epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg|48mg

2L+ FOLLICULAR LYMPHOMA

THE POWER OF SUPERIOR PFS WITH FIXED-DURATION EPKINLY + R² vs R² [1]*†

EPKINLY + R² demonstrated a 79% reduction in the risk of disease progression or death vs R² (HR=0.21‡; 95% CI, 0.13-0.33; *P*<0.0001§)

	mPFS	ORR	CR
EPKINLY + R²	**Not Reached** (95% CI, 21.9 months-NR)	**89%** n=216/243 (95% CI, 84-93) *P*<0.0001‖¶	**74%** n=181/243 (95% CI, 69-80) *P*<0.0001¶
R²	**11.2 Months** (95% CI, 10.5 months-NR)	**74%** n=181/245 (95% CI, 68-79)	**43%** n=106/245 (95% CI, 37-50)

The efficacy and safety of EPKINLY in combination with R² vs R² alone were evaluated in EPCORE® FL-1, an open-label, randomized, multicenter, global trial in 488 patients with R/R FL after at least 1 line of systemic therapy.

*Efficacy results determined by Lugano criteria (2014) as assessed by Independent Review Committee (IRC) and based on a prespecified interim analysis.
†The median duration of follow-up was 10.4 months in the ITT population. Patients received EPKINLY via subcutaneous injection in 28-day cycles for a total of 12 cycles or until disease progression or unacceptable toxicity, whichever occurred first.
‡Cox proportional hazards hazard ratio stratified by disease history and region.
§Log-rank *P*-value (one sided) stratified by disease history and region.
‖*P*-value is based on a prespecified analysis of the first 232 patients randomized.
¶*P*-value (one sided) is from a Cochran-Mantel-Haenszel test stratified by disease history and region.

INDICATIONS

- EPKINLY is indicated in combination with lenalidomide and rituximab for the treatment of adults with relapsed or refractory follicular lymphoma (FL).
- EPKINLY is indicated as monotherapy for the treatment of adults with relapsed or refractory FL after 2 or more lines of systemic therapy.

SELECT IMPORTANT SAFETY INFORMATION

BOXED WARNINGS

- **Cytokine release syndrome (CRS), including serious or fatal reactions, can occur in patients receiving EPKINLY. Initiate treatment with the EPKINLY step-up dosage schedule to reduce the incidence and severity of CRS. Withhold EPKINLY until CRS resolves or permanently discontinue based on severity.**
- **Immune effector cell–associated neurotoxicity syndrome (ICANS), including life-threatening and fatal reactions, can occur with EPKINLY. Monitor patients for neurological signs or symptoms of ICANS during treatment. Withhold EPKINLY until ICANS resolves or permanently discontinue based on severity.**

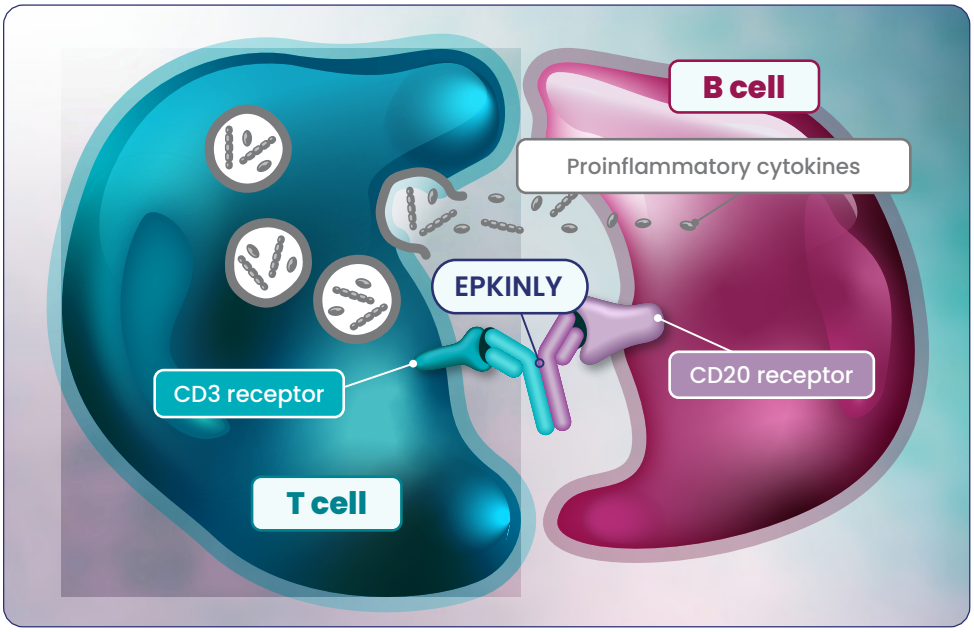
Additional Warnings & Precautions: Infections, Cytopenias, and Embryo-Fetal Toxicity.

Please see additional Important Safety Information throughout and on pages 11-13. Please see full Prescribing Information, including Boxed Warnings.

2L=second line; CI=confidence interval; CR=complete response; FL=follicular lymphoma; HR=hazard ratio; ITT=intent to treat; mPFS=median progression-free survival; NR=not reached; ORR=overall response rate; PFS=progression-free survival; R²=rituximab + lenalidomide; R/R=relapsed/refractory.

EPKINLY is an innovatively designed T-cell–engaging bispecific antibody that targets CD3/CD20[1]

Developed using Genmab's innovative DuoBody® platform,[2] EPKINLY helps activate T cells to target CD20[1]



EPKINLY is a humanized IgG1, T-cell–engaging bispecific antibody that binds to CD20 on B cells and to CD3 on T cells. CD20 is expressed on the surface of lymphoma and healthy B-lineage cells.

In vitro, EPKINLY activated T cells, caused the release of proinflammatory cytokines, and induced lysis of B cells.[1]

In nonclinical studies:

EPKINLY binds to an epitope on CD20 that is distinct from the epitope rituximab binds to[3]

EPKINLY, in combination with rituximab, resulted in both T-cell–mediated cytotoxicity and natural killer (NK)-cell–mediated antibody-dependent cellular cytotoxicity (ADCC)[1]

Clinical significance of in vitro activity has not been established.

