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ADVERSE REACTIONS MANAGEMENT GUIDE

3L+ DIFFUSE LARGE B-CELL LYMPHOMA & HIGH-GRADE B-CELL LYMPHOMA

2L+ FOLLICULAR LYMPHOMA

2L=second line; 3L=third line.

INDICATIONS

DLBCL and High-grade B-cell Lymphoma

- EPKINLY is indicated for the treatment of adults with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified (NOS), including DLBCL arising from indolent lymphoma, and high-grade B-cell lymphoma (HGBCL) after 2 or more lines of systemic therapy.

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

Follicular Lymphoma

- 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, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

Introduction

This guide was developed to help extended care teams understand more about the adverse reactions that may occur in patients who are receiving EPKINLY. You play a critical role in caring for and monitoring patients, administering drug and managing dose modifications when needed, and providing supportive care, all of which may help your patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL), high-grade B-cell lymphoma (HGBCL), or follicular lymphoma (FL) stay on treatment with EPKINLY.[1]

All recommendations included in this document are provided for informational purposes only and are not intended to provide reimbursement, medical, regulatory, or legal advice. It is the sole responsibility of healthcare providers (HCPs) to select the appropriate medical care for their patients.

TABLE OF CONTENTS

Important Safety Information 3-4

3L+ DLBCL/HGBCL

Adverse reactions in the EPCORE® NHL-1 trial 5

CRS in the EPCORE® NHL-1 trial 6-7

ICANS events in the EPCORE® NHL-1 trial 8-9

Additional study on safety of EPKINLY monotherapy with outpatient monitoring 10-11

2L+ FL

Adverse reactions in the EPCORE® FL-1 trial 12-13

CRS in the EPCORE® FL-1 trial 14-15

ICANS events in the EPCORE® FL-1 trial 16-17

3L+ FL

Adverse reactions in the EPCORE® NHL-1 trial 18-19

CRS in the EPCORE® NHL-1 trial 20-21

ICANS events in the EPCORE® NHL-1 trial 22-23

3L+ DLBCL/HGBCL AND 2L+ FL

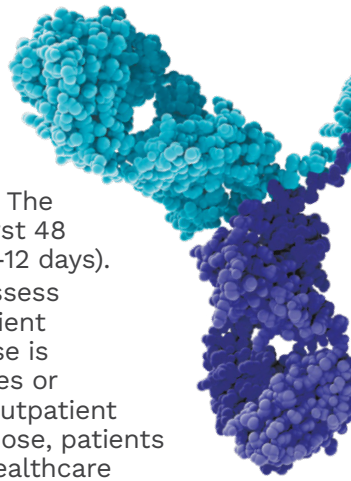
Managing CRS if it occurs 24-25

Managing ICANS if it occurs 26-29

Managing other adverse reactions 30-32

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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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 51% (80/157) of patients with large B-cell lymphoma (LBCL) receiving EPKINLY at the recommended dosage schedule in EPCORE NHL-1 (37% Grade 1, 17% Grade 2, and 2.5% Grade 3) and recurred in 31% of patients. Most events (92%) occurred during Cycle 1. In Cycle 1, CRS events occurred in 6% of patients after the 0.16 mg dose (Cycle 1, day 1), 12% after the 0.8 mg dose (Cycle 1, day 8), 43% after the first 48 mg dose (Cycle 1, day 15), and 5% after the next 48 mg dose (Cycle 1, day 22). The median time to onset of CRS from the most recent administered dose across all doses was 24 hours (range: 0-10 days). The median time to onset after the first full 48 mg dose was 21 hours (range: 0-7 days).
- CRS occurred in 49% (42/86) of patients with FL receiving EPKINLY monotherapy at the recommended dosage schedule in EPCORE NHL-1 (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 EPCORE FL-1 (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: 0.2-12 days). The median time to onset after the first 48 mg dose was 41 hours (range: 0.3-12 days).
- For patients with LBCL and 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. CRS resolved in 98% of patients; the median duration of CRS events was 2 days (range: <1-27 days). Concurrent neurological adverse reactions associated with CRS occurred in 2.5% of patients with LBCL, 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.

