

Making your next DLBCL treatment decision?



Not an actual patient or healthcare provider.

Consider what's important to you

Living with diffuse large B-cell lymphoma (DLBCL) that has come back or hasn't responded to treatment, and having to choose another treatment, can be overwhelming. Educating yourself about your options and considering what's important to you can help you and your healthcare team make informed decisions about your next treatment. These decisions are unique to every patient—what matters to you may be different from what matters to someone else in a similar situation.

In addition to understanding how a treatment may work, there are other important points to think about when making this decision, including:



Your personal priorities, needs, and preferences



How far you will need to travel for treatment and if you will need caregiver support to get there



How much support (emotional and/or logistical) you will need from family and friends



When treatment can begin, and if you can start right away



Whether this treatment is different from the one(s) you've had before



Whether treatment will be given on an outpatient basis or if you will have to be admitted to a hospital or treatment center



Whether you can continue treatment with your current healthcare team

You are a very important part of your treatment decision.

Talk with your healthcare team about what matters most to you so you can make this important decision together.



*When your DLBCL has come back
or has stopped responding to treatment*



Consider MONJUVI as your next step

If your DLBCL has come back or hasn't responded to previous treatment(s), MONJUVI may be an option for you and your healthcare team to consider.

Taking an active role in the treatment conversation, including getting answers to any questions you may have, can help you make informed decisions about your treatment.

What is MONJUVI?

MONJUVI (tafasitamab-cxix) is a prescription medicine given with lenalidomide to treat adults with certain types of diffuse large B-cell lymphoma (DLBCL) that has come back (relapsed) or that did not respond to previous treatment (refractory) and who cannot receive a stem cell transplant.

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

The approval of MONJUVI is based on a type of response rate. There is an ongoing study to confirm the clinical benefit of MONJUVI.

How is MONJUVI different from other DLBCL treatments I've had so far?

MONJUVI is not chemotherapy. It is targeted immunotherapy, which means it helps the immune system find and kill cancerous cells.

IMPORTANT SAFETY INFORMATION

What are the possible side effects of MONJUVI?

MONJUVI may cause serious side effects, including

- Infusion reactions. Your healthcare provider will monitor you for infusion reactions during your infusion of MONJUVI. Tell your healthcare provider right away if you get fever, chills, flushing, headache, or shortness of breath during an infusion of MONJUVI
- Low blood cell counts (platelets, red blood cells, and white blood cells). Low blood cell counts are common with MONJUVI, but can also be serious or severe. Your healthcare provider will monitor your blood counts during treatment with MONJUVI. Tell your healthcare provider right away if you get a fever of 100.4 °F (38 °C) or above, or any bruising or bleeding

Please see the full [Prescribing Information](#), including Patient Information, for additional Important Safety Information.

Discuss your next step

Your healthcare team is the best source of information about your condition and can help guide you in finding a treatment that's right for you.

Personal considerations

- ▶ Are there any activities I shouldn't do while being treated with MONJUVI?
- ▶ What kind of support will I need from family and/or friends while being treated with MONJUVI?
- ▶ Can I receive MONJUVI on an outpatient basis, or will I have to be admitted to a hospital for treatment?
- ▶ Will I continue to be treated by my current cancer specialist or will I need to transfer to a new specialist?
- ▶ Are there any local or online support groups available to me?
- ▶ Is financial assistance available for patients receiving treatment with MONJUVI?
- ▶ How might I feel while on treatment with MONJUVI?

Treatment with MONJUVI

- ▶ How common is it for DLBCL to come back or stop responding to treatment?
- ▶ How is MONJUVI different from my previous treatment(s)?
- ▶ Is MONJUVI targeted immunotherapy?
- ▶ How is MONJUVI administered and how often will I receive treatment?
- ▶ How likely is it that my DLBCL will respond to MONJUVI?
- ▶ Could MONJUVI be right for me?
- ▶ What are the risks and side effects of MONJUVI?
- ▶ What can I do to manage any side effects that may occur while on treatment with MONJUVI?

IMPORTANT SAFETY INFORMATION (cont'd)

What are the possible side effects of MONJUVI? (cont'd)

- Infections. Serious infections, including infections that can cause death, have happened in people during treatment with MONJUVI and after the last dose. Tell your healthcare provider right away if you get a fever of 100.4 °F (38 °C) or above, or develop any signs or symptoms of an infection

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Write down any additional questions or thoughts you would like to discuss with your healthcare team.