CD3=cluster of differentiation 3; CD20=cluster of differentiation 20; IgG1=immunoglobulin G1.

SELECT IMPORTANT SAFETY INFORMATION

Cytokine release syndrome (CRS), including serious or fatal reactions, can occur in patients receiving EPKINLY. Initiate treatment with the EPKINLY step-up dosage schedule to reduce the incidence and severity of CRS. Withhold EPKINLY until CRS resolves or permanently discontinue based on severity.

- CRS occurred in 49% (42/86) of patients with FL receiving the recommended 3-step up dosage schedule in the clinical trial (45% Grade 1, 9% Grade 2) and recurred in 48% of patients. Most events (88%) occurred during Cycle 1. In Cycle 1, CRS events occurred in 12% of patients after the 0.16 mg dose (Cycle 1, day 1), 6% after the 0.8 mg dose (Cycle 1, day 8), 15% after the 3 mg dose (Cycle 1, day 15), and 37% after the first 48 mg dose (Cycle 1, day 22). The median time to onset of CRS from the most recent administered dose across all doses was 59 hours (range: 0.1-7 days). The median time to onset after the first full 48 mg dose was 61 hours (range: 0.1-7 days).

Please see additional Important Safety Information throughout and on pages 11-13. Please see full Prescribing Information, including Boxed Warnings.

epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg|48mg

EPCORE® FL-1: designed for broad eligibility of FL patients with fixed-duration EPKINLY + R^2 [1]

The efficacy and safety of EPKINLY + R^2 vs R^2 alone were evaluated in EPCORE® FL-1, a phase 3, open-label, randomized, multicenter, global trial that included patients with R/R FL after at least 1 line of systemic therapy[1,4]

ENDPOINTS*

Co-primary endpoints: PFS, ORR

Select secondary endpoints: CR, OS, MRD negativity, DOR, DOCR, TTNLT

KEY INCLUSION CRITERIA

Patients with R/R FL after at least 1 line of systemic therapy | histologically confirmed classic FL (Grades 1-3A) | ECOG PS 0-2

KEY EXCLUSION CRITERIA

Known CNS involvement by lymphoma | prior allograft | known active infection | transformed lymphoma | ANC <1.0 x 10^9/L | platelet count <70 x 10^9/L† | known active infection | creatinine clearance <50 mL/min | ALT or AST >3 times ULN | clinically significant CV disease

EPKINLY + R^2
(n=243)
12 CYCLES OF FIXED-DURATION THERAPY (28 DAYS/CYCLE)
Patients received EPKINLY for a total of 12 cycles or until disease progression or unacceptable toxicity, whichever occurred first.

- **Subcutaneous EPKINLY**: Weekly in cycles 1-3; every 4 weeks in cycles 4-12
- **IV rituximab**: Weekly in cycle 1; every 4 weeks in cycles 2-5
- **Oral lenalidomide**: Days 1-21 of cycles 1-12

1:1 Randomization

R^2
(n=245)
12 CYCLES OF FIXED-DURATION THERAPY (28 DAYS/CYCLE)

- **IV rituximab**: Weekly in cycle 1; every 4 weeks in cycles 2-5
- **Oral lenalidomide**: Days 1-21 of cycles 1-12

*Efficacy results determined by Lugano criteria (2014) as assessed by IRC.
†Or <50 x 10^9/L if bone marrow infiltration by lymphoma or splenomegaly.

ALT=alanine transaminase; ANC=absolute neutrophil count; AST=aspartate transaminase; CNS=central nervous system; CV=cardiovascular; DOCR=duration of complete response; DOR=duration of response; ECOG PS=Eastern Cooperative Oncology Group performance status; IV=intravenous; MRD=minimal residual disease; OS=overall survival; TTNLT=time to next antilymphoma treatment; ULN=upper limit of normal.

SELECT IMPORTANT SAFETY INFORMATION

- CRS occurred in 24% (32/131) of patients with FL receiving EPKINLY at the recommended dosage schedule in combination with lenalidomide and rituximab in the clinical trial (19% Grade 1, 5% Grade 2, and 12% serious adverse reactions due to CRS) and recurred in 41% of patients. Most events (88%) occurred during Cycle 1. In Cycle 1, CRS occurred in 5% of patients after the 0.16 mg dose (Cycle 1, day 1), 3.8% after the 0.8 mg dose (Cycle 1, day 8), 2.3% after the 3 mg dose (Cycle 1, day 15), and 18% after the first 48 mg dose (Cycle 1, day 22). The median time to onset of CRS from the most recent EPKINLY dose was 78 hours (range: 0.2 to 12 days). The median time to onset after the first 48 mg dose was 41 hours (range: 0.3-12 days).

Please see additional Important Safety Information throughout and on pages 11-13. Please see full Prescribing Information, including Boxed Warnings.

epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg | 48mg

EPKINLY + R^2 was evaluated in a range of patients with indolent to high-risk disease characteristics[1]

EPCORE® FL-1 included patients with 2L+ FL across a spectrum of characteristics, ranging from those whose disease progressed within 24 months to those who had a longer response

DEMOGRAPHICS All patients randomized (N=488)	
Age Median (range) ≥65 years	 61 (24-89) 40%
Gender Male	 57%
Race White Asian Black	 72% 24% 2%
ECOG PS 0 or 1	98%

TREATMENT HISTORY All patients randomized (N=488)	
Median number of prior lines of therapy (range)	1 (1-7)
Prior lines of therapy 2 ≥3	 24% 17%
POD24	41%

POD24=progression of disease within 24 months of first systemic therapy.

