

Regimen Monograph

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A - Regimen Name

ELRA(RAMP) Regimen

Elranatamab (Ramp-up)

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 Treatment of patients with relapsed or refractory multiple myeloma who have

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

elranatamab^a	32 mg	Subcut	Day 4
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(This drug is not publicly funded. Universal compassionate access program is available.)

elranatamab^b	76 mg	Subcut	Day 8, 15, 22
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(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
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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
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(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

Use regimen code ELRA(RAMP) for cycle 1, then ELRA for subsequent cycles.

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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)

ELRA(RAMP) 23.15 minutes

ELRA 17.00 minutes

Nursing Workload (average time per visit)

ELRA(RAMP) 90.90 minutes

ELRA 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.

December 2024 Added ELRA(RAMP) regimen code for ramp-up, modified Cycle Frequency section

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M - Disclaimer

Regimen Abstracts

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QBP regimen as they are developed.

Regimen Monographs

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

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