MONJUVI®
tafasitamab-cxix | 200 mg
for injection, for intravenous use

SECURE RESPONSE IN SECOND LINE[1]

A nurse's guide to MONJUVI, the first and only FDA-approved treatment for adult patients with DLBCL who have received at least 1 prior therapy, in combination with lenalidomide[1]

INDICATIONS & USAGE

MONJUVI (tafasitamab-cxix), in combination with lenalidomide, is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) not otherwise specified, including DLBCL arising from low grade lymphoma, and who are not eligible for autologous stem cell transplant (ASCT).

This indication is approved under accelerated approval based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommend tafasitamab-cxix (MONJUVI) in combination with lenalidomide as a second-line or subsequent therapy option for DLBCL in patients who are not candidates for transplant.[2*]

NCCN=National Comprehensive Cancer Network; DLBCL=diffuse large B-cell lymphoma.

*It is unclear if tafasitamab will have a negative impact on the efficacy of subsequent anti-CD19 CAR T-cell therapy.

NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

IMPORTANT SAFETY INFORMATION

Contraindications

None.

Warnings and Precautions

Infusion-Related Reactions

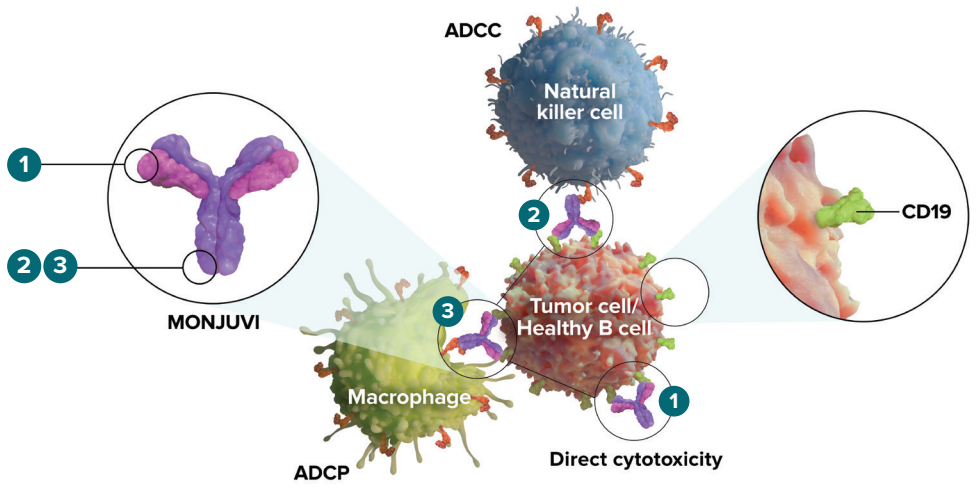
MONJUVI can cause infusion-related reactions (IRRs). In L-MIND, infusion-related reactions occurred in 6% of the 81 patients. Eighty percent of infusion-related reactions occurred during cycle 1 or 2. Signs and symptoms included chills, flushing, dyspnea, and hypertension. These reactions were managed with temporary interruption of the infusion and/or with supportive medication. Premedicate patients prior to starting MONJUVI infusion. Monitor patients frequently during infusion. Based on the severity of the infusion-related reaction, interrupt or discontinue MONJUVI. Institute appropriate medical management.

Please see additional Important Safety Information throughout and full Prescribing Information.

MONJUVI IS A MONOCLONAL ANTIBODY THAT EFFECTIVELY TARGETS CD19[1]

- MONJUVI (tafasitamab-cxix) is an Fc-modified monoclonal antibody that binds to the CD19 antigen expressed on the surface of pre-B and mature B lymphocytes and in several B-cell malignancies, including DLBCL

A distinct 3-pronged mechanism of action[1]



Upon binding to CD19, tafasitamab-cxix mediates B-cell lysis through:

1. Apoptosis
2. Antibody-dependent cellular cytotoxicity (ADCC)
3. Antibody-dependent cellular phagocytosis (ADCP)

Fc=fragment crystallizable.