SELECT IMPORTANT SAFETY INFORMATION

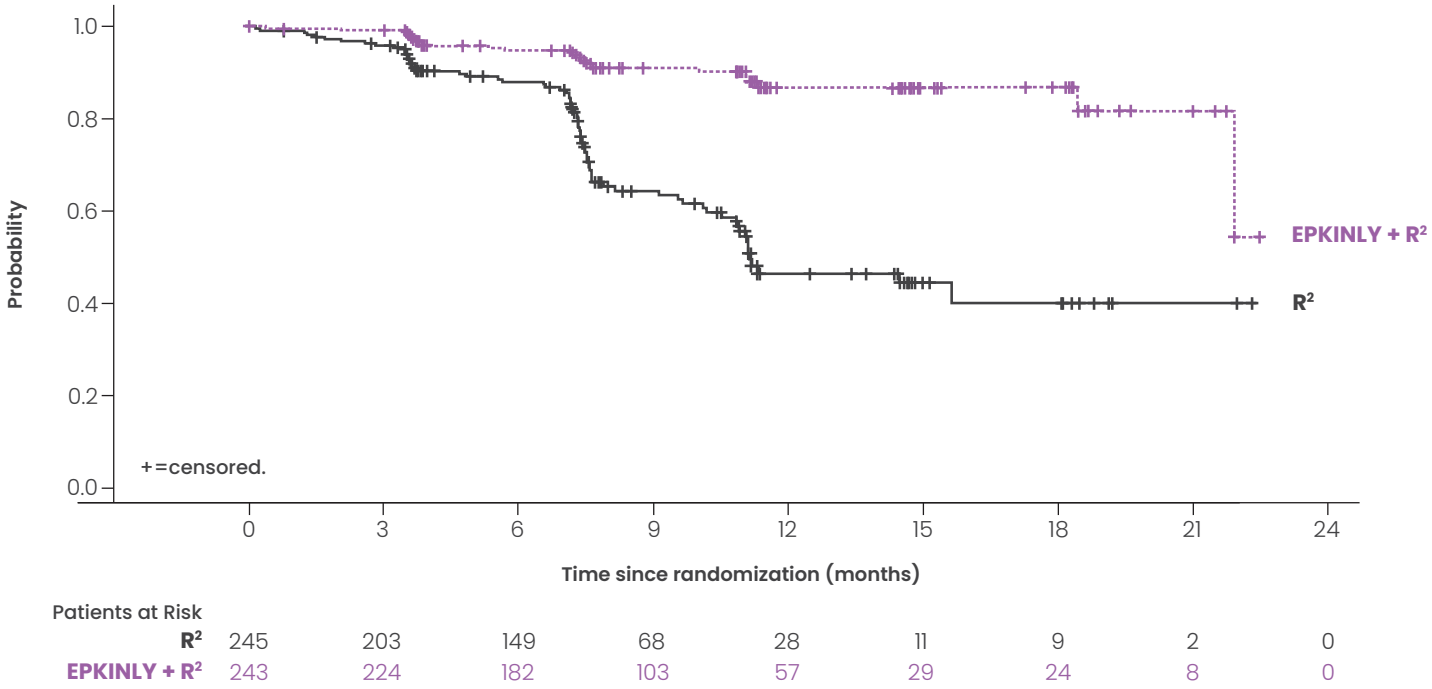
- For patients with FL, assess whether hospitalization or outpatient monitoring for the first 48 mg dose is appropriate based on comorbidities or other situational factors. During outpatient monitoring after the first 48 mg dose, patients should remain in proximity to a healthcare facility that can assess and manage CRS.
- In patients who experienced CRS, the signs and symptoms included pyrexia, hypotension, hypoxia, dyspnea, chills, and tachycardia. Concurrent neurological adverse reactions associated with CRS occurred in 4.7% of patients with FL receiving EPKINLY monotherapy, and 1.5% of patients receiving EPKINLY in combination with lenalidomide and rituximab (reactions included headache, confusional state, tremors, dizziness, and ataxia). Administer pretreatment medications to reduce the risk of CRS. Monitor patients for potential CRS. At the first signs or symptoms of CRS, immediately evaluate patients for hospitalization, manage per current practice guidelines, and administer supportive care as appropriate.

Please see additional Important Safety Information throughout and on pages 11-13. Please see full Prescribing Information, including Boxed Warnings.

epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg | 48mg

The power of superior PFS with fixed-duration EPKINLY + R² vs R²[1]*†

EPKINLY + R² demonstrated a 79% reduction in the risk of disease progression or death vs R² (HR=0.21‡; 95% CI, 0.13-0.33; *P*<0.0001§)



Patients at Risk									
R²	245	203	149	68	28	11	9	2	0
EPKINLY + R²	243	224	182	103	57	29	24	8	0

Median PFS

- Not reached with EPKINLY + R² (95% CI, 21.9 months-NR)
- 11.2 months with R² (95% CI, 10.5 months-NR)

*Efficacy results determined by Lugano criteria (2014) as assessed by IRC and based on a prespecified interim analysis.
†The median duration of follow-up was 10.4 months in the ITT population.
‡Cox proportional hazards hazard ratio stratified by disease history and region.
§Log-rank *P*-value (one sided) stratified by disease history and region.

SELECT IMPORTANT SAFETY INFORMATION

Immune effector cell–associated neurotoxicity syndrome (ICANS), including life-threatening and fatal reactions, can occur with EPKINLY. Monitor patients for neurological signs or symptoms of ICANS during treatment. Withhold EPKINLY until ICANS resolves or permanently discontinue based on severity.