ICANS

- ICANS occurred in 6% (10/157) of patients with LBCL receiving EPKINLY at the recommended dosage schedule in EPCORE NHL-1 (4.5% Grade 1, 1.3% Grade 2, 0.6% fatal). Of the 10 ICANS events, 9 occurred within Cycle 1 of treatment, with a median time to onset of 16.5 days (range: 8-141 days) from the start of treatment. Relative to the most recent administered dose, the median time to onset was 3 days (range: 1-13 days). The median duration of ICANS was 4 days (range: 0-8 days), with ICANS resolving in 90% of patients with supportive care.
- ICANS occurred in 6% (8/127) of patients with FL receiving EPKINLY monotherapy following the 2-step up dosage schedule in EPCORE NHL-1 (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 on page 4.
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IMPORTANT SAFETY INFORMATION (CONTINUED)

- Among patients with FL who received EPKINLY at the recommended dosage schedule in combination with lenalidomide and rituximab in EPCORE FL-1, 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 15% of patients with LBCL in EPCORE NHL-1 (most common: 4.5% sepsis, 3.2% pneumonia). Fatal infections occurred in 1.3% of patients (1.3% COVID-19).
- Serious infections, including opportunistic infections, were reported in 40% of patients with FL receiving EPKINLY monotherapy following the 2-step up dosage schedule in EPCORE NHL-1 (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 EPCORE FL-1, 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 cytomegalovirus (CMV) 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% (11/3,072) 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.
- Consider monitoring immunoglobulin levels during treatment and administration of immunoglobulin treatment as appropriate.

Cytopenias

- EPKINLY can cause serious or severe cytopenias. In the clinical trial of patients with LBCL, Grade 3 or 4 decreased neutrophils occurred in 32% (Grade 4, 14%), decreased hemoglobin in 12% (Grade 4, 0%), and decreased platelets in 12% (Grade 4, 7%) of patients. Febrile neutropenia occurred in 2.5% (Grade 4, 0.6%).
- 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.

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

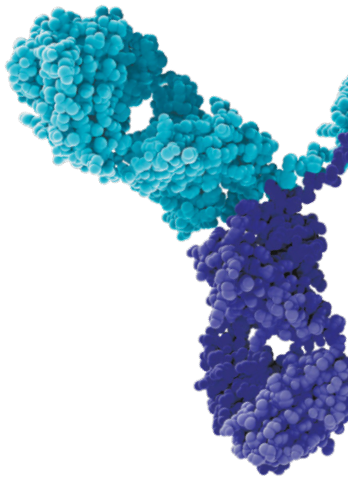
- EPKINLY as monotherapy for LBCL or FL: Most common (≥20%) adverse reactions were CRS, injection site reactions, fatigue, musculoskeletal pain, fever, diarrhea, COVID-19, rash, and abdominal pain. Most common Grade 3 to 4 laboratory abnormalities (≥10%) were decreased lymphocytes, decreased neutrophils, decreased hemoglobin, and decreased platelets.
- EPKINLY in combination with lenalidomide and rituximab for FL: Most common (≥20%) adverse reactions were rash, upper respiratory tract infections, 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 EPCORE NHL-1, 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.

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Adverse reactions in the EPCORE® NHL-1 trial[1]

The safety of EPKINLY was evaluated in EPCORE® NHL-1, a single-arm trial of 157 patients with R/R LBCL after 2 or more lines of systemic therapy, including DLBCL NOS, DLBCL arising from indolent lymphoma, HGBCL, and other B-cell lymphomas.

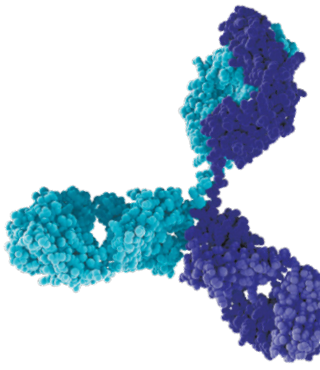
Majority of adverse reactions were mild to moderate (Grade 1 or 2)

Most common treatment-related adverse reactions (≥10%)

Adverse Reactions[a]	All Grades (%)	Grade 3 or 4[b] (%)
Cytokine release syndrome[c]	51	2.5
Fatigue[d]	29	2.5
Musculoskeletal pain[d]	28	1.3
Injection site reactions[d]	27	0
Pyrexia	24	0
Abdominal pain[d]	23	1.9
Nausea	20	1.3
Diarrhea	20	0
Rash[d]	15	0.6
Edema[d]	14	1.9
Headache	13	0.6
Vomiting	12	0.6
Decreased appetite	12	0.6
Cardiac arrhythmias[d]	10	0.6

[a]Adverse reactions were graded based on CTCAE Version 5.0.
[b]Only Grade 3 adverse reactions occurred.
[c]CRS was graded using ASTCT consensus criteria (Lee et al., 2019).
[d]Term includes other related terms. See Prescribing Information.