In studies conducted in vitro in DLBCL tumor cells, tafasitamab-cxix, in combination with lenalidomide, resulted in increased ADCC activity compared to tafasitamab-cxix or lenalidomide alone[1]

IMPORTANT SAFETY INFORMATION

Warnings and Precautions (cont'd)

Myelosuppression

MONJUVI can cause serious or severe myelosuppression, including neutropenia, thrombocytopenia, and anemia. In L-MIND, Grade 3 neutropenia occurred in 25% of patients, thrombocytopenia in 12%, and anemia in 7%. Grade 4 neutropenia occurred in 25% and thrombocytopenia in 6%. Neutropenia led to treatment discontinuation in 3.7% of patients.

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L-MIND: AN OPEN-LABEL, MULTICENTER, SINGLE-ARM, PHASE 2 STUDY[1,3]

L-MIND study design[1]

- L-MIND evaluated the efficacy and safety of MONJUVI in combination with lenalidomide followed by MONJUVI monotherapy in adult patients with R/R DLBCL after 1 to 3 prior systemic DLBCL therapies, including a CD20-containing therapy
- Enrolled patients at the time of the trial were not eligible for or refused ASCT
- Efficacy was established in 71 patients with DLBCL (confirmed by central laboratory) based on best ORR (defined as the proportion of complete and partial responders) and DoR, as assessed by an Independent Review Committee using the International Working Group Response Criteria (Cheson 2007)
- Patients received MONJUVI 12 mg/kg intravenously in combination with lenalidomide (25 mg orally on days 1 to 21 of each 28-day cycle) for a maximum of 12 cycles, followed by MONJUVI as monotherapy until disease progression or unacceptable toxicity

R/R=relapsed/refractory; ASCT=autologous stem cell transplant; ORR=overall response rate; DoR=duration of response.

IMPORTANT SAFETY INFORMATION

Warnings and Precautions (cont'd)

Myelosuppression (cont'd)

Monitor complete blood counts (CBC) prior to administration of each treatment cycle and throughout treatment. Monitor patients with neutropenia for signs of infection. Consider granulocyte colony-stimulating factor (G-CSF) administration. Withhold MONJUVI based on the severity of the adverse reaction. Refer to the lenalidomide prescribing information for dosage modifications.

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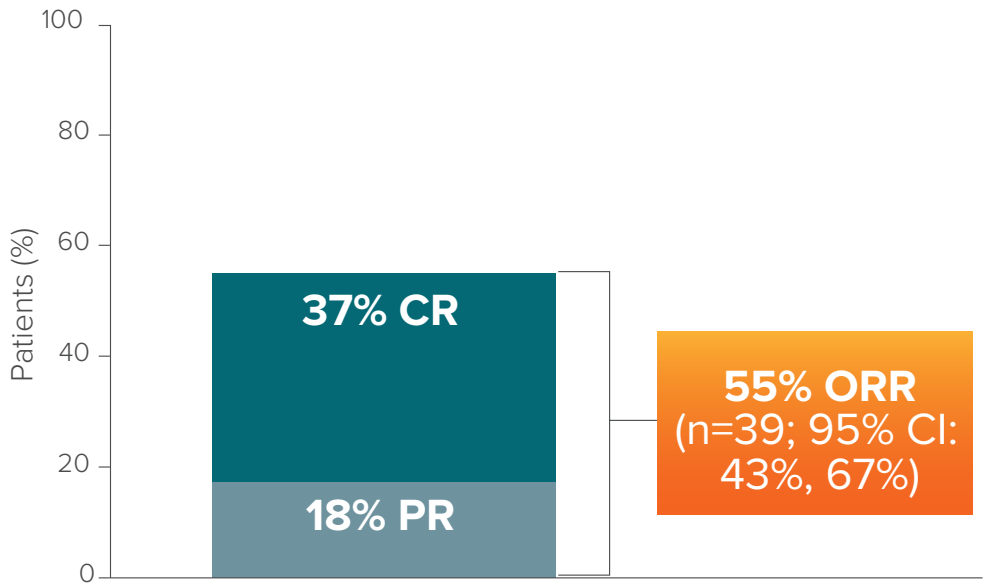
HIGH ORR REACHED, WITH A MAJORITY OF RESPONDERS ACHIEVING CR[1]

Best overall response rate in patients with R/R DLBCL (N=71)[1]*



CR=complete response rate; PR=partial response rate; CI=confidence interval.

*Assessed by an Independent Review Committee.