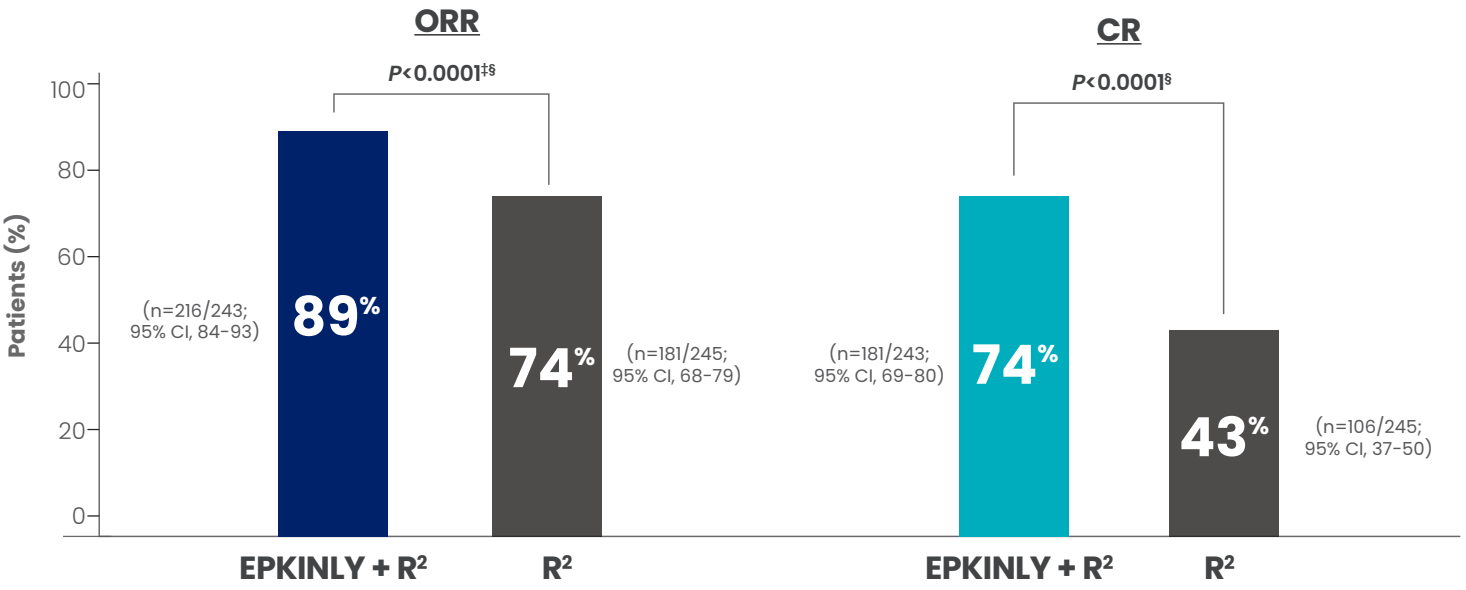
- ICANS occurred in 6% (8/127) of patients with FL receiving the 2-step up dosage schedule in the clinical trial (3.9% Grade 1, 2.4% Grade 2). The median time to onset was 22 days (range: 14-66 days) from the start of treatment. Relative to the most recent administered dose, the median time to onset of ICANS was 3 days (range: 0.4-7 days). The median duration of ICANS was 2 days (range: 1-7 days), with ICANS resolving in 100% of patients.

Please see additional Important Safety Information throughout and on pages 11-13. Please see full Prescribing Information, including Boxed Warnings.

epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg|48mg

EPKINLY + R² achieved remarkable responses vs R² [1*†]

EPKINLY + R² demonstrated a CR rate 31% higher than R²



*Efficacy results determined by Lugano criteria (2014) as assessed by IRC and based on a prespecified interim analysis.
†The median duration of follow-up was 10.4 months in the ITT population.
‡*P*-value is based on a prespecified analysis of the first 232 patients randomized.
§*P*-value (one sided) is from a Cochran-Mantel-Haenszel test stratified by disease history and region.

SELECT IMPORTANT SAFETY INFORMATION

- Among patients with FL who received EPKINLY at the recommended dosage schedule in combination with lenalidomide and rituximab in the clinical trial, ICANS occurred in 0.8% (1/131, Grade 1).
- The onset of ICANS can be concurrent with CRS, following resolution of CRS, or in the absence of CRS. Clinical manifestations of ICANS included, but were not limited to, confusional state, lethargy, tremor, dysgraphia, aphasia, and non-convulsive status epilepticus.
- Monitor patients for potential ICANS. At the first signs or symptoms of ICANS, immediately evaluate patient, provide supportive therapy based on severity, and manage per current practice guidelines.

Please see additional Important Safety Information throughout and on pages 11-13. Please see full Prescribing Information, including Boxed Warnings.

epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg|48mg

EPKINLY + R² has a manageable safety profile; generally consistent with the established profiles of EPKINLY and R² [1,5]

Most common treatment-related ARs (≥10%)[1]

ADVERSE REACTION*	EPKINLY + R²		R²	
	All Grades (%)	Grade 3 or 4 (%)	All Grades (%)	Grade 3 or 4 (%)
	n=131		n=238	
Cytokine release syndrome	24†‡	0	0.8	0
	n=243		n=238	
Rash§	46	11‖	34	6‖
Upper respiratory tract infections§	33	3.3	18	0.4‖
Pneumonia§	24	16‖	8¶	4.6
COVID-19§	23	5‖	13	1.3‖
Fatigue§	31	4.9‖	24	2.1‖
Injection site reactions§	27	0	0.4	0
Fever	23	0.4‖	11	1.3‖
Constipation	26	0.8‖	21	0
Mucositis§	12	0	3.4	0
Neurological changes§	15	1.2‖	8	1.3‖
Headache	11	0	3.8	0
Insomnia	14	0	2.9	0

This table includes a combination of grouped and ungrouped terms.

*Adverse reactions were graded using CTCAE Version 5.0. CRS was graded using ASTCT consensus criteria (Lee et al., 2019).
†The frequency of CRS is based on 131 patients with FL who received EPKINLY at the recommended 3-step up dosage schedule. Grade 1 CRS: 19%; Grade 2 CRS: 5%.
‡The frequency of CRS among the 243 patients who received either the 2-step up or 3-step up dosage schedule was the following: any grade CRS: 35%; Grade 1 CRS: 28%; Grade 2 CRS: 7%.
§Term includes other related terms. See full Prescribing information.
‖Only Grade 3 adverse reactions occurred.
¶Includes 1 case with a fatal outcome.

