Regimen Monograph

A - Regimen Name

ELRA Regimen

Elranatamab

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 patients with relapsed or refractory multiple myeloma who have received at least 3 prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody, and who have demonstrated disease progression on the last therapy

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B - Drug Regimen

Cycle 1:

elranatamab	12 mg	Subcut	Day 1

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

elranatamab[a]	32 mg	Subcut	Day 4

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

elranatamab[b]	76 mg	Subcut	Day 8, 15, 22

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

Cycle 2 to 6:

elranatamab[c]	76 mg	Subcut	Days 1, 8, 15, 22

Cycle 7 and onwards: Administer elranatamab **on days 1 and 15** in patients who have achieved and maintained a partial response or better for at least 2 months.

elranatamab	76 mg	Subcut	Days 1 and 15

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

a. Maintain a minimum of 2 days between step-up dose 1 (12 mg) and step-up dose 2 (32 mg).
b. Maintain a minimum of 3 days between step-up dose 2 (32 mg) and the first full treatment (76 mg) dose.
c. Maintain a minimum of 6 days between 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 EVERY 28 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal

- Also refer to CCO Antiemetic Summary.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Pre-medication (prophylaxis for cytokine release syndrome)

Administer 1 hour before the first 3 elranatamab doses (step-up dose 1, step-dose 2, and the first full treatment dose):

- acetaminophen (or equivalent) 650 mg PO
- dexamethasone (or equivalent) 20 mg PO or IV
- diphenhydramine (or equivalent) 25 mg PO

Assess the need for premedications in subsequent doses.

Other Supportive Care:

- Consider prophylaxis against Pneumocystis jirovecii pneumonia (PJP) and herpes virus infections.
- Consider other antimicrobial prophylaxis as per local guidelines.
- Elranatamab 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

Pharmacy Workload (average time per visit) 17.00 minutes

Nursing Workload (average time per visit) 44.833 minutes

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K - References

Lesokhin AM, Tomasson MH, Arnulf B, et al. Elranatamab in relapsed or refractory multiple myeloma: phase 2 MagnetisMM-3 trial results. Nat Med. 2023 Sep;29(9):2259-67.

Product monograph: Elranatamab (Elrexfio™). Pfizer Canada ULC., December 2023.

April 2024 updated to reflect the availability of a universal compassionate drug access program

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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.

The format and content of the drug monographs, regimen monographs, appendices and symptom management

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