IMPORTANT SAFETY INFORMATION

Warnings and Precautions (cont'd)

Infections

Fatal and serious infections, including opportunistic infections, occurred in patients during treatment with MONJUVI and following the last dose.

In L-MIND, 73% of the 81 patients developed an infection. The most frequent infections were respiratory tract infection (24%), urinary tract infection (17%), bronchitis (16%), nasopharyngitis (10%) and pneumonia (10%). Grade 3 or higher infection occurred in 30% of the 81 patients. The most frequent grade 3 or higher infection was pneumonia (7%). Infection-related deaths were reported in 2.5% of the 81 patients.

Monitor patients for signs and symptoms of infection and manage infections as appropriate.

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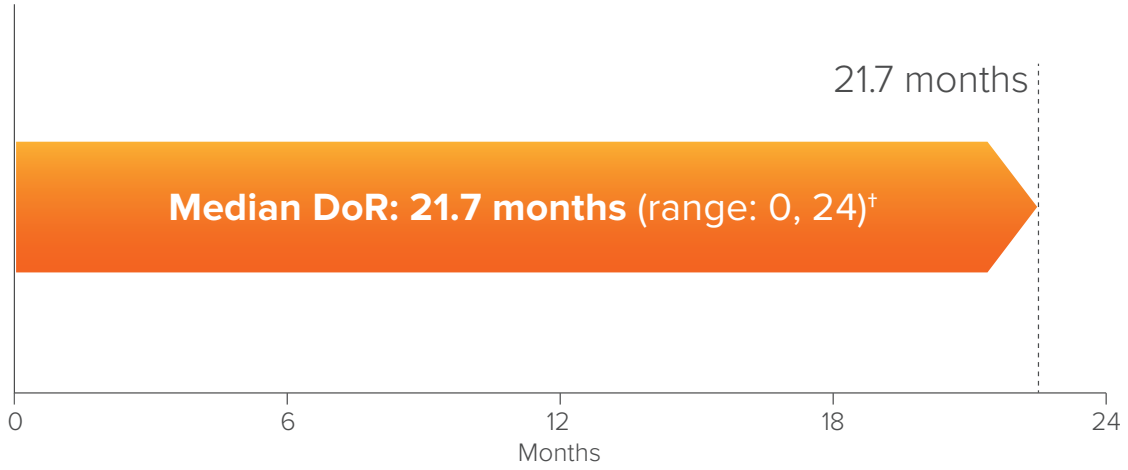
RESPONSE SUSTAINED BEYOND 18 MONTHS[1]

Duration of response in patients with R/R DLBCL (n=71)[1]*

†Kaplan-Meier estimates.



*Assessed by an Independent Review Committee.

IMPORTANT SAFETY INFORMATION
Warnings and Precautions (cont'd)

Embryo-Fetal Toxicity

Based on its mechanism of action, MONJUVI may cause fetal B-cell depletion when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise women of reproductive potential to use effective contraception during treatment with MONJUVI and for at least 3 months after the last dose.

MONJUVI is initially administered in combination with lenalidomide. The combination of MONJUVI with lenalidomide is contraindicated in pregnant women because lenalidomide can cause birth defects and death of the unborn child. Refer to the lenalidomide prescribing information on use during pregnancy.

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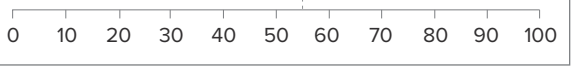
L-MIND EXPLORATORY ANALYSIS: ORR BY SUBGROUP[1,4]

Subgroup	Characteristics	Number of patients	ORR (%) and 95% CI
All patients (efficacy analysis)		71	55
Age	>70 years	39	51
	≤70 years	32	59
IPI	Low risk and low-intermediate risk	34	62
	Intermediate-high and high risk	37	49
Cell of origin, phenotype	Non-GCB	21	67
	GCB	38	47
	Missing	12	58
Ann Arbor stage at baseline	I-II	16	50
	III-IV	55	56
Elevated LDH	Yes	40	53
	No	31	58
Rituximab refractory	Yes	30	50
	No	40	58
Refractory to last line	Yes	32	53
	No	39	56
Number of prior lines	1	35	63
	≥2	36	47
Prior autologous stem cell transplantation	Yes	9	78
	No	62	52
Sex	Female	32	50
	Male	39	59



This analysis is exploratory in nature, and L-MIND was not designed or powered to evaluate and compare multiple subgroups. These results should be interpreted with caution.