AR=adverse reaction; ASTCT=American Society for Transplantation and Cellular Therapy; CTCAE=Common Terminology Criteria for Adverse Events.

Please see additional Important Safety Information throughout and on pages 11-13. Please see full Prescribing Information, including Boxed Warnings.

epkinly® epcoritamab-bysp SUBCUTANEOUS INJECTION 4mg|48mg

EPKINLY + R^2 has a manageable safety profile; generally consistent with the established profiles of EPKINLY and R^2 [1,5] (cont'd)

In 243 patients who received EPKINLY + R^2 [1]

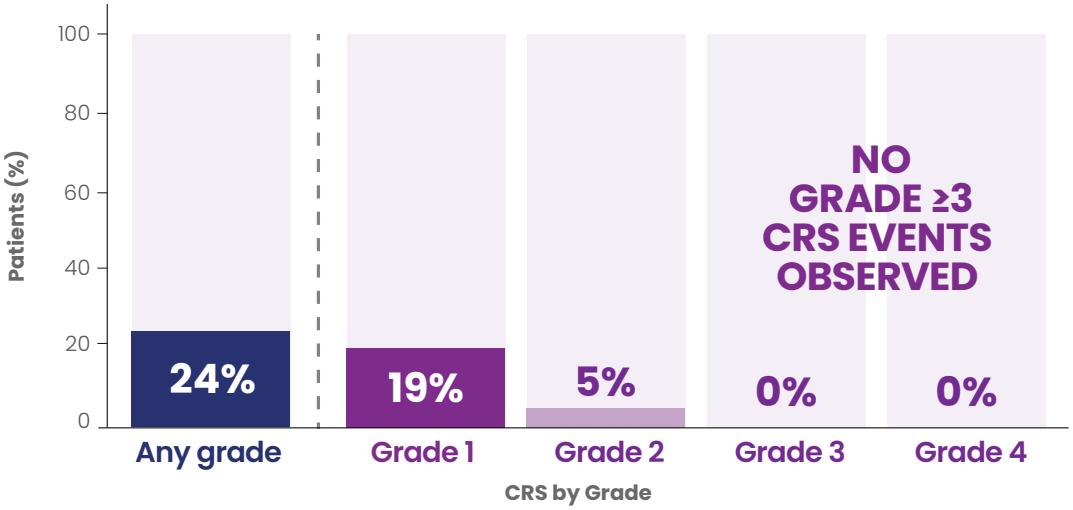
- The median duration of exposure was 10 cycles for EPKINLY and 9 cycles for lenalidomide
- Serious adverse reactions occurred in 51% of these patients, including serious infections in 28% of patients and serious CRS in 12% of patients. Fatal adverse reactions within 60 days of last treatment occurred in 0.8% of patients
- Adverse reactions led to permanent discontinuation of EPKINLY in 6% of patients and dose interruption in 75% of patients, with infection as a leading cause. Adverse reactions leading to interruption of EPKINLY in ≥5% of patients included respiratory tract infections, CRS, and rash
- In the EPKINLY arm, adverse reactions led to lenalidomide dose interruption in 72%, dose reduction in 22%, and permanent discontinuation in 15%
- Warnings and precautions include CRS, ICANS, infections, cytopenias, and embryo-fetal toxicity
- The most common Grade 3 to 4 laboratory abnormalities (≥10%) in the EPKINLY + R^2 arm vs the R^2 arm, respectively, were decreases in neutrophil count (67% vs 41%), decreases in lymphocyte count (62% vs 15%), and decreases in platelet count (10% vs 7%)

Please see additional Important Safety Information throughout and on pages 11-13. Please see full Prescribing Information, including Boxed Warnings.

epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg|48mg

CRS was low grade and predictable[1]

In patients with FL who received EPKINLY + R² at the recommended 3-step up dosage schedule (n=131) in EPCORE® FL-1



- Serious adverse reactions due to CRS occurred in 12% of patients; recurrent CRS occurred in 41%
- Most CRS events (88%) occurred during cycle 1
  - In cycle 1, CRS occurred in 5% of patients after the 0.16-mg dose (day 1), 3.8% after the 0.8-mg dose (day 8), 2.3% after the 3-mg dose (day 15), and 18% after the first 48-mg dose (day 22)
- The median time to onset of CRS from the most recent EPKINLY dose was 78 hours (range: 0.2 to 12 days)
- The median time to onset after the first 48-mg dose was 41 hours (range: 0.3 to 12 days)
- **CRS resolved in 98% of DLBCL and FL patients**
  - Median duration of CRS events was 2 days (range: <1 to 27 days)

ICANS event was low grade

- ICANS occurred in 0.8% (1/131) of patients with FL who received EPKINLY at the recommended 3-step up dosage schedule in combination with R²

DLBCL=diffuse large B-cell lymphoma.

SELECT IMPORTANT SAFETY INFORMATION

BOXED WARNINGS

- **Cytokine release syndrome (CRS), including serious or fatal reactions, can occur in patients receiving EPKINLY. Initiate treatment with the EPKINLY step-up dosage schedule to reduce the incidence and severity of CRS. Withhold EPKINLY until CRS resolves or permanently discontinue based on severity.**
- **Immune effector cell–associated neurotoxicity syndrome (ICANS), including life-threatening and fatal reactions, can occur with EPKINLY. Monitor patients for neurological signs or symptoms of ICANS during treatment. Withhold EPKINLY until ICANS resolves or permanently discontinue based on severity.**

Monitor patients for potential CRS or ICANS. At first signs or symptoms of CRS or ICANS, immediately evaluate patients for hospitalization, manage per current practice guidelines, and administer supportive care as appropriate. Withhold or discontinue EPKINLY as recommended.

Please see Section 2.6 of the Prescribing Information for CRS grading and management recommendations.

