

For men with metastatic castration-sensitive prostate cancer (mCSPC)



A PERSONALIZED TREATMENT DECISION TOOL

for providers and patients

Prostate cancer treatment is personal. Use this tool to help guide an open conversation about your patients' goals and preferences, and help support a decision to add ERLEADA to their androgen deprivation therapy (ADT).

mCSPC = Prostate cancer that has spread to other parts of the body and still responds to a medical or surgical treatment that lowers testosterone.

INDICATIONS

ERLEADA® (apalutamide) is an androgen receptor inhibitor indicated for the treatment of patients with:

- Metastatic castration-sensitive prostate cancer (mCSPC)
- Non-metastatic castration-resistant prostate cancer (nmCRPC)

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Cerebrovascular and Ischemic Cardiovascular Events, including events leading to death, occurred in patients receiving ERLEADA. Monitor for signs and symptoms of ischemic heart disease and cerebrovascular disorders. Optimize management of cardiovascular risk factors, such as hypertension, diabetes, or dyslipidemia. Consider discontinuation of ERLEADA for Grade 3 and 4 events.

In a randomized study (SPARTAN) of patients with nmCRPC, ischemic cardiovascular events occurred in 3.7% of patients treated with ERLEADA and 2% of patients treated with placebo. In a randomized study (TITAN) in patients with mCSPC, ischemic cardiovascular events occurred in 4.4% of patients treated with ERLEADA and 1.5% of patients treated with placebo. Across the SPARTAN and TITAN studies, 4 patients (0.3%) treated with ERLEADA and 2 patients (0.2%) treated with placebo died from an ischemic cardiovascular event. Patients with history of unstable angina, myocardial infarction, congestive heart failure, stroke, or transient ischemic attack within 6 months of randomization were excluded from the SPARTAN and TITAN studies.

In the SPARTAN study, cerebrovascular events occurred in 2.5% of patients treated with ERLEADA and 1% of patients treated with placebo. In the TITAN study, cerebrovascular events occurred in 1.9% of patients treated with ERLEADA and 2.1% of patients treated with placebo. Across the SPARTAN and TITAN studies, 3 patients (0.2%) treated with ERLEADA and 2 patients (0.2%) treated with placebo died from a cerebrovascular event.

Please see additional Important Safety Information throughout this brochure.

HOW TO USE THIS GUIDE WITH YOUR PATIENT



1 Use the questions below to discuss your patient's priorities when it comes to prostate cancer treatment

2 Give the tear sheet on the following pages to your patient so they can ask questions and take notes

3 Move on to the goals map to explore adding ERLEADA to their androgen deprivation therapy (ADT)



ASSESS TREATMENT GOALS

- What is important to you in prostate cancer treatment options?
- In addition to living longer, what are your treatment goals?
- How important is it to lower your prostate-specific antigen (PSA) quickly and keep it low?

DISCUSS SPECIFIC MEDICATION CONCERNS

- Are you able to easily swallow tablets whole?
- Are side effects a concern for you (eg, fatigue, pain, or something else)?

EVALUATE EMOTIONAL WELL-BEING AND KNOWLEDGE

- How do you feel about your current treatment regimen?
- Do you understand why your provider might want to prescribe a treatment in addition to ADT?

ASSESS NEED FOR COST AND MEDICATION SUPPORT

- Do you need help understanding how much you may pay for your medication?
- What would having personal one-on-one phone support mean to you?

OPEN THE PAGE TO FIND MORE INFORMATION ABOUT ERLEADA.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Fractures occurred in patients receiving ERLEADA. Evaluate patients for fracture risk. Monitor and manage patients at risk for fractures according to established treatment guidelines and consider use of bone-targeted agents.

In a randomized study (SPARTAN) of patients with nmCRPC, fractures occurred in 12% of patients treated with ERLEADA and in 7% of patients treated with placebo. In a randomized study (TITAN) of patients with mCSPC, fractures occurred in 9% of patients treated with ERLEADA and in 6% of patients treated with placebo.

Falls occurred in patients receiving ERLEADA with increased frequency in the elderly. Evaluate patients for fall risk.

In a randomized study (SPARTAN), falls occurred in 16% of patients treated with ERLEADA compared with 9% of patients treated with placebo. Falls were not associated with loss of consciousness or seizure.