- Median duration of exposure was 5 cycles (range: 1 to 20 cycles)
- Serious adverse reactions occurred in 54% of patients (reactions occurring ≥2%: CRS, infections,* pleural effusion, febrile neutropenia, fever, and ICANS)
- Fatal adverse reactions occurred in 3.8% of patients (1.3% COVID-19, 0.6% hepatotoxicity, 0.6% ICANS, 0.6% myocardial infarction, 0.6% pulmonary embolism)
- Discontinuation due to an adverse reaction occurred in 3.8% of patients (reactions included COVID-19, CRS, ICANS, pleural effusion, and fatigue)
- Dosage interruptions due to an adverse reaction occurred in 34% of patients (reactions occurring ≥3%: CRS, neutropenia, sepsis, and thrombocytopenia)
- The most common Grade 3 to 4 laboratory abnormalities (≥10%) were decreased lymphocyte count, decreased neutrophil count, decreased white blood cell count, decreased hemoglobin, and decreased platelets
- Clinically relevant adverse reactions in <10% of patients included ICANS, sepsis, pleural effusion, COVID-19, pneumonia (including pneumonia and COVID-19 pneumonia), tumor flare, febrile neutropenia, upper respiratory tract infections, and tumor lysis syndrome



*Infections included sepsis, COVID-19, pneumonia, and upper respiratory tract infections.

ASTCT=American Society for Transplantation and Cellular Therapy; CTCAE=Common Terminology Criteria for Adverse Events; LBCL=large B-cell lymphoma; NHL=non-Hodgkin lymphoma; NOS=not otherwise specified.

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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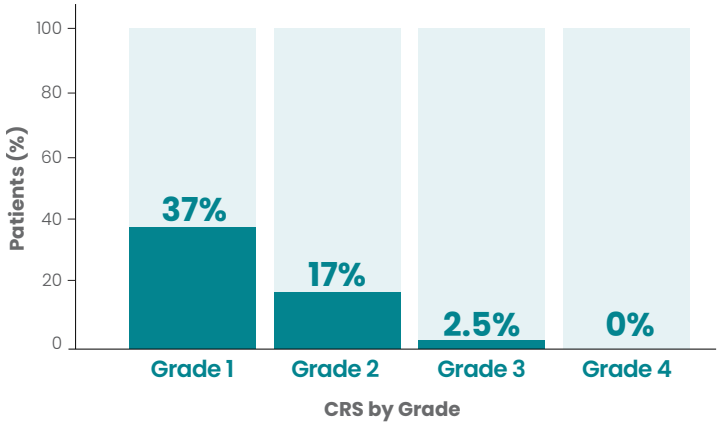
CRS was primarily low grade, predictable, and manageable[1]

Hospitalization is not required for monitoring with EPKINLY administration. Assess each patient.

- 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
  - Inform patients of the risk of CRS, and to immediately contact their HCP should signs and symptoms associated with CRS (eg, pyrexia, hypotension, hypoxia, chills, tachycardia, headache, and dyspnea) occur at any time
- 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

Please see full dosing and administration.