Please see additional Important Safety Information throughout and on pages 11-13. Please see full Prescribing Information, including Boxed Warnings.

epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg|48mg

EPKINLY + R² can be administered outpatient[1]

Hospitalization is not required to administer EPKINLY for R/R FL—assess each patient

- For patients with FL, assess whether hospitalization or outpatient monitoring for the first 48-mg dose is appropriate based on comorbidities or other situational factors
- During outpatient monitoring after the first 48-mg dose, patients should remain in proximity to a healthcare facility that can assess and manage CRS
- EPKINLY should only be administered by a qualified HCP with appropriate medical support to manage severe reactions such as CRS and ICANS
- Due to the risk of CRS and ICANS, monitor all patients for signs and symptoms
- Hospitalization may be needed to manage select adverse reactions

Administer EPKINLY according to the recommended 3-step up dosage schedule to reduce the incidence and severity of CRS

3-step up dosage schedule for FL

		EPKINLY (subcutaneous)	R² rituximab (IV)	R² lenalidomide (oral)
CYCLE 1	Week 1	0.16 mg	375 mg/m² weekly	20 mg on days 1 to 21 of each cycle through 12 cycles
	Week 2	0.8 mg		
	Week 3	3 mg		
	Week 4	48 mg		
CYCLES 2-3		48 mg weekly	375 mg/m² every 4 weeks	
CYCLES 4-5		48 mg every 4 weeks		
CYCLES 6-12			–	

Refer to the lenalidomide prescribing information and rituximab prescribing information for the respective dosage recommendations, including lenalidomide dosage recommendations for patients with renal insufficiency.

Continue EPKINLY for a total of 12 cycles (1 cycle=28 days) or until disease progression or unacceptable toxicity, whichever occurs first.

- Administer EPKINLY subcutaneously to well-hydrated patients
- Prior to starting EPKINLY, provide *Pneumocystis jirovecii* pneumonia prophylaxis and consider initiating prophylaxis against herpesvirus to prevent herpes simplex and herpes zoster
- Premedicate before each dose in cycle 1 to reduce the incidence and severity of CRS
- Refer to the lenalidomide prescribing information for recommendations on prophylaxis for venous and arterial thrombotic events
- If a dose of EPKINLY is missed or delayed, therapy may need to be restarted

EPKINLY is designed to improve tolerability and accessibility across practice settings[1]

- Subcutaneous administration allows more gradual increases and lower peaks in plasma cytokine levels than IV administration[2]
- EPKINLY is an off-the-shelf treatment, available to treat patients at the moment of relapse[1,6]

HCP=healthcare provider.

Please see additional Important Safety Information throughout and on pages 11-13. Please see full Prescribing Information, including Boxed Warnings.

epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg|48mg

INDICATIONS

- EPKINLY is indicated in combination with lenalidomide and rituximab for the treatment of adults with relapsed or refractory follicular lymphoma (FL).
- EPKINLY is indicated as monotherapy for the treatment of adults with relapsed or refractory FL after 2 or more lines of systemic therapy.

IMPORTANT SAFETY INFORMATION

BOXED WARNINGS

- **Cytokine release syndrome (CRS), including serious or fatal reactions, can occur in patients receiving EPKINLY. Initiate treatment with the EPKINLY step-up dosage schedule to reduce the incidence and severity of CRS. Withhold EPKINLY until CRS resolves or permanently discontinue based on severity.**
- **Immune effector cell–associated neurotoxicity syndrome (ICANS), including life-threatening and fatal reactions, can occur with EPKINLY. Monitor patients for neurological signs or symptoms of ICANS during treatment. Withhold EPKINLY until ICANS resolves or permanently discontinue based on severity.**

CRS

- CRS occurred in 49% (42/86) of patients with FL receiving the recommended 3-step up dosage schedule in the clinical trial (45% Grade 1, 9% Grade 2) and recurred in 48% of patients. Most events (88%) occurred during Cycle 1. In Cycle 1, CRS events occurred in 12% of patients after the 0.16 mg dose (Cycle 1, day 1), 6% after the 0.8 mg dose (Cycle 1, day 8), 15% after the 3 mg dose (Cycle 1, day 15), and 37% after the first 48 mg dose (Cycle 1, day 22). The median time to onset of CRS from the most recent administered dose across all doses was 59 hours (range: 0.1-7 days). The median time to onset after the first full 48 mg dose was 61 hours (range: 0.1-7 days).

- CRS occurred in 24% (32/131) of patients with FL receiving EPKINLY at the recommended dosage schedule in combination with lenalidomide and rituximab in the clinical trial (19% Grade 1, 5% Grade 2, and 12% serious adverse reactions due to CRS) and recurred in 41% of patients. Most events (88%) occurred during Cycle 1. In Cycle 1, CRS occurred in 5% of patients after the 0.16 mg dose (Cycle 1, day 1), 3.8% after the 0.8 mg dose (Cycle 1, day 8), 2.3% after the 3 mg dose (Cycle 1, day 15), and 18% after the first 48 mg dose (Cycle 1, day 22). The median time to onset of CRS from the most recent EPKINLY dose was 78 hours (range: 0.2 to 12 days). The median time to onset after the first 48 mg dose was 41 hours (range: 0.3-12 days).

- For patients with FL, assess whether hospitalization or outpatient monitoring for the first 48 mg dose is appropriate based on comorbidities or other situational factors. During outpatient monitoring after the first 48 mg dose, patients should remain in proximity to a healthcare facility that can assess and manage CRS.

- In patients who experienced CRS, the signs and symptoms included pyrexia, hypotension, hypoxia, dyspnea, chills, and tachycardia. Concurrent neurological adverse reactions associated with CRS occurred in 4.7% of patients with FL receiving EPKINLY monotherapy, and 1.5% of patients receiving EPKINLY in combination with lenalidomide and rituximab (reactions included headache, confusional state, tremors, dizziness, and ataxia).

- Administer pretreatment medications to reduce the risk of CRS. Monitor patients for potential CRS. At the first signs or symptoms of CRS, immediately evaluate patients for hospitalization, manage per current practice guidelines, and administer supportive care as appropriate.