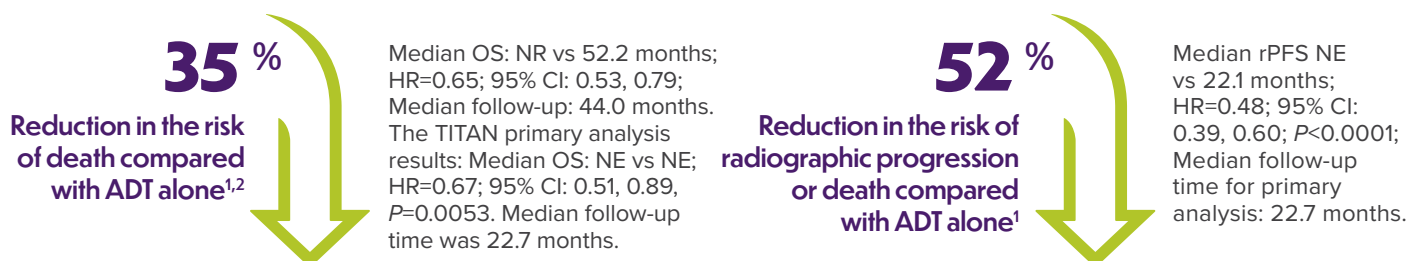
Seizure occurred in patients receiving ERLEADA. Permanently discontinue ERLEADA in patients who develop a seizure during treatment. It is unknown whether anti-epileptic medications will prevent seizures with ERLEADA. Advise patients of the risk of developing a seizure while receiving ERLEADA and of engaging in any activity where sudden loss of consciousness could cause harm to themselves or others.

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GET TO KNOW ERLEADA (apalutamide)

A longer life may still be possible for your patient with mCSPC

IN THE TITAN STUDY (DUAL PRIMARY ENDPOINTS):



Study Design: TITAN was a phase 3, multicenter, randomized, double-blind, placebo-controlled trial of patients with mCSPC (N=1052). Patients had newly diagnosed mCSPC or relapsed metastatic disease after an initial diagnosis of localized disease. Patients with visceral (ie, liver or lung) metastases as the only sites of metastases were excluded. Patients were randomized 1:1 to receive ERLEADA 240 mg orally once daily or placebo orally once daily. All patients in the TITAN trial received a concomitant GnRH analog or had a prior bilateral orchiectomy. The dual primary endpoints were overall survival and rPFS.

 **UNDETECTABLE PSA LEVELS¹**
More than twice as many patients who received ERLEADA + ADT achieved undetectable PSA compared with ADT alone (68% vs 32%).

Undetectable PSA was defined as ≤ 0.2 ng/mL. The exposure-response relationship and time course of pharmacodynamic response for the safety and effectiveness of apalutamide have not been fully characterized.¹

 **MAINTAINED HEALTH-RELATED QUALITY OF LIFE (HRQoL)**
HRQoL was maintained with ERLEADA + ADT after a median follow-up of 44.0 months. Analysis of change from baseline in the FACT-P total score showed no substantial between-group differences.*

The HRQoL analyses (pre-specified exploratory endpoint) are not in the Prescribing Information for ERLEADA. HRQoL should be viewed in the context of patient management and the overall physical condition and clinical course of the patient.

 **ESTABLISHED SAFETY PROFILE**
The most common adverse reactions ($\geq 10\%$) that occurred more frequently in the ERLEADA-treated patients ($\geq 2\%$ over placebo) from the randomized placebo-controlled clinical trials (TITAN and SPARTAN) were fatigue, arthralgia, rash, decreased appetite, fall, weight decreased, hypertension, hot flush, diarrhea, and fracture.
In the TITAN study, serious adverse reactions occurred in 20% of patients in the ERLEADA + ADT arm and 20% in the placebo + ADT arm. The discontinuation rate due to adverse reactions was 8% in the ERLEADA + ADT arm.¹

VISIT [ERLEADAHCP.COM/EFFICACY](https://erleadahcp.com/efficacy) TO LEARN MORE

*The FACT-P patient-reported outcome questionnaire was used to assess prostate cancer symptoms, pain-related symptoms, and overall HRQoL in the TITAN study. The FACT-P is a 39-item questionnaire developed and validated specially in patients with prostate cancer.

