

ELREXFIO (ELRANATAMAB) PATIENT CARD

Always carry this card with you. SHOW THIS CARD to any healthcare provider involved in your care and if you go to the emergency room.

IMPORTANT SAFETY INFORMATION FOR PATIENTS RECEIVING TREATMENT WITH ELREXFIO

For Patients

Call your healthcare provider or get emergency help right away if you have any of these symptoms:	
<ul style="list-style-type: none"> Fever (38°C or higher) Difficulty breathing Chills Headache Low blood pressure Dizziness or light-headedness Fast heartbeat Agitation, trouble staying awake, confusion or disorientation, seeing or hearing things that are not real 	<ul style="list-style-type: none"> Trouble speaking, thinking, remembering things, paying attention, or understanding things Numbness and tingling (feeling like “pins and needles”) or loss of feeling Problems walking or muscle weakness Shaking (tremors), loss of balance, or muscle spasms Burning, throbbing, or stabbing pain Changes in your handwriting
You should always ask your doctor about taking other medications while on ELREXFIO.	



IMPORTANT TO REMEMBER: You should remain within proximity of a healthcare facility so that your healthcare provider can monitor you for signs and symptoms daily for 48 hours after administration of each of the first 2 step-up doses. If you have any of these symptoms, call your doctor or seek emergency medical attention right away! These are not all of the possible symptoms of ELREXFIO. Tell your doctor if you have any symptom that bothers you or does not go away.

For Healthcare Providers



IMPORTANT SAFETY INFORMATION YOU SHOULD KNOW: ELREXFIO therapy can cause cytokine release syndrome (CRS) or neurologic toxicity, including Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS) which may be fatal or life threatening. CRS may involve multiple organ systems. For more information about ELREXFIO, please refer to the Singapore Package Insert.



This Patient has received ELREXFIO.

Name of Patient: _____
 Name of ELREXFIO Treating Oncologist: _____
 Office Phone Number: _____
 After Hours Phone Number: _____
 Healthcare Setting Name: _____
 Dates of ELREXFIO Injections: _____
 • Step-up Dose 1: _____
 • Step-up Dose 2: _____
 • First Full Dose: _____