CRS events reported in EPCORE® NHL-1



- CRS occurred in 51% (80/157) of the patients. The majority of these patients experienced a Grade 1 (37%) or Grade 2 (17%) CRS event
- **Most CRS events (92%) occurred during Cycle 1**
  - In Cycle 1, CRS events occurred in 6% of patients after the 0.16-mg dose, 12% after the 0.8-mg dose, 43% after the first 48-mg dose, and 5% after the next 48-mg dose
- The median time to onset of CRS from the most recent dose of EPKINLY was 24 hours (range: 0-10 days)
  - The median time to onset after the first 48-mg dose was 21 hours (range: 0-7 days)
- **In patients with LBCL or FL across multiple studies, CRS resolved in 98% of patients**
  - The median time to resolution was 2 days (range: <1 to 27 days)

SEE THE "MANAGING CRS IF IT OCCURS" SECTION IF YOU SUSPECT YOUR PATIENT IS EXPERIENCING SYMPTOMS (PAGES 24-25)

SELECT IMPORTANT SAFETY INFORMATION

BOXED WARNING

- **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.**

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CRS considerations prior to treatment[1]

EPKINLY dosing considerations for CRS

- Administer EPKINLY subcutaneously according to the 2-step up dosage schedule below for patients with DLBCL or HGBCL to reduce the incidence and severity of CRS
- EPKINLY should only be administered by a qualified HCP with appropriate medical support to manage severe reactions such as CRS
- Administer EPKINLY subcutaneously in 28-day cycles to well-hydrated patients until disease progression or unacceptable toxicity:
  - Cycle 1: 0.16 mg (step-up dose 1) on Day 1, 0.8 mg (step-up dose 2) on Day 8, 48 mg (full dose) on Days 15 and 22
  - Cycles 2-3: 48 mg weekly
  - Cycles 4-9: 48 mg every 2 weeks
  - Cycles 10+: 48 mg every 4 weeks

Recommended pre- and post-administration medications to reduce the risk of CRS

Between 30 and 120 minutes prior to administration of EPKINLY, administer the following medications:

- Cycle 1: For all patients, administer prior to each weekly administration of EPKINLY
  - **Dexamethasone*** (15 mg oral or IV) or **prednisolone** (100 mg oral or IV) or equivalent
    - Continue for 3 consecutive days following each weekly administration of EPKINLY
  - **Diphenhydramine** (50 mg oral or IV) or equivalent
  - **Acetaminophen** (650 mg-1000 mg oral)
- Cycles 2+: For patients who experienced Grade 2 or 3† CRS with previous dose, administer prior to next administration until EPKINLY is given without subsequent CRS of Grade 2 or higher
  - **Dexamethasone*** (15 mg oral or IV) or **prednisolone** (100 mg oral or IV) or equivalent
    - Continue for 3 consecutive days following administration of EPKINLY

*Dexamethasone is the preferred corticosteroid when available.
†Patients will be permanently discontinued from EPKINLY after a Grade 4 CRS event.

Monitoring patients for CRS

- Due to the risk of CRS and ICANS, monitor all patients for signs and symptoms
  - For patients with DLBCL, 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
- Signs and symptoms of CRS can include pyrexia, hypotension, hypoxia, dyspnea, chills, and tachycardia
- Concurrent neurological adverse reactions associated with CRS occurred in 2.5% of patients and included headache, confusional state, tremors, dizziness, and ataxia
- At the first signs or symptoms of CRS, immediately evaluate patients for hospitalization, manage per current practice guidelines, and administer supportive care as appropriate. Withhold or discontinue EPKINLY based on the severity of CRS

Counseling patients about CRS

- Inform patients and their care partners of the risk of CRS
- Advise them to immediately contact their HCP should signs and symptoms associated with CRS occur. These can include pyrexia, hypotension, hypoxia, chills, tachycardia, headache, and dyspnea
- Advise patients who experience symptoms that impair consciousness not to drive and refrain from operating heavy or potentially dangerous machinery until events resolve

IV=intravenous.

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ICANS considerations prior to treatment[1]

ICANS events in the EPCORE® NHL-1 clinical trial

- ICANS occurred in 6% (10/157) of patients. Of the 10 events, 9 occurred within Cycle 1
- Median time to onset was 3 days (range: 1 to 13 days) relative to the most recent administration
- Median time to onset was 16.5 days (range: 8 to 141 days) from the start of treatment
- Median duration of ICANS was 4 days (range: 0 to 8 days)

ICANS events by Grade (% patients)

- Grade 1=4.5%
- Grade 2=1.3%
- Grade 3=0%
- Grade 4=0%
- Grade 5=0.6% (fatal)