ADT = androgen deprivation therapy; CI = confidence interval; FACT-P = Functional Assessment of Cancer Therapy-Prostate; GnRH = gonadotropin-releasing hormone; HR = hazard ratio; NE = not estimable; NR = not reached; OS = overall survival; PSA = prostate-specific antigen; rPFS = radiographic progression-free survival; SPARTAN = Selective Prostate Androgen Receptor Targeting with ARN-509; TITAN = Targeted Investigational Treatment Analysis of Novel Anti-androgen.

IMPORTANT SAFETY INFORMATION (CONTINUED)

In two randomized studies (SPARTAN and TITAN), five patients (0.4%) treated with ERLEADA and one patient treated with placebo (0.1%) experienced a seizure. Seizure occurred from 159 to 650 days after initiation of ERLEADA. Patients with a history of seizure or, predisposing factors for seizure, or receiving drugs known to decrease the seizure threshold or to induce seizure were excluded. There is no clinical experience in re-administering ERLEADA to patients who experienced a seizure.

Please see additional Important Safety Information throughout this brochure.

PROSTATE CANCER TREATMENT OPTIONS

ERLEADA (apalutamide) is the only novel[†] androgen receptor inhibitor (ARI) available in just one daily 240 mg tablet for treatment of mCSPC^{1,3,4‡}

FDA-approved androgen receptor inhibitors for the treatment of mCSPC^{1,3,4‡§}

	Tablets Per Week	Alternate Methods of Administration	Can Be Taken With or Without Food
ERLEADA 240 mg tablet [†] / 60 mg tablet [‡]	One 240 mg tablet QD  OR Four 60 mg tablets QD 	 [¶]	
Nubeqa® (darolutamide) 300 mg tablet	Two 300 mg tablets BID 	No alternate methods	With food
Xtandi® (enzalutamide) 40 mg tablet/ 80 mg tablet	Four 40 mg tablets QD  OR Two 80 mg tablets QD 	No alternate methods	



COMPREHENSIVE PATIENT COVERAGE

ERLEADA is covered for 93% of commercial patients and **97%** of Medicare Part D patients.⁵

[†]ERLEADA is a second-generation ARI.

[‡]Patients receiving these ARI therapies should also receive a GnRH analog concurrently or should have had bilateral orchiectomy.

[§]Product comparisons with regard to efficacy and safety cannot be made in the absence of head-to-head clinical studies. This presentation is not intended to compare the relative efficacy or safety of the treatments. Please refer to the full prescribing information of each agent for dosage and administration.

[¶]The recommended ERLEADA dosage in patients with severe hepatic impairment is 120 mg orally once daily.

[‡]For detailed instructions on administration, please see the full [Prescribing Information](#) for ERLEADA.

References:

1. ERLEADA [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc. 2. Chi KN, Chowdhury S, Bjartell A, et al. Apalutamide in patients with metastatic castration-sensitive prostate cancer: final survival analysis of the randomized, double-blind, phase III TITAN study. *J Clin Oncol.* 2021;39(20):2294-2303. 3. Nubeqa® [Prescribing Information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc. 4. Xtandi® [Prescribing Information]. Northbrook, IL: Astellas Pharma US, Inc. 5. Managed Markets Insights and Technology (MMIT), February 2022.

ARI = androgen receptor inhibitor; BID = twice a day; GnRH = gonadotropin-releasing hormone; QD = once a day.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Severe Cutaneous Adverse Reactions — Fatal and life-threatening cases of severe cutaneous adverse reactions (SCARs), including Stevens-Johnson syndrome/toxic epidermal necrolysis (SJS/TEN), and drug reaction with eosinophilia and systemic symptoms (DRESS) occurred in patients receiving ERLEADA.

Monitor patients for the development of SCARs. Advise patients of the signs and symptoms of SCARs (eg, a prodrome of fever, flu-like symptoms, mucosal lesions, progressive skin rash, or lymphadenopathy). If a SCAR is suspected, interrupt ERLEADA until the etiology of the reaction has been determined. Consultation with a dermatologist is recommended. If a SCAR is confirmed, or for other Grade 4 skin reactions, permanently discontinue ERLEADA [see *Dosage and Administration* (2.2)].

Interstitial Lung Disease (ILD)/Pneumonitis — Fatal and life-threatening interstitial lung disease (ILD) or pneumonitis can occur in patients treated with ERLEADA.

