above your usual number in 24 hours
Dizziness or lightheadedness while having diarrhea
Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine)
Bloody diarrhea</td></tr>
<tr><td>Liver Problems</td><td>Description: Treatment can cause liver injury. Your care team may check your liver with blood tests before and during treatment.
Talk to your care team if you have:
Yellowing of your skin or the white part of your eyes (jaundice)
Severe nausea or vomiting
Pain on the right side of your stomach area (abdomen)
Dark, tea-colored urine
Bleeding or bruising more easily than normal</td></tr>
</table>

Muscle or Joint Pain or Weakness	Description: Muscle pain is soreness, aching, cramps, stiffness, tenderness, or weakness in one or more muscles. Joint pain is pain, stiffness, swelling, or reduced movement where two bones meet. Recommendations: • Keep a pain diary: note pain levels, locations, and activities that make it better or worse. • Do gentle exercise (walking, stretching, yoga) to maintain mobility and strength. Check with your care team before starting a new activity. • Use a warm compress for stiff muscles or a cold pack to reduce swelling and numb pain—use what helps the area. • Your care team may recommend or prescribe medicines, including over-the-counter pain relievers. Talk to your care team if you have: • Pain you cannot control with usual measures • Swelling, redness, or warmth in a joint • New weakness • Trouble walking or moving
Injection-Site Reactions	Description: An injection-site reaction is a local skin reaction where the medicine is given under the skin (subcutaneous injection). It can cause pain, redness, swelling, itching, or a lump at the injection site. Recommendations: • Tell your nurse or care team right away if you feel burning, stinging, or pain during the injection. • After the injection, you may use a cool compress on the area for 10–15 minutes to ease pain or swelling. • Keep the area clean and dry. Gently wash with mild soap and water if needed. • Avoid scratching, rubbing, or massaging the site. • Wear loose, soft clothing over the area to reduce rubbing. Talk to your care team if you have: • Increasing redness, warmth, swelling, or pain at the injection site • A lump that gets bigger or does not improve • Drainage of pus or fluid, or a bad smell from the area • Red streaks on the skin near the injection site • Fever or chills along with injection-site redness or pain
Low Potassium Levels in Your Blood (Hypokalemia)	Description: Treatment may cause low levels of potassium in your blood. Your care team will perform blood tests to check for these changes and will treat you if needed. Talk to your care team if you have: • New or worsening muscle weakness or cramps • Irregular, fast, or pounding heartbeat, or chest pain • Severe dizziness, fainting, or lightheadedness • Severe constipation or stomach-area (abdominal) pain

Select Rare Side Effects

Side Effect	Talk to Your Care Team if You Have Any of These Signs or Symptoms
Neurologic Problems (Boxed Warning)	Treatment can cause serious neurologic (brain and nerve) problems that can be life-threatening and may lead to death. These problems can include a condition called Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS). Neurologic problems may occur days or weeks after treatment. Your care team may refer you to a specialist who treats neurologic problems. Do not drive, operate heavy or potentially dangerous machinery, or do other dangerous activities for 48 hours after each of the 2 step-up doses and after the first full treatment dose. If you develop neurologic side effects, do not drive or operate dangerous machinery until your care team says it is safe. • Headache • Agitation, trouble staying awake, confusion or disorientation, seeing or hearing things that are not real (hallucinations) • Trouble speaking, writing, thinking, remembering things, paying attention, or understanding things • Problems walking, muscle weakness, shaking (tremors), loss of balance, or muscle spasms • Numbness and tingling (feeling like "pins and needles") • Burning, throbbing, or stabbing pain • Changes in your handwriting • Seizures
Low Immunoglobulin Levels (Hypogammaglobulinemia)	Your care team may check your immunoglobulin levels and give immunoglobulin replacement if needed. • Getting sick often (like colds or pneumonia) • Taking longer to feel better after being sick • Tiredness or weakness • Skin infections or rashes • Severe stomach-area (abdominal) pain or diarrhea • New or worsening allergies or other immune problems

Before starting treatment, ask your care team when to call 9-1-1 or seek emergency help.
If you experience any new, worsening, or uncontrolled side effects, contact your care team immediately.

Intimacy, Pregnancy, and Breastfeeding

- Treatment may **change how you feel about intimacy and your body.** However, physical closeness—such as holding hands and hugging—remains safe. It is common to have questions about intimacy. If needed, talk to your care team for guidance.
- Treatment may **harm an unborn baby**.
    - If you are able to become pregnant:
        - Your care team will verify your pregnancy status before treatment.
        - Use an effective method of birth control during treatment and for 4 months after your last dose of elranatamab.
        - If you think you might be pregnant or if you become pregnant, tell your care team right away.
    - If your partner is able to become pregnant, use an effective method of birth control—such as condoms—during treatment with elranatamab.
- **Do not breastfeed** during treatment and for 4 months after your last dose of elranatamab.

Additional Information

- **Boxed Warning: Elranatamab is available only through a special FDA program called the ELREXFIO Risk Evaluation and Mitigation Strategy (REMS).**
  You will receive a Patient Wallet Card from your healthcare provider. Always carry the Patient Wallet Card with you and show it to all of your healthcare providers. The Patient Wallet Card lists signs and symptoms of CRS and neurologic problems.
- **Tell your care team about all the medicines you take**.
  This includes prescriptions, over-the-counter drugs, vitamins, and herbal products. Before starting any new medicine, supplement, or vaccine, ask your care team first.
- **This Patient Education Sheet may not describe all possible side effects.**
  Call your care team for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

Notes

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Brought to you by:
ACCC Association of Cancer Care Centers
HOPA Hematology/Oncology Pharmacy Association
NCODA Network for Collaborative Oncology Development & Advancement
ONS Oncology Nursing Society

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Important Notice:
The Association of Cancer Care Centers (ACCC), Hematology/Oncology Pharmacy Association (HOPA), Network for Collaborative Oncology Development & Advancement, Inc. (NCODA), and Oncology Nursing Society (ONS) have collaborated to gather information and develop this patient education guide. This guide is a summary of the medication, based on information provided by the drug manufacturer and other sources.

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