Please see additional Important Safety Information on pages 12-13. Please see full Prescribing Information, including Boxed Warnings.

epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg|48mg

IMPORTANT SAFETY INFORMATION (CONTINUED)

ICANS

- ICANS occurred in 6% (8/127) of patients with FL receiving the 2-step up dosage schedule in the clinical trial (3.9% Grade 1, 2.4% Grade 2). The median time to onset was 22 days (range: 14-66 days) from the start of treatment. Relative to the most recent administered dose, the median time to onset of ICANS was 3 days (range: 0.4-7 days). The median duration of ICANS was 2 days (range: 1-7 days), with ICANS resolving in 100% of patients.
- Among patients with FL who received EPKINLY at the recommended dosage schedule in combination with lenalidomide and rituximab in the clinical trial, ICANS occurred in 0.8% (1/131, Grade 1).
- The onset of ICANS can be concurrent with CRS, following resolution of CRS, or in the absence of CRS. Clinical manifestations of ICANS included, but were not limited to, confusional state, lethargy, tremor, dysgraphia, aphasia, and non-convulsive status epilepticus.
- Monitor patients for potential ICANS. At the first signs or symptoms of ICANS, immediately evaluate patient, provide supportive therapy based on severity, and manage per current practice guidelines.

Infections

- EPKINLY can cause fatal and serious infections. Serious infections, including opportunistic infections, were reported in 40% of patients with FL receiving EPKINLY monotherapy, following the 2-step up dosage schedule in the clinical trial (most common: 20% COVID-19, 13% pneumonia, 3% urinary tract infections). Fatal infections occurred in 6% of patients (5% COVID-19, 0.8% pneumonia, 0.8% sepsis).
- Among 243 patients with FL who received EPKINLY in combination with lenalidomide and rituximab in the clinical trial, serious infections occurred in 28% of patients. The most common serious infections were pneumonia (15%), COVID-19 (7%), opportunistic infections (5%) and upper respiratory infections (3.3%). The most common opportunistic infections of any grade were CMV (cytomegalovirus) infection (7%) and herpesvirus infection (7%).
- Progressive multifocal leukoencephalopathy (PML), including fatal cases, has occurred in patients treated with EPKINLY. Across a broader clinical trial population, PML was reported in 0.4% (11/3072) of patients, including in the first-line treatment setting. Of the 11 cases of PML, 6 resulted in fatal outcomes and 1 was unresolved at the time of death.
- Monitor patients for signs and symptoms of infection and treat appropriately. Avoid administration in patients with active infections. Withhold or consider permanent discontinuation of EPKINLY based on severity. Provide *Pneumocystis jirovecii* pneumonia (PJP) prophylaxis during treatment with EPKINLY, and consider prophylaxis against herpesvirus.

Cytopenias

- EPKINLY can cause serious or severe cytopenias. In the clinical trial of patients with FL who received EPKINLY monotherapy following the 2-step up dosage schedule, Grade 3 or 4 decreased neutrophils occurred in 30% (Grade 4, 17%), decreased hemoglobin in 10% (Grade 4, 0%), and decreased platelets in 8% (Grade 4, 4%) of patients. Febrile neutropenia occurred in 3.1% (Grade 4, 0%).
- In patients with FL who received EPKINLY in combination with lenalidomide and rituximab, Grade 3 or 4 decreased neutrophils occurred in 67% (Grade 4, 41%), decreased lymphocytes in 62% (Grade 4, 13%), decreased hemoglobin in 7%, and decreased platelets in 10% (Grade 4, 4.1%) of patients. Febrile neutropenia occurred in 6% (Grade 4, 2.1%).
- Monitor complete blood counts throughout treatment. Based on severity of cytopenias, temporarily withhold or permanently discontinue EPKINLY. Consider prophylactic granulocyte colony-stimulating factor administration as applicable.

Please see additional Important Safety Information throughout and on pages 11 and 13. Please see full Prescribing Information, including Boxed Warnings.

epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg|48mg

IMPORTANT SAFETY INFORMATION (CONTINUED)

Embryo-Fetal Toxicity

- EPKINLY may cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential to use effective contraception during treatment with EPKINLY and for 4 months after the last dose. Verify pregnancy status in females of reproductive potential prior to initiating EPKINLY.

Adverse Reactions

- EPKINLY as monotherapy for FL: Most common (≥20%) adverse reactions were CRS, injection site reactions, fatigue, musculoskeletal pain, fever, diarrhea, COVID-19, rash, and abdominal pain. Most common Grade 3 to 4 laboratory abnormalities (≥10%) were decreased lymphocytes, decreased neutrophils, decreased hemoglobin, and decreased platelets.
- EPKINLY in combination with lenalidomide and rituximab for FL: Most common (≥20%) adverse reactions were rash, upper respiratory tract infection, fatigue, injection site reactions, constipation, diarrhea, CRS, pneumonia, COVID-19, and fever. The most common Grade 3 to 4 laboratory abnormalities (≥10%) were decreased neutrophils, decreased lymphocytes, and decreased platelets.

Use in Specific Populations

- **Lactation:** Advise women not to breastfeed during treatment and for 4 months after the last dose of EPKINLY.
- **Geriatric Use:** In patients with relapsed or refractory FL who received EPKINLY in the clinical trial, 52% were ≥65 years old, and 13% were ≥75 years old. A higher rate of fatal adverse reactions, primarily infections, including COVID-19, was observed in patients ≥65 years old compared to younger adult patients. No overall difference in efficacy was observed.