Post-marketing cases of ILD/pneumonitis, including fatal cases, occurred in patients treated with ERLEADA. Across clinical trials (TITAN and SPARTAN, n=1327), 0.8% of patients treated with ERLEADA experienced ILD/pneumonitis, including 0.2% who experienced Grade 3 events [see *Adverse Reactions* (6.1, 6.2)].

Monitor patients for new or worsening symptoms indicative of ILD/pneumonitis (eg, dyspnea, cough, fever). Immediately withhold ERLEADA if ILD/pneumonitis is suspected. Permanently discontinue ERLEADA in patients with severe ILD/pneumonitis or if no other potential causes of ILD/pneumonitis are identified [see *Dosage and Administration* (2.2)].

Embryo-Fetal Toxicity — The safety and efficacy of ERLEADA have not been established in females. Based on findings from animals and its mechanism of action, ERLEADA can cause fetal harm and loss of pregnancy when administered to a pregnant female. Advise males with female partners of reproductive potential to use effective contraception during treatment and for 3 months after the last dose of ERLEADA [see *Use in Specific Populations* (8.1, 8.3)].

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Interference with Immunoassay Measurement of Digoxin

ERLEADA can interfere with certain digoxin immunoassays (e.g., Chemiluminescent Microparticle Immunoassays), resulting in falsely elevated digoxin plasma concentration results. Notify the laboratory conducting the digoxin plasma concentration assay to use an appropriate method in patients receiving ERLEADA and digoxin [see *Drug Interactions* (7.3)].

ADVERSE REACTIONS

The most common adverse reactions (≥10%) that occurred more frequently in the ERLEADA-treated patients (≥2% over placebo) from the randomized placebo-controlled clinical trials (TITAN and SPARTAN) were fatigue, arthralgia, rash, decreased appetite, fall, weight decreased, hypertension, hot flush, diarrhea, and fracture.

Laboratory Abnormalities — All Grades (Grade 3-4)

- Hematology** — In the TITAN study: white blood cell decreased ERLEADA 27% (0.4%), placebo 19% (0.6%). In the SPARTAN study: anemia ERLEADA 70% (0.4%), placebo 64% (0.5%); leukopenia ERLEADA 47% (0.3%), placebo 29% (0%); lymphopenia ERLEADA 41% (1.8%), placebo 21% (1.6%)
- Chemistry** — In the TITAN study: hypertriglyceridemia ERLEADA 17% (2.5%), placebo 12% (2.3%). In the SPARTAN study: hypercholesterolemia ERLEADA 76% (0.1%), placebo 46% (0%); hyperglycemia ERLEADA 70% (2%), placebo 59% (1.0%); hypertriglyceridemia ERLEADA 67% (1.6%), placebo 49% (0.8%); hyperkalemia ERLEADA 32% (1.9%), placebo 22% (0.5%)

Rash — In 2 randomized studies (SPARTAN and TITAN), rash was most commonly described as macular or maculopapular. Adverse reactions of rash were 26% with ERLEADA vs 8% with placebo. Grade 3 rashes (defined as covering >30% body surface area [BSA]) were reported with ERLEADA treatment (6%) vs placebo (0.5%).

The onset of rash occurred at a median of 83 days. Rash resolved in 78% of patients within a median of 78 days from onset of rash. Rash was commonly managed with oral antihistamines and topical corticosteroids, and 19% of patients received systemic corticosteroids. Dose reduction or dose interruption occurred in 14% and 28% of patients, respectively. Of the patients who had dose interruption, 59% experienced recurrence of rash upon reintroduction of ERLEADA.

Hypothyroidism — In 2 randomized studies (SPARTAN and TITAN), hypothyroidism was reported for 8% of patients treated with ERLEADA and 1.5% of patients treated with placebo based on assessments of thyroid-stimulating hormone (TSH) every 4 months. Elevated TSH occurred in 25% of patients treated with ERLEADA and 7% of patients treated with placebo. The median onset was at the first scheduled assessment. There were no Grade 3 or 4 adverse reactions. Thyroid replacement therapy, when clinically indicated, should be initiated or dose adjusted.

DRUG INTERACTIONS

Effect of Other Drugs on ERLEADA

ERLEADA Strong CYP2C8 or CYP3A4 Inhibitors

Reduce the ERLEADA dose as recommended for adverse reactions [see *Dosage and Administration* (2.2)]. Co-administration of a strong CYP2C8 or CYP3A4 inhibitor is predicted to increase the steady-state exposure of the active moieties (sum of unbound apalutamide plus the potency-adjusted unbound N-desmethyl-apalutamide).