- ICANS resolved in 90% (9/10) of patients with supportive care

SELECT IMPORTANT SAFETY INFORMATION

BOXED WARNING

- **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.**

EPKINLY dosing considerations for ICANS

- EPKINLY should only be administered by a qualified HCP with appropriate medical support to manage severe reactions such as ICANS
- Administer EPKINLY subcutaneously in 28-day cycles until disease progression or unacceptable toxicity according to the 2-step up dosage schedule:
  - Cycle 1: 0.16 mg (step-up dose 1) on Day 1, 0.8 mg (step-up dose 2) on Day 8, 48 mg (full dose) on Days 15 and 22
  - Cycles 2-3: 48 mg weekly
  - Cycles 4-9: 48 mg every 2 weeks
  - Cycles 10+: 48 mg every 4 weeks

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ICANS considerations prior to treatment[1] (cont'd)

Monitoring patients for ICANS

- Due to the risk of CRS and ICANS, monitor all patients for signs and symptoms
- Signs and symptoms of ICANS can include confusional state, lethargy, tremor, dysgraphia, aphasia, and nonconvulsive status epilepticus
- The onset of ICANS can be concurrent with CRS, following resolution of CRS, or in the absence of CRS
- At the first signs or symptoms of ICANS, immediately evaluate patient and provide supportive therapy based on severity. Withhold or discontinue EPKINLY per recommendations and consider further management per current practice guidelines

Counseling patients about ICANS

- Advise patients and their care partners of the risks of ICANS and to immediately contact their HCP for signs and symptoms of ICANS. The onset of events may be delayed and can include:

  - confusional state
  - lethargy
  - tremor
  - dysgraphia
  - aphasia
  - nonconvulsive status epilepticus

- Advise patients who experience symptoms of ICANS that impair consciousness to refrain from driving or operating heavy or potentially dangerous machinery until symptoms of ICANS resolve

SEE THE "MANAGING ICANS IF IT OCCURS" SECTION IF YOU SUSPECT YOUR PATIENT IS EXPERIENCING SYMPTOMS (PAGES 26-29)

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Additional study on EPKINLY monotherapy with outpatient monitoring[2,3]

Study design

- A Phase 2, open-label, single-arm study (M23-362) evaluated the safety of EPKINLY monotherapy with outpatient monitoring after the first full dose in patients with R/R DLBCL who had received 1 or more prior lines of systemic therapy in an outpatient setting. Fifty of 92 patients (54.3%) had 3L+ disease at baseline
- Patients received subcutaneous EPKINLY in 28-day cycles until disease progression or unacceptable toxicity, with Cycle 1 step-up dosing consisting of a 0.16-mg priming dose on Day 1, a 0.8-mg intermediate dose on Day 8, and subsequent full 48-mg doses on Day 15 and Day 22. Thereafter, full doses were given (Cycles 2-3, QW; Cycles 4-9, Q2W; Cycle 10 onward, Q4W) until progressive disease (PD) or unacceptable toxicity
- Primary endpoints: percentage of participants experiencing Grade 3 or higher CRS, ICANS, or neurologic events
- Median study follow-up for 3L+ DLBCL patients was 10.8 months (range: 8.2-14.8 months)
- **All patients in the study received treatment in the US, and study sites included both academic and community locations**
- Baseline characteristics: median age, 64.5 years (range: 28-86 years); DLBCL type, de novo 70% and transformed 30%; ECOG PS 0-1, 96%; R-IPI 3+, 48%; median prior lines of therapy, 3 (range: 2-7); prior CAR T, 44%; Ann Arbor staging III-IV, 86%

Cycle 1 CRS prophylaxis

Corticosteroid

- Dexamethasone (preferred) 15 mg IV or oral
- Administered on Days 1-4, Days 8-11, Days 15-18, and Days 22–25 of Cycle 1[9]

Other premedications

- Diphenhydramine and acetaminophen
- Administered prior to each EPKINLY dose on Day 1, Day 8, Day 15, and Day 22 of Cycle 1

Additional hydration (strongly recommended)

- Administer 2-3 L of oral fluids during the 24 hours prior to treatment with EPKINLY, 500 mL isotonic IV fluids immediately before treatment, and 2-3 L of oral fluids during the first 24 hours after treatment

Data Limitations: Data are descriptive in nature and not included in the Prescribing Information for EPKINLY. No conclusions regarding safety can be made.