IMPORTANT SAFETY INFORMATION (cont'd)

What are the possible side effects of MONJUVI? (cont'd)

The most common side effects of MONJUVI include

- Feeling tired or weak
- Diarrhea
- Cough
- Fever
- Swelling of lower legs or hands
- Respiratory tract infection
- Decreased appetite

These are not all the possible side effects of MONJUVI. Your healthcare provider will give you medicines before each infusion to decrease your chance of infusion reactions. If you do not have any reactions, your healthcare provider may decide that you do not need these medicines with later infusions. Your healthcare provider may need to delay or completely stop treatment with MONJUVI if you have severe side effects.

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The definitions below will help you become familiar with terms you will see and hear as you learn about DLBCL. They may also come up as you discuss treatment options with your healthcare team.

B lymphocyte (also known as B cell)

This is a type of white blood cell in a person's immune system that helps the body fight infections.

Chemotherapy

Medicines that treat cancer by killing rapidly dividing cells throughout the body or by stopping cells from dividing. Chemotherapy can be given alone or in combination with other treatments. It may be given by mouth, by injection under the skin, or by infusion (delivered into the bloodstream). Chemotherapy may affect both normal cells and cancer cells.

Complete remission (also known as complete response)

The disappearance of all signs of cancer in response to treatment. This does not always mean the cancer has been cured.

Diffuse large B-cell lymphoma (DLBCL)

DLBCL is the most common type of non-Hodgkin lymphoma (NHL). It is a fast-growing NHL. In DLBCL, B cells grow out of control, both in size and number.

Infusion

A method of putting fluids, including medicines, directly into the bloodstream. This may also be called "intravenous infusion."

Lymph node

A small structure that is part of the immune system. Lymph nodes contain white blood cells, also called lymphocytes, that help the body fight infections. There are hundreds of lymph nodes located throughout the body connected to each other by lymph vessels.

Lymphoma

A type of cancer that begins in the cells of the immune system. There are many types of lymphomas that are classified into two groups: Hodgkin lymphoma and non-Hodgkin lymphomas. DLBCL is a type of non-Hodgkin lymphoma.

Non-Hodgkin lymphoma (NHL)

A large group of cancers that affect white blood cells. There are many different types of NHL; some are fast growing, while others are slow growing. DLBCL is one type of NHL.

Overall response rate (ORR)

A measure used in clinical studies to see how well a treatment may be working. Overall response rate includes the percentage of people in a study who experience complete or partial remission following treatment.

Partial response rate (PR), also known as partial remission

A decrease (usually at least 50% in DLBCL) in the size of a tumor, or the extent of cancer in the body, in response to treatment.

Refractory

Describes cancer that does not respond to treatment. The cancer may fail to respond at the start of treatment, or may stop responding during treatment.

Relapse

The return of cancer after a period of improvement.

Targeted immunotherapy

Treatment that finds cancerous cells and activates the immune system to help the body fight cancer.

White blood cell

A type of blood cell made in the bone marrow and found in the blood and lymph tissue. White blood cells are part of the body's immune system and help fight infections and other diseases.

Looking for a word or abbreviation that's not on this list?

The National Cancer Institute's online Dictionary of Cancer Terms may help provide the answer you're looking for. You can access it at:

www.cancer.gov/publications/dictionaries/cancer-terms



MorphoSys and Incyte are committed to helping patients who are prescribed MONJUVI start and stay on treatment.

My MISSION Support is for eligible patients and caregivers who need support services during treatment with MONJUVI, including understanding health insurance coverage requirements, enrolling in copay assistance, and more.

For more information, visit [MyMISSIONSupport.com](https://www.monjuvi.com/MyMISSIONSupport.com)

For more information about MONJUVI or additional resources, visit [MONJUVI.com](https://www.monjuvi.com)

Remember, your healthcare team is the single best source of medical advice regarding your treatment. Please consult your healthcare team if you have any questions about your treatment.

IMPORTANT SAFETY INFORMATION (cont'd)

Before you receive MONJUVI, tell your healthcare provider about all your medical conditions, including if you

- Have an active infection or have had one recently
- Are pregnant or plan to become pregnant. MONJUVI may harm your unborn baby. You should not become pregnant during treatment with MONJUVI. Do not receive treatment with MONJUVI in combination with lenalidomide if you are pregnant because lenalidomide can cause birth defects and death of your unborn baby
 - You should use an effective method of birth control (contraception) during treatment and for at least 3 months after your last dose of MONJUVI
 - Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with MONJUVI

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IMPORTANT SAFETY INFORMATION (cont'd)

Before you receive MONJUVI, tell your healthcare provider about all your medical conditions, including if you (cont'd)

- Are breastfeeding or plan to breastfeed. It is not known if MONJUVI passes into your breastmilk. Do not breastfeed during treatment and for at least 3 months after your last dose of MONJUVI

You should also read the lenalidomide Medication Guide for important information about pregnancy, contraception, and blood and sperm donation.

Tell your healthcare provider about all the medications you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Call your doctor for medical advice about side effects. 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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