Effect of ERLEADA on Other Drugs

Substrates of CYP3A4, CYP2C9, CYP2C19, P-gp, BCRP, or OATP1B1

Refer to the Prescribing Information for these substrates. Consider alternative agents when possible or evaluate for loss of activity of the substrate if concomitant use cannot be avoided.

Apalutamide is a strong inducer of CYP3A4 and CYP2C19, a weak inducer of CYP2C9, and an inducer of P-gp, BCRP, and OATP1B1. Apalutamide decreases exposure of substrates of CYP3A4, CYP2C19, CYP2C9, P-gp, BCRP, or OATP1B [see *Clinical Pharmacology* (12.3)], which may decrease the effectiveness of these substrates.

USE IN SPECIFIC POPULATIONS

The recommended ERLEADA dosage in patients with (Child-Pugh C) is lower than the recommended dosage in patients with normal hepatic function. No dosage modification is recommended for patients with mild (Child-Pugh A) or moderate (Child-Pugh B) hepatic impairment.

Please see full Prescribing Information for ERLEADA.

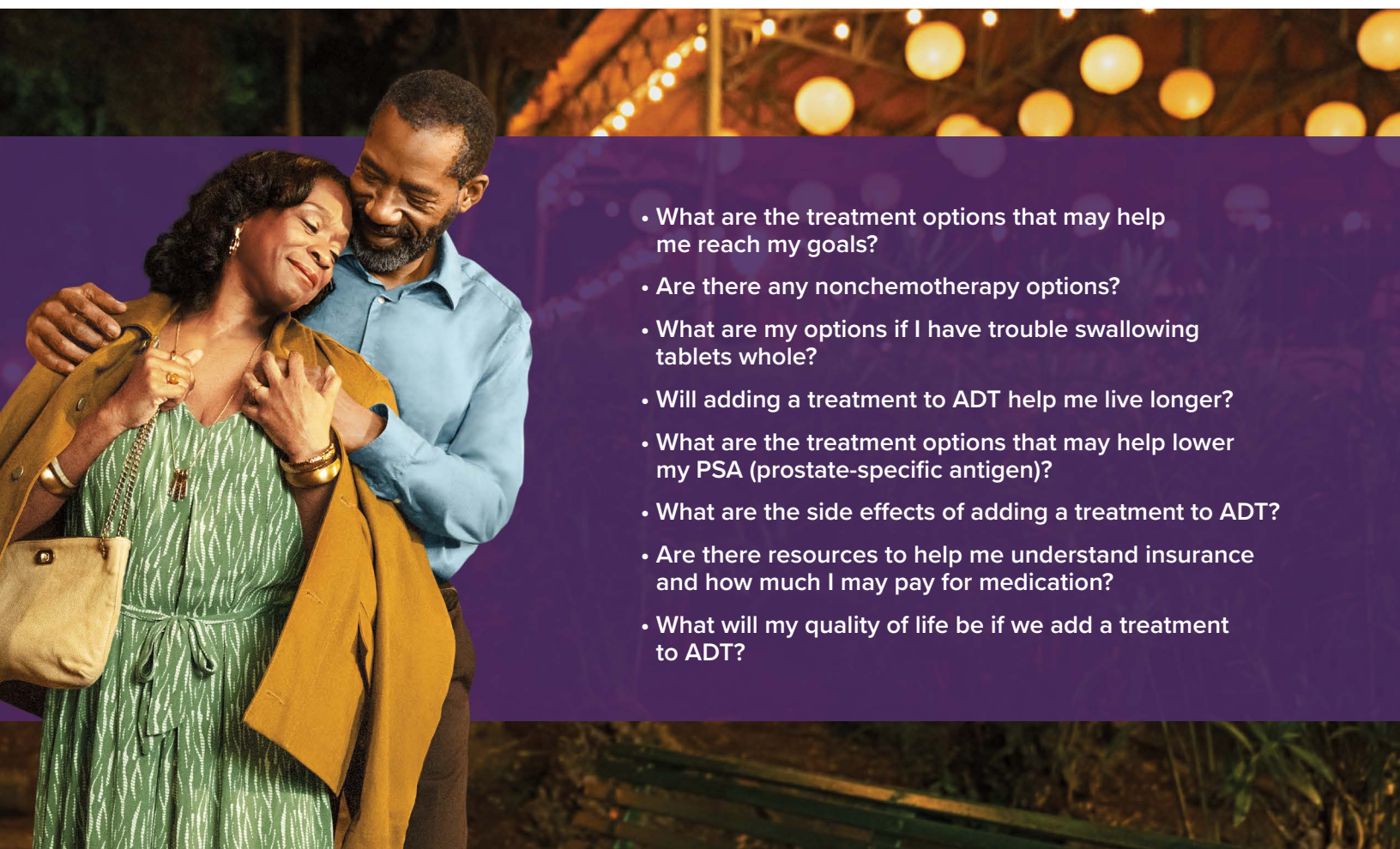
cp-50507v10

PROSTATE CANCER TREATMENT IS PERSONAL



WHAT TO EXPECT FROM YOUR TREATMENT DISCUSSION:

- 1** Your healthcare provider will start by asking you some questions