SELECT IMPORTANT SAFETY INFORMATION

BOXED WARNING

- **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.**

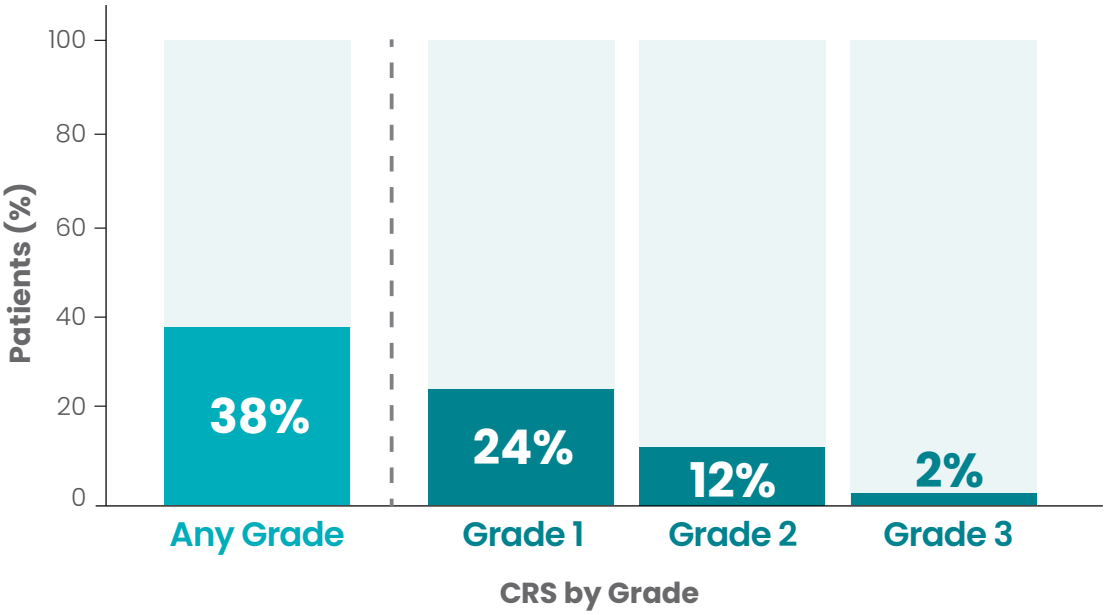
CAR T=chimeric antigen receptor T-cell; ECOG PS=Eastern Cooperative Oncology Group Performance Status; QW=once weekly; Q2W=once every 2 weeks; Q4W=once every 4 weeks; R-IPI=Revised International Prognostic Index.

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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Additional study on EPKINLY monotherapy with outpatient monitoring[1,2,4] (cont'd)

Study results in 3L+ DLBCL subgroup (n=50)



100%
resolution with no discontinuations due to CRS

- Nineteen of 50 patients with 3L+ DLBCL experienced a CRS event
- In Cycle 1, CRS events occurred in 6% of patients after the 0.16-mg dose, 4.1% after the 0.8-mg dose, 28.3% after the first 48-mg dose, and 6.7% after the second 48-mg dose
- At the January 2025 data cutoff, 46/50 patients with 3L+ DLBCL had received their first full dose, including 3 who were monitored inpatient*
- Of the 10 patients who were monitored outpatient after first full dose and had a CRS event, 6 patients were managed inpatient
- The median time to onset of CRS after the first 48-mg dose was 32.2 hours (range: 11.9-165.1 hours)
- The median time to CRS resolution was 3 days (range: 1-24 days)
- Four patients (8%) had at least 1 ICANS event; 6% were Grade 1 and 2% were Grade 2
  - Four patients had resolution of ICANS (100%)
  - The median time to resolution of ICANS was 3 days (range: 1-6 days)
- Serious infections occurred in 15 patients (30%), with the most common being COVID-19 (n=8). Fatal infections occurred in 4 patients, of which 3 were due to COVID-19
- In this study that evaluated the safety of EPKINLY in the outpatient setting, the efficacy† is consistent with the Prescribing Information

*Of the 3 patients monitored inpatient, 1 was admitted for logistical/social/medical reasons and 2 were admitted for adverse reactions other than CRS.
†Investigator-assessed.

Data Limitations: Data are descriptive in nature and not included in the Prescribing Information for EPKINLY. No conclusions regarding safety can be made.