GCB=germinal center B-cell; LDH=lactate dehydrogenase.

IMPORTANT SAFETY INFORMATION

Adverse Reactions

The most common adverse reactions (≥20%) were neutropenia (51%), fatigue (38%), anemia (36%), diarrhea (36%), thrombocytopenia (31%), cough (26%), pyrexia (24%), peripheral edema (24%), respiratory tract infection (24%), and decreased appetite (22%).

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to MORPHOSYS US INC. at (844) 667-1992.

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SAFETY AND TOLERABILITY[1]

- Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in clinical trials of a drug cannot be directly compared to rates in other clinical trials of another drug and may not reflect the rates observed in practice
- Serious adverse reactions occurred in 52% of patients who received MONJUVI
  - —Serious adverse reactions in ≥6% of patients included infections (26%), including pneumonia (7%), and febrile neutropenia (6%)
- Fatal adverse reactions occurred in 5% of patients who received MONJUVI, including cerebrovascular accident (1.2%), respiratory failure (1.2%), progressive multifocal leukoencephalopathy (1.2%), and sudden death (1.2%)
- Permanent discontinuation of MONJUVI or lenalidomide due to an adverse reaction occurred in 25% of patients and permanent discontinuation of MONJUVI due to an adverse reaction occurred in 15%
  - —The most frequent adverse reactions which resulted in permanent discontinuation of MONJUVI were infections (5%), nervous system disorders (2.5%), respiratory, thoracic, and mediastinal disorders (2.5%)
- Dosage interruptions of MONJUVI or lenalidomide due to an adverse reaction occurred in 69% of patients and dosage interruption of MONJUVI due to an adverse reaction occurred in 65%
  - —The most frequent adverse reactions which required a dosage interruption of MONJUVI were blood and lymphatic system disorders (41%) and infections (27%)
- The most common adverse reactions (≥20%) were neutropenia (51%), fatigue (38%), anemia (36%), diarrhea (36%), thrombocytopenia (31%), cough (26%), pyrexia (24%), peripheral edema (24%), respiratory tract infection (24%), and decreased appetite (22%)

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L-MIND: ADVERSE REACTIONS[1]

Adverse reactions (≥10%) in patients with R/R DLBCL who received MONJUVI in L-MIND		
Adverse Reaction	MONJUVI (N=81)	
	All Grades (%)	Grade 3 or 4 (%)
Blood and lymphatic system disorders		
Neutropenia	51	49
Anemia	36	7
Thrombocytopenia	31	17
Febrile neutropenia	12	12
General disorders and administration site conditions		
Fatigue*	38	3.7
Pyrexia	24	1.2
Peripheral edema	24	0
Gastrointestinal disorders		
Diarrhea	36	1.2
Constipation	17	0
Nausea	15	0
Vomiting	15	0
Respiratory, thoracic, and mediastinal disorders		
Cough	26	1.2
Dyspnea	12	1.2
Infections		
Respiratory tract infection†	24	4.9
Urinary tract infection‡	17	4.9
Bronchitis	16	1.2
Metabolism and nutrition disorders		
Decreased appetite	22	0
Hypokalemia	19	6
Musculoskeletal and connective tissue disorders		
Back pain	19	2.5
Muscle spasms	15	0

*Fatigue includes asthenia and fatigue.

†Respiratory tract infection includes: lower respiratory tract infection, upper respiratory tract infection, respiratory tract infection.

‡Urinary tract infection includes: urinary tract infection, Escherichia urinary tract infection, urinary tract infection bacterial, urinary tract infection enterococcal.