- 2** Be sure to ask about anything that is unclear; some helpful examples are listed below
- 3** Use the goals map on the back to learn why ERLEADA may be an option to add to your androgen deprivation therapy (ADT)



- What are the treatment options that may help me reach my goals?
- Are there any nonchemotherapy options?
- What are my options if I have trouble swallowing tablets whole?
- Will adding a treatment to ADT help me live longer?
- What are the treatment options that may help lower my PSA (prostate-specific antigen)?
- What are the side effects of adding a treatment to ADT?
- Are there resources to help me understand insurance and how much I may pay for medication?
- What will my quality of life be if we add a treatment to ADT?

OPEN TO LEARN MORE ABOUT SAVINGS AND SUPPORT OFFERINGS FOR ERLEADA

What is ERLEADA?

ERLEADA (apalutamide) is a prescription medicine used for the treatment of prostate cancer:

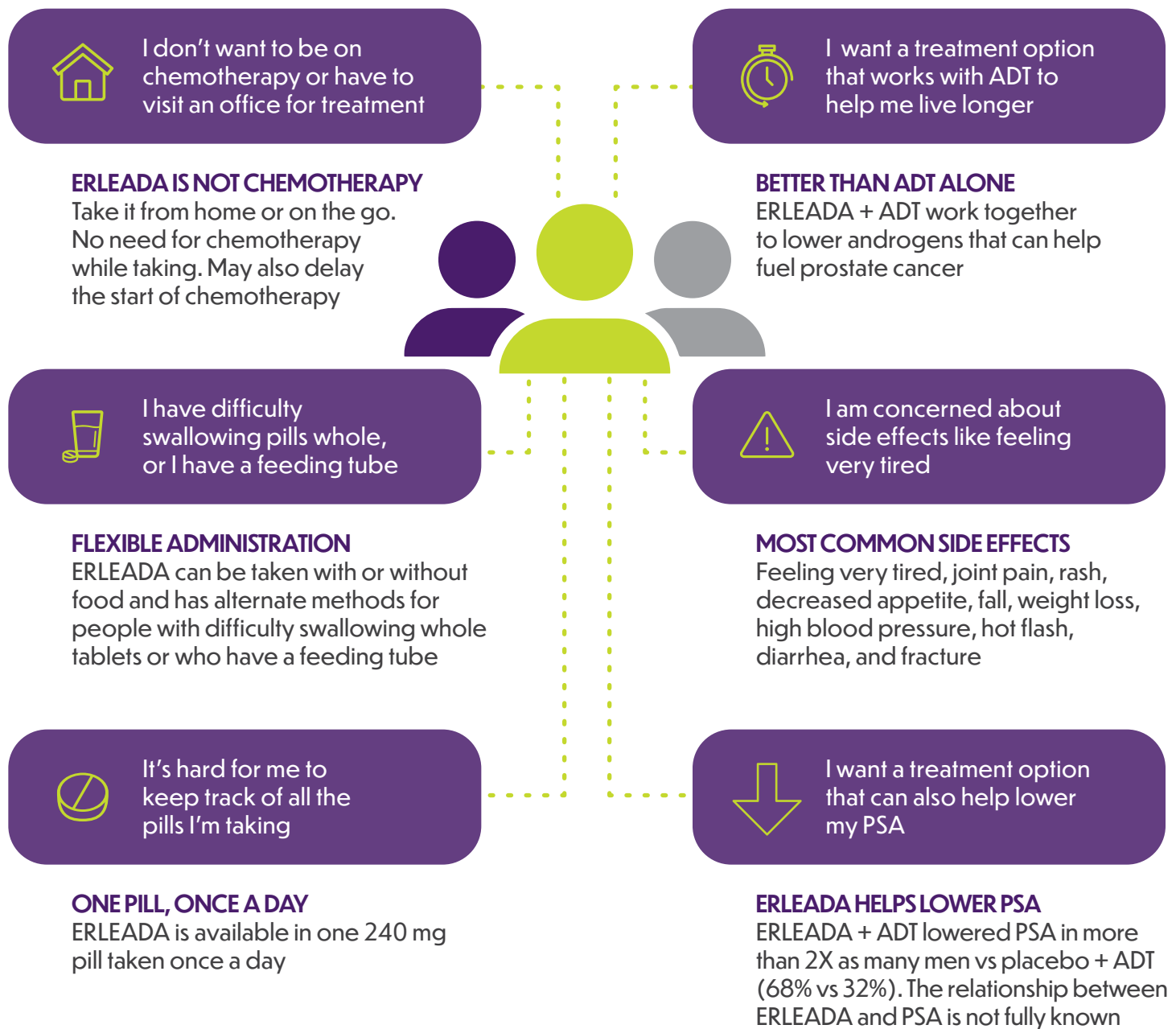
- that has spread to other parts of the body and still responds to a medical or surgical treatment that lowers testosterone,
- OR**
- that has not spread to other parts of the body and no longer responds to a medical or surgical treatment that lowers testosterone.