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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Adverse reactions in the EPCORE® FL-1 trial[1]

The safety of EPKINLY + R^2 was evaluated in EPCORE® FL-1, an open-label, randomized, multicenter, global trial that included patients with R/R FL after 1 prior line of therapy. Patients were randomized to receive EPKINLY + R^2 (n=243) or R^2 alone (n=238). Of the 243 patients who received EPKINLY + R^2, 131 received EPKINLY at the recommended 3-step up dosage schedule.

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

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

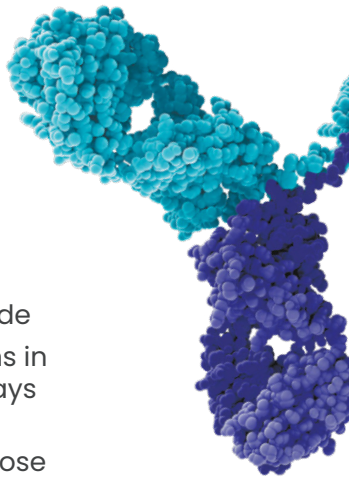
ADVERSE REACTION*	EPKINLY + R^2		R^2	
	All Grades (%)	Grade 3 or 4 (%)	All Grades (%)	Grade 3 or 4 (%)
	n=131		n=238	
Cytokine release syndrome	24†‡	0	0.8	0
	n=243		n=238	
Rash§	46	11‖	34	6‖
Upper respiratory tract infections§	33	3.3	18	0.4‖
Fatigue§	31	4.9‖	24	2.1‖
Injection site reactions§	27	0	0.4	0
Constipation	26	0.8‖	21	0
Pneumonia§	24	16‖	8¶	4.6
COVID-19§	23	5‖	13	1.3‖
Fever	23	0.4‖	11	1.3‖
Neurological changes§	15	1.2‖	8	1.3‖
Insomnia	14	0	2.9	0
Mucositis§	12	0	3.4	0
Headache	11	0	3.8	0

*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.

ARs=adverse reactions; R^2=rituximab + lenalidomide.

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

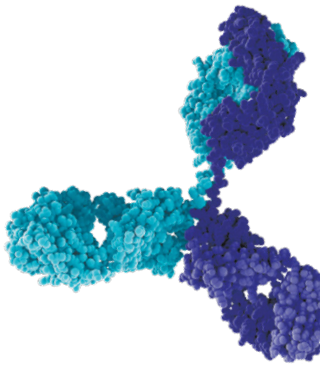
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Adverse reactions in the EPCORE® FL-1 trial[1] (cont'd)

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 Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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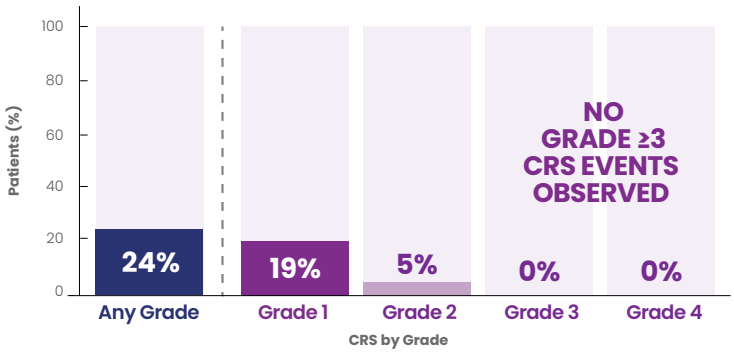
CRS in the EPCORE® FL-1 trial[1]

Hospitalization is not required for monitoring with EPKINLY administration. Assess each patient.

- 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
  - Inform patients of the risk of CRS, and to immediately contact their HCP should signs and symptoms associated with CRS (eg, pyrexia, hypotension, hypoxia, chills, tachycardia, headache, and dyspnea) occur at any time
- 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

Please see full dosing and administration.

