

ELZONRIS® (tagraxofusp-erzs) CAPILLARY LEAK SYNDROME (CLS) MANAGEMENT GUIDE

55% of patients in clinical trial experienced CLS of any grade, including 2 fatal events.¹

Common signs and symptoms of CLS with ELZONRIS

- ▶ Hypoalbuminemia
- ▶ Edema
- ▶ Weight gain
- ▶ Hypotension

ELZONRIS infusion should be **withheld** for common signs/symptoms of CLS, including:

- ▶ Hypoalbuminemia (serum albumin < 3.5 g/dL or reduced by ≥ 0.5 g/dL below the level at the start of the current cycle)
- ▶ Weight gain (body weight increased by ≥ 1.5 kg over the pretreatment weight on the previous treatment day)
- ▶ New onset or worsening edema, including pulmonary edema
- ▶ Hypotension (systolic blood pressure ≤ 80 mmHg) or hemodynamic instability

CLS SYMPTOM	CLS MANAGEMENT RECOMMENDED ACTION
Hypoalbuminemia (serum albumin < 3.5 g/dL or reduced by ≥ 0.5 g/dL below the level at the start of the cycle)	<ul style="list-style-type: none"> • Albumin 25g IV (q12h or more frequently as practical) until serum albumin is ≥ 3.5 g/dL AND not more than 0.5 g/dL lower than albumin on day 1 of the current cycle
Weight gain (body weight increased by ≥ 1.5 kg over the pretreatment weight on the previous treatment day)	<ul style="list-style-type: none"> • Albumin 25g IV (q12h or more frequently as practical) until body weight increase has resolved • Manage fluid status as clinically indicated
Edema, fluid overload and/or hypotension	<ul style="list-style-type: none"> • Albumin 25g IV (q12h or more frequently as practical) until serum albumin is ≥ 3.5 g/dL • Administer 1 mg/kg of methylprednisolone (or an equivalent) per day, until resolution of CLS signs/symptoms or as clinically indicated • Aggressive management of fluid status and hypotension if present, until resolution of CLS signs/symptoms or as clinically indicated

ELZONRIS GUIDANCE	
RESUME ELZONRIS administration in the same cycle if:	<ul style="list-style-type: none"> • All CLS signs/symptoms have resolved -AND- • The patient did NOT require measures to treat hemodynamic instability – IV fluid boluses and/or vasopressors to treat hypotension
HOLD ELZONRIS administration for the remainder of the cycle if:	<ul style="list-style-type: none"> • CLS signs/symptoms have not resolved -OR- • The patient requires/required measures to treat hemodynamic instability – IV fluid boluses and/or vasopressors to treat hypotension
ELZONRIS administration may only resume in the next cycle if all CLS signs/symptoms have resolved and the patient is hemodynamically stable.	

In first dose of the first cycle, ensure serum albumin is ≥ 3.2 g/dL before administering ELZONRIS.

This is intended as educational information for healthcare providers. It does not replace a healthcare professional's judgment or clinical diagnosis.

Please see accompanying full Prescribing Information, including Boxed WARNING.



INDICATION

- ELZONRIS is a CD123-directed cytotoxin for the treatment of blastic plasmacytoid dendritic cell neoplasm (BPDCN) in adults and in pediatric patients 2 years and older

IMPORTANT SAFETY INFORMATION

Boxed WARNING: CAPILLARY LEAK SYNDROME

- **Capillary Leak Syndrome (CLS), which may be life-threatening or fatal, can occur in patients receiving ELZONRIS. Monitor for signs and symptoms of CLS and take actions as recommended**

WARNINGS AND PRECAUTIONS

Capillary Leak Syndrome

- ELZONRIS can cause capillary leak syndrome (CLS), which may be life-threatening or fatal if not properly managed. The overall incidence of CLS in clinical trials was 55% in patients receiving ELZONRIS, including 46% in Grades 1 or 2, 6% in Grade 3, 1% in Grade 4, and 2 fatal events. Common signs and symptoms (incidence \geq 20%) associated with CLS that were reported during treatment with ELZONRIS include hypoalbuminemia, edema, weight gain, and hypotension
- Before initiating therapy with ELZONRIS, ensure that the patient has adequate cardiac function and serum albumin is \geq 3.2 g/dL
- During treatment with ELZONRIS, ensure that serum albumin levels are \geq 3.5 g/dL and have not been reduced by \geq 0.5 g/dL from the albumin value measured prior to dosing initiation of the current cycle. Monitor serum albumin levels prior to the initiation of each dose or more often as indicated clinically thereafter. Additionally, assess patients for other signs or symptoms of CLS, including weight gain, new onset or worsening edema including pulmonary edema, hypotension, or hemodynamic instability
- Counsel patients to seek immediate medical attention should signs or symptoms of CLS occur at any time

Hypersensitivity Reactions

- ELZONRIS can cause severe hypersensitivity reactions. Grade 3 or higher events were reported in 10% of patients in clinical trials. Monitor patients for hypersensitivity reactions during treatment with ELZONRIS. Interrupt ELZONRIS infusion and provide supportive care as needed if a hypersensitivity reaction should occur. If the reaction is severe, discontinue ELZONRIS permanently

Hepatotoxicity

- Elevations in liver enzymes can occur with ELZONRIS. Grade 3 or higher elevations in liver enzymes occurred in approximately 40% of patients in clinical trials
- Monitor alanine aminotransferase (ALT) and aspartate aminotransferase (AST) prior to each infusion with ELZONRIS. Temporarily withhold ELZONRIS if the transaminases rise to greater than 5 times the upper limit of normal (ULN) and resume treatment upon normalization or when resolved

ADVERSE REACTIONS:

The most common adverse reactions in the clinical trials (incidence \geq 30%) are capillary leak syndrome, nausea, fatigue, peripheral edema, pyrexia, and weight increase. The most common laboratory abnormalities (incidence \geq 50%) are decreases in albumin, platelets, hemoglobin, calcium, sodium, and increases in glucose, ALT, and AST.

Please see full Prescribing Information, including Boxed WARNING.

To report SUSPECTED ADVERSE REACTIONS, contact Stemline Therapeutics, Inc. at 1-877-332-7961 or contact the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Reference: 1. ELZONRIS [prescribing information]. New York, NY, US: Stemline Therapeutics, Inc.; December 2018.



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