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SAFETY AND TOLERABILITY (CONT'D)[1]

- Clinically relevant adverse reactions in <10% of patients in L-MIND were:
  - —Blood and lymphatic system disorders: lymphopenia (6%)
  - —General disorders and administration site conditions: IRR (6%)
  - —Infections: sepsis (4.9%)
  - —Investigations: weight decreased (4.9%)
  - —Musculoskeletal and connective tissue disorders: arthralgia (9%), pain in extremity (9%), musculoskeletal pain (2.5%)
  - —Neoplasms benign, malignant, and unspecified: basal cell carcinoma (1.2%)
  - —Nervous system disorders: headache (9%), paresthesia (7%), dysgeusia (6%)
  - —Respiratory, thoracic, and mediastinal disorders: nasal congestion (4.9%), exacerbation of chronic obstructive pulmonary disease (1.2%)
  - —Skin and subcutaneous tissue disorders: erythema (4.9%), alopecia (2.5%), hyperhidrosis (2.5%)

Immunogenicity

As with all therapeutic proteins, there is the potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assays. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors, including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies in the studies described in the Prescribing Information with the incidence of antibodies in other studies or to other tafasitamab products may be misleading.

Overall, no treatment-emergent or treatment-boosted anti-tafasitamab antibodies were observed. No clinically meaningful differences in the pharmacokinetics, efficacy, or safety profile of tafasitamab-cxix were observed in 2.5% of 81 patients with relapsed or refractory DLBCL with pre-existing anti-tafasitamab antibodies in L-MIND.

IRR=infusion-related reaction.

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L-MIND: LABORATORY ABNORMALITIES[1]

Select laboratory abnormalities (>20%) worsening from baseline in patients with R/R DLBCL who received MONJUVI in L-MIND

Laboratory Abnormality	MONJUVI*	
	All Grades (%)	Grade 3 or 4 (%)
Chemistry		
Glucose increased	49	5
Calcium decreased	47	1.4
Gamma glutamyl transferase increased	34	5
Albumin decreased	26	0
Magnesium decreased	22	0
Urate increased	20	7
Phosphate decreased	20	5
Creatinine increased	20	1.4
Aspartate aminotransferase increased	20	0
Coagulation		
Activated partial thromboplastin time increased	46	4.1

*The denominator used to calculate the rate was 74 based on the number of patients with a baseline value and at least one post-treatment value.

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DOSAGE AND ADMINISTRATION OF MONJUVI + LENALIDOMIDE

- MONJUVI should be administered by a healthcare professional with immediate access to emergency equipment and appropriate medical support to manage IRRs[1]
- The recommended dose of MONJUVI is 12 mg/kg based on actual body weight administered as an intravenous infusion according to the dosage schedule on the following page[1]
- Administer MONJUVI in combination with lenalidomide 25 mg orally on days 1 to 21 of each 28-day cycle for a maximum of 12 cycles, then continue MONJUVI as monotherapy until disease progression or unacceptable toxicity[1]
- Refer to the lenalidomide prescribing information for lenalidomide dosage recommendation[1]
- Administer MONJUVI as an intravenous infusion[1]
  - For the first infusion, use an infusion rate of 70 mL/h for the first 30 minutes, then, increase the rate so that the infusion is administered within 1.5 to 2.5 hours[1]
    - In the L-MIND study, after the first 30 minutes, the rate of infusion was increased to 125 mL/h over a 2-hour period[5]
  - Administer all subsequent infusions within 1.5 to 2 hours[1]
  - In the L-MIND study, vital signs were measured immediately prior to infusion, at 15 minutes (+/- 5 minutes), 30 minutes (+/- 10 minutes), every 60 minutes (+/- 15 minutes), and at the end of the infusion (+/- 20 minutes)[5]

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DOSAGE AND ADMINISTRATION OF MONJUVI + LENALIDOMIDE (CONT'D)

The cycle length for MONJUVI is 28 days[1]

Cycle 1

DAYS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
MONJUVI 12 mg/kg	■			■				■							■							■						
Lenalidomide 25 mg daily	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●							

Cycles 2 and 3

DAYS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
MONJUVI 12 mg/kg	■							■							■							■						
Lenalidomide 25 mg daily	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●							

Cycles 4 to 12

DAYS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
MONJUVI 12 mg/kg	■														■													
Lenalidomide 25 mg daily	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●							

After 12 cycles, continue MONJUVI monotherapy until disease progression or unacceptable toxicity

DAYS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
MONJUVI 12 mg/kg	■														■													

- 45.7% of patients (37/81) had at least one dose reduction of lenalidomide[6]
- 77.5% of patients (62/81) were able to receive a lenalidomide dose of ≥20 mg/day over the duration of their treatment[6]

RECOMMENDED PREMEDICATIONS[1]

Administer premedications 30 minutes to 2 hours prior to starting MONJUVI infusion to minimize IRRs. Premedications may include acetaminophen, histamine H_1 receptor antagonists, histamine H_2 receptor antagonists, and/or glucocorticosteroids.