Learn more about EPKINLY for your patients with 2L+ FL

References: 1. EPKINLY [package insert]. Plainsboro, NJ: Genmab US, Inc. and North Chicago, IL: AbbVie Inc. 2025. **2.** Engelberts PJ, Hiemstra IH, de Jong B, et al. DuoBody-CD3xCD20 induces potent T-cell-mediated killing of malignant B cells in preclinical models and provides opportunities for subcutaneous dosing. *EBioMedicine*. 2020;52:102625. doi:10.1016/j.ebiom.2019.102625 **3.** Ng LCK, Casulo C. Current landscape of frontline and relapsed follicular lymphoma trials. *Blood Neoplasia*. 2025;2(4):100131. doi:10.1016/j.bneo.2025.100131 **4.** A phase 3, open-label study to evaluate safety and efficacy of epcoritamab in combination with rituximab and lenalidomide (R2) compared to R2 in subjects with relapsed or refractory follicular lymphoma (EPCORE FL-1). ClinicalTrials.gov identifier: NCT05409066. Updated July 28, 2025. Accessed November 6, 2025. https://clinicaltrials.gov/study/NCT05409066 **5.** Leonard JP, Trneny M, Izutsu K, et al. AUGMENT: A phase III study of lenalidomide plus rituximab versus placebo plus rituximab in relapsed or refractory indolent lymphoma. *J Clin Oncol*. 2019;37(14):1188-1199. doi:10.1200/JCO.19.00010 **6.** Hutchings M, Mous R, Clausen MR, et al. Dose escalation of subcutaneous epcoritamab in patients with relapsed or refractory B-cell non-Hodgkin lymphoma: an open-label, phase 1/2 study. *Lancet*. 2021;398(10306):1157-1169. doi:10.1016/S0140-6736(21)00889-8

Please see additional Important Safety Information throughout and on pages 11-12. Please see full Prescribing Information, including Boxed Warnings.

epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg|48mg

2L+ FOLLICULAR LYMPHOMA

The power of superior PFS with fixed-duration EPKINLY + R² vs R² [1]*†

EPKINLY + R² is the first-and-only chemo-free bispecific antibody combination approved in 2L+ FL

Superior improvement in PFS vs R²

EPKINLY + R²	**Not Reached** mPFS (95% CI, 21.9 months-NR)	**89%** ORR n=216/243 (95% CI, 84-93) *P*<0.0001‡§	**74%** CR n=181/243 (95% CI, 69-80) *P*<0.0001§
	79% reduction in risk of disease progression or death vs R² (HR=0.21‖; 95% CI, 0.13-0.33; *P*<0.0001¶)		

The efficacy and safety of EPKINLY in combination with R² vs R² alone were evaluated in EPCORE® FL-1, an open-label, randomized, multicenter, global trial in 488 patients with R/R FL after at least 1 line of systemic therapy.

- For patients receiving R² alone, mPFS was 11.2 months (95% CI, 10.5 months-NR); ORR was 74% (n=181/245; 95% CI, 68-79); CR was 43% (n=106/245; 95% CI, 37-50)

Manageable safety profile; generally consistent with the established profiles of EPKINLY and R² [1,5]

- No Grade ≥3 CRS events were observed; CRS occurred in 24% of patients (19% Grade 1; 5% Grade 2)
- Warnings and precautions include CRS, ICANS, infections, cytopenias, and embryo-fetal toxicity
- Most common adverse reactions (≥20%) in patients who received EPKINLY + R² were rash, upper respiratory tract infections, fatigue, injection site reactions, constipation, diarrhea, CRS, pneumonia, COVID-19, and fever

EPKINLY + R² can be administered outpatient [1]

- For patients with FL, assess whether hospitalization or outpatient monitoring for the first 48-mg dose is appropriate based on comorbidities or other situational factors
- During outpatient monitoring after the first 48-mg dose, patients should remain in proximity to a healthcare facility that can assess and manage CRS
- EPKINLY should only be administered by a qualified HCP with appropriate medical support to manage severe reactions such as CRS and ICANS
- Due to the risk of CRS and ICANS, monitor all patients for signs and symptoms
- Hospitalization may be needed to manage select adverse reactions

*Efficacy results determined by Lugano criteria (2014) as assessed by IRC and based on a prespecified interim analysis.
†The median duration of follow-up was 10.4 months in the ITT population. Patients received EPKINLY via subcutaneous injection in 28-day cycles for a total of 12 cycles or until disease progression or unacceptable toxicity, whichever occurred first.
‡*P*-value is based on a prespecified analysis of the first 232 patients randomized.
§*P*-value (one sided) is from a Cochran-Mantel-Haenszel test stratified by disease history and region.
‖Cox proportional hazards hazard ratio stratified by disease history and region.
¶Log-rank *P*-value (one sided) stratified by disease history and region.

INDICATIONS

- EPKINLY is indicated in combination with lenalidomide and rituximab for the treatment of adults with relapsed or refractory follicular lymphoma (FL).
- EPKINLY is indicated as monotherapy for the treatment of adults with relapsed or refractory FL after 2 or more lines of systemic therapy.

SELECT IMPORTANT SAFETY INFORMATION

BOXED WARNINGS

- **Cytokine release syndrome (CRS), including serious or fatal reactions, can occur in patients receiving EPKINLY. Initiate treatment with the EPKINLY step-up dosage schedule to reduce the incidence and severity of CRS. Withhold EPKINLY until CRS resolves or permanently discontinue based on severity.**
- **Immune effector cell–associated neurotoxicity syndrome (ICANS), including life-threatening and fatal reactions, can occur with EPKINLY. Monitor patients for neurological signs or symptoms of ICANS during treatment. Withhold EPKINLY until ICANS resolves or permanently discontinue based on severity.**

Additional Warnings & Precautions: Infections, Cytopenias, and Embryo-Fetal Toxicity.

Please see additional Important Safety Information throughout and on pages 11-13.
Please see full Prescribing Information, including Boxed Warnings.

Distributed and marketed by Genmab US Inc. 777 Scudders Mill Road, Plainsboro, NJ 08536.
Distributed and marketed by AbbVie Inc. 1 North Waukegan Road, North Chicago, IL 60064.

11/2025 COM-US-EPK-0002216

Genmab | abbvie

epkinly®
epcoritamab-bysp
SUBCUTANEOUS INJECTION 4mg | 48mg