It is not known if ERLEADA is safe and effective in females.

It is not known if ERLEADA is safe and effective in children.

Please see Important Safety Information throughout this brochure.

ERLEADA (apalutamide) & YOU



IMPORTANT SAFETY INFORMATION

Before taking ERLEADA, tell your healthcare provider about all your medical conditions, including if you:

- have a history of heart disease
- have high blood pressure
- have diabetes
- have abnormal amounts of fat or cholesterol in your blood (dyslipidemia)
- have liver problems
- have a history of seizures, brain injury, stroke, or brain tumors

PERSONALIZED SUPPORT. FROM PEOPLE WHO CARE.



Starting and staying on track with a new medication can feel overwhelming. A Care Navigator is here to help with free personalized 1-on-1 support over the phone, available in both English and Spanish. When you sign up, your dedicated Care Navigator can help with:

- Paying for your medication
- Learning about your treatment
- Empowering support



[CLICK HERE](#) OR SCAN THE CODE TO LEARN MORE AND SIGN UP

You can also sign up by calling 833-JNJ-wMe1 (833-565-9631), Monday through Friday from 8:00 AM to 8:00 PM ET.

NOTES

IMPORTANT SAFETY INFORMATION (CONTINUED)

- are pregnant or plan to become pregnant. ERLEADA can cause harm to your unborn baby and loss of pregnancy (miscarriage).
- have a partner who is pregnant or may become pregnant.
 - o Males who have female partners who are able to become pregnant should use effective birth control (contraception) during treatment and for 3 months after the last dose of ERLEADA.
 - o Males should use a condom during sex with a pregnant female.Talk with your healthcare provider if you have questions about birth control.
- are breastfeeding or plan to breastfeed. It is not known if ERLEADA passes into breast milk.

Please see Important Safety Information throughout this brochure.

What is ERLEADA?

ERLEADA (apalutamide) is a prescription medicine used for the treatment of prostate cancer:

- that has spread to other parts of the body and still responds to a medical or surgical treatment that lowers testosterone,

OR

- that has not spread to other parts of the body and no longer responds to a medical or surgical treatment that lowers testosterone.

It is not known if ERLEADA is safe and effective in females.

It is not known if ERLEADA is safe and effective in children.

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- have high blood pressure
- have diabetes
- have abnormal amounts of fat or cholesterol in your blood (dyslipidemia)
- have liver problems
- have a history of seizures, brain injury, stroke, or brain tumors
- are pregnant or plan to become pregnant. ERLEADA can cause harm to your unborn baby and loss of pregnancy (miscarriage).
- have a partner who is pregnant or may become pregnant.
 - Males who have female partners who are able to become pregnant should use effective birth control (contraception) during treatment and for 3 months after the last dose of ERLEADA.
 - Males should use a condom during sex with a pregnant female. Talk with your healthcare provider if you have questions about birth control.
- are breastfeeding or plan to breastfeed. It is not known if ERLEADA passes into breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. ERLEADA can interact with many other medicines.