For patients not experiencing IRRs during the first 3 infusions, premedication is optional for subsequent infusions.

If a patient experiences an IRR, administer premedications before each subsequent infusion.

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HOW MONJUVI IS SUPPLIED[1]

- MONJUVI for injection is a sterile, preservative-free, white to slightly yellowish lyophilized powder for reconstitution, supplied as a 200-mg, single-dose vial
- Each 200-mg vial is individually packaged in a carton (NDC 73535-208-01)

STORAGE AND HANDLING OF MONJUVI[1]

- Store refrigerated at 36 °F to 46 °F (2 °C to 8 °C) in the original carton to protect from light
- Do not shake
- Do not freeze

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DOSAGE MODIFICATIONS FOR ADVERSE REACTIONS[1]

- In the L-MIND study, IRRs occurred in 6% of the 81 patients. 80% of IRRs occurred during cycle 1 or 2

Management guidelines for IRRs and myelosuppression

Infusion-related reactions (IRRs)	
Severity	**Dosage Modification**
Grade 2 (moderate)	• Interrupt infusion immediately and manage signs and symptoms • Once signs and symptoms resolve or reduce to grade 1, resume infusion at no more than 50% of the rate at which the reaction occurred. If the patient does not experience further reaction within 1 hour and vital signs are stable, the infusion rate may be increased every 30 minutes as tolerated to the rate at which the reaction occurred
Grade 3 (severe)	• Interrupt infusion immediately and manage signs and symptoms • Once signs and symptoms resolve or reduce to grade 1, resume infusion at no more than 25% of the rate at which the reaction occurred. If the patient does not experience further reaction within 1 hour and vital signs are stable, the infusion rate may be increased every 30 minutes as tolerated to a maximum of 50% of the rate at which the reaction occurred • If after rechallenge the reaction returns, stop the infusion immediately
Grade 4 (life-threatening)	• Stop the infusion immediately and permanently discontinue MONJUVI

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DOSAGE MODIFICATIONS FOR ADVERSE REACTIONS (CONT'D)[1]

Myelosuppression	
Severity	**Dosage Modification**
Platelet count of 50,000/mcL or less	• Withhold MONJUVI and lenalidomide and monitor CBC weekly until platelet count is 50,000/mcL or higher • Resume MONJUVI at the same dose and lenalidomide at a reduced dose. Refer to lenalidomide prescribing information for dosage modifications
Neutrophil count of 1,000/mcL or less for at least 7 days **OR** **Neutrophil count of 1,000/mcL or less with an increase of body temperature to 100.4 °F (38 °C) or higher** **OR** **Neutrophil count less than 500/mcL**	• Withhold MONJUVI and lenalidomide and monitor CBC weekly until neutrophil count is 1,000/mcL or higher • Resume MONJUVI at the same dose and lenalidomide at a reduced dose. Refer to the lenalidomide prescribing information for dosage modifications

CBC=complete blood count.

Refer to the lenalidomide prescribing information for lenalidomide dosage recommendations.

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COUNSELING YOUR PATIENTS[1]

Advise the patient to read the FDA-approved patient labeling (Patient Information). Advise your patients to contact their healthcare provider if they experience signs and symptoms of:

Infusion-related reactions

- Advise patients to contact their healthcare provider if they experience signs and symptoms of infusion-related reactions

Myelosuppression

- Fever of 100.4 °F (38 °C) or greater, or bruising or bleeding should be reported immediately
- Advise patients of the need for periodic monitoring of blood counts

Infections

- Fever of 100.4 °F (38 °C) or greater or signs or symptoms of infection should be reported immediately

Embryo-fetal toxicity

- Advise pregnant women of the potential risk to a fetus. Women of reproductive potential should inform their healthcare provider of a known or suspected pregnancy
- Advise women of reproductive potential to use effective contraception during treatment with MONJUVI and for at least 3 months after the last dose
- Advise patients that lenalidomide has the potential to cause fetal harm and has specific requirements regarding contraception, pregnancy testing, blood and sperm donation, and transmission in sperm. Lenalidomide is only available through a REMS program