You should not start or stop any medicine before you talk with the healthcare provider that prescribed ERLEADA.

Know the medicines you take. Keep a list of them with you to show to your healthcare provider and pharmacist when you get a new medicine.

How should I take ERLEADA?

- Take ERLEADA exactly as your healthcare provider tells you.
- Do not stop taking your prescribed dose of ERLEADA without talking with your healthcare provider first.
- Take your prescribed dose of ERLEADA 1 time a day, at the same time each day.
- Take ERLEADA with or without food.
- Swallow ERLEADA tablets whole. **Do not** crush or split the tablets.
- If you cannot swallow ERLEADA tablets whole or if you have a feeding tube, **see the “Instructions for Use” for detailed instructions** on how to prepare and take a dose of ERLEADA. ERLEADA comes in 2 different strengths (60 mg and 240 mg). Follow the instructions for your prescribed strength of ERLEADA.
- If you miss a dose of ERLEADA, take your normal dose as soon as possible on the same day. Return to your normal schedule on the following day. You should not take extra tablets to make up the missed dose.
- You should start or continue a gonadotropin-releasing hormone (GnRH) analog therapy during your treatment with ERLEADA unless you have had a surgery to lower the amount of testosterone in your body (surgical castration).
- If you take too much ERLEADA, call your healthcare provider or go to the nearest hospital emergency room.

What are the possible side effects of ERLEADA?

ERLEADA may cause serious side effects including:

- **Heart Disease, Stroke, or Mini-Stroke.** Bleeding in the brain or blockage

of the arteries in the heart or in part of the brain have happened in some people during treatment with ERLEADA and can lead to death. Your healthcare provider will monitor you for signs and symptoms of heart or brain problems during your treatment with ERLEADA. Call your healthcare provider or get medical help right away if you get:

- chest pain or discomfort at rest or with activity
- shortness of breath
- numbness or weakness of the face, arm, or leg, especially on one side of the body
- trouble talking or understanding
- trouble seeing in one or both eyes
- dizziness, loss of balance or coordination, or trouble walking

• **Fractures and Falls.** ERLEADA treatment can cause bones and muscles to weaken and may increase your risk for falls and fractures. Falls and fractures have happened in people during treatment with ERLEADA. Your healthcare provider will monitor your risks for falls and fractures during treatment with ERLEADA.

• **Seizure.** Treatment with ERLEADA may increase your risk of having a seizure. You should avoid activities where a sudden loss of consciousness could cause serious harm to yourself or others. Tell your healthcare provider right away if you have a loss of consciousness or seizure. Your healthcare provider will stop ERLEADA if you have a seizure during treatment.

• **Severe skin reactions.** Treatment with ERLEADA may cause severe skin reactions that can lead to death or be life-threatening. Stop taking ERLEADA and tell your healthcare provider or get medical help right away if you develop any of these signs or symptoms of a severe skin reaction:

- severe rash or rash that continues to get worse
- fever or flu-like symptoms
- swollen lymph nodes
- blisters or sores in the mouth, throat, nose, eyes, or genital area
- blistering or peeling of the skin

• **Lung problems.** Treatment with ERLEADA may cause inflammation of the lungs that can lead to death or be life-threatening. Stop taking ERLEADA and tell your healthcare provider or get medical help right away if you develop any new or worsening symptoms of lung problems, including:

- shortness of breath
- cough
- fever

The most common side effects of ERLEADA include:

- feeling very tired
- joint pain
- rash. Tell your healthcare provider if you get a rash
- decreased appetite
- fall
- weight loss
- high blood pressure
- hot flash
- diarrhea
- fracture

Your healthcare provider may reduce your dose, temporarily stop, or permanently stop treatment with ERLEADA if you have certain side effects.

ERLEADA may cause fertility problems in males, which may affect the ability to father children. Talk to your healthcare provider if you have concerns about fertility. **Do not** donate sperm during treatment with ERLEADA and for 3 months after the last dose of ERLEADA.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of ERLEADA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please see full Prescribing Information for ERLEADA.

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