Lactation

- Advise women not to breastfeed during treatment with MONJUVI and for at least 3 months after the last dose

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RESOURCES FOR YOU AND YOUR PATIENTS

➤ To create a customized infusion schedule for your patients, visit **MonjuviHCP.com**

➤ To find information and resources for your patients, visit **MONJUVI.com**

My MISSION SUPPORT Patient Support Program™

My MISSION Support can help you understand health insurance coverage requirements, answer billing and coding questions, and enroll eligible patients in all program services, including financial assistance programs, helping to secure appropriate access to MONJUVI for eligible patients.

- Call Center: Monday to Friday, 8 AM to 8 PM ET
- Program Specialists - Local Market Reimbursement Experts
- Billing & Coding Resources
- Benefit Investigations & Prior Authorization Support
- Claims Submission & Appeals Support
- Patient Financial Assistance Programs*
- Patient Support & Education

My MISSION Support's Program Specialists offer personalized assistance, with the goal of making MONJUVI access simple and streamlined, while providing holistic, compassionate support.

Call **(855) 421-6172**, Monday to Friday, 8 AM to 8 PM ET, for personalized support from a My MISSION Support Program Specialist, or visit **MyMISSIONSupport.com** to learn more.

*Terms and conditions apply. Visit **MyMISSIONSupport.com** for full eligibility criteria.

REFERENCES: 1. MONJUVI Prescribing Information. Boston, MA: MorphoSys. **2.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for B-Cell Lymphomas V.4.2020. © National Comprehensive Cancer Network, Inc. 2020. All rights reserved. Accessed August 24, 2020. To view the most recent and complete version of the guideline, go online to NCCN.org. **3.** ClinicalTrials.gov. A study to evaluate the safety and efficacy of lenalidomide with MOR00208 in patients with R-R DLBCL (L-MIND). https://clinicaltrials.gov/ct2/show/NCT02399085?term=l-mind&draw=2&rank=1. Accessed April 24, 2020. **4.** Data on file. Ad hoc analysis. MorphoSys. Boston, MA. **5.** Salles G, Duell J, Gonzáles Barca E, et al. Tafasitamab plus lenalidomide in relapsed or refractory diffuse large B-cell lymphoma (L-MIND): a multicentre, prospective, single-arm, phase 2 study. *Lancet Oncol.* 2020;21(7):978-988. doi:/10.1016/S1470-2045(20)30225-4. **6.** Data on file. CSR. MorphoSys. Boston, MA.

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This indication is approved under accelerated approval based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

MONJUVI is the only CD19-targeted therapy administered in your office or clinic[1]

OVERALL RESPONSE

(N=71)*

- **55% ORR**
  (n=39; 95% CI: 43%, 67%)
- **37% achieved a CR**
- **18% achieved a PR**

DURATION OF RESPONSE

(N=71)*

- Median DoR: **21.7 months**
  (range: 0, 24)†

ACCESSIBILITY

- MONJUVI is administered **in your office or clinic** as a 1.5- to 2-hour infusion
- For the first infusion, use an infusion rate of 70 mL/h for the first 30 minutes, then, increase the rate so that the infusion is administered within 1.5 to 2.5 hours

SELECT SAFETY INFORMATION

MONJUVI can cause serious adverse reactions including:

- **Infusion-Related Reactions:** Monitor patients frequently during infusion. Interrupt or discontinue infusion based on severity
- **Myelosuppression:** Monitor complete blood counts. Manage using dose modifications and growth factor support. Interrupt or discontinue MONJUVI based on severity
- **Infections:** Bacterial, fungal, and viral infections can occur during and following MONJUVI. Monitor patients for infections
- **Embryo-Fetal Toxicity:** May cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and use of effective contraception

Please see related and other Important Safety Information discussed throughout this brochure.

L-MIND: An open-label, multicenter, single-arm study in adult patients with R/R DLBCL.

*Assessed by an Independent Review Committee.

†Kaplan-Meier estimates.

➤ To learn more, visit MonjuviHCP.com

➤ For information about patient assistance, visit MyMissionSupport.com

Please see the full Prescribing Information for additional Important Safety Information.