In patients with FL who received EPKINLY + R[2] at the recommended 3-step up dosage schedule (n=131) in EPCORE® FL-1[1]



- In a pooled analysis of LBCL and FL patients, 98% of CRS events were resolved[1]
  - Median duration of CRS events was 2 days (range: <1 to 27 days)
- **In a follow-up analysis with a median time of 14.8 months, 100% of CRS events resolved[6]**
- Serious adverse reactions due to CRS occurred in 12% of patients; recurrent CRS occurred in 41%[1]

- Most CRS events (88%) occurred during Cycle 1[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)
- CRS symptoms that presented were fever (94%), hypotension (17%), and hypoxia (6%)[7]
- The median time to onset of CRS from the most recent EPKINLY dose was 78 hours (range: 0.2 to 12 days)[1]
- The median time to onset after the first full 48-mg dose was 41 hours (range: 0.3 to 12 days)[1]

SELECT IMPORTANT SAFETY INFORMATION

BOXED WARNING

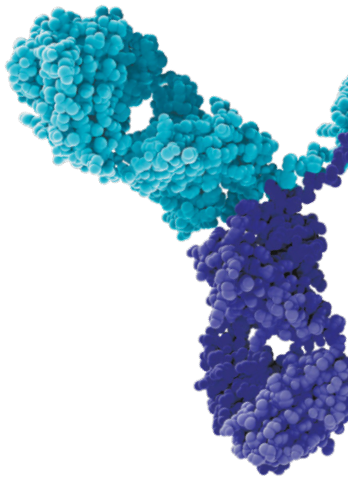
- **Cytokine release syndrome (CRS), including serious or fatal reactions, can occur in patients receiving EPKINLY. Initiate treatment with the EPKINLY step-up dosage schedule to reduce the incidence and severity of CRS. Withhold EPKINLY until CRS resolves or permanently discontinue based on severity.**

SEE THE "MANAGING CRS IF IT OCCURS" SECTION IF YOU SUSPECT YOUR PATIENT IS EXPERIENCING SYMPTOMS (PAGES 24–25)

Please see additional Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3–4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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CRS in the EPCORE® FL-1 trial[1] (cont'd)



EPKINLY dosing considerations for CRS

- Administer EPKINLY subcutaneously according to the 3-step up dosage schedule below for patients with FL to reduce the incidence and severity of CRS
- EPKINLY should only be administered by a qualified HCP with appropriate medical support to manage severe reactions such as CRS
- Administer EPKINLY subcutaneously to well-hydrated patients for a fixed duration of 12 cycles (1 cycle=28 days)*
  - Cycle 1: 0.16 mg (step-up dose 1) on Day 1, 0.8 mg (step-up dose 2) on Day 8, 3 mg (step-up dose 3) on Day 15, 48 mg (full dose) on Day 22
  - Cycles 2-3: 48 mg weekly
  - Cycles 4-12: 48 mg every 4 weeks

*EPKINLY should be administered with intravenous rituximab 375 mg/m^2 weekly for 1 cycle and every 4 weeks for 4 additional cycles and oral lenalidomide 20 mg on Days 1-21 for 12 cycles.

Recommended pre- and post-administration medications to reduce the risk of CRS

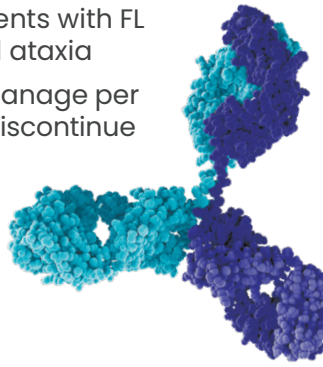
Between 30 and 120 minutes prior to administration of EPKINLY, administer the following medications:

- Cycle 1: For all patients, administer prior to each weekly administration of EPKINLY
  - **Dexamethasone**† (15 mg oral or IV) or **prednisolone** (100 mg oral or IV) or equivalent
    - Continue for 3 consecutive days following each weekly administration of EPKINLY
  - **Diphenhydramine** (50 mg oral or IV) or equivalent
  - **Acetaminophen** (650 mg-1000 mg oral)
- Cycles 2+: For patients who experienced Grade 2 or 3‡ CRS with previous dose, administer prior to next administration until EPKINLY is given without subsequent CRS of Grade 2 or higher
  - **Dexamethasone**† (15 mg oral or IV) or **prednisolone** (100 mg oral or IV) or equivalent
    - Continue for 3 consecutive days following administration of EPKINLY

†Dexamethasone is the preferred corticosteroid when available.
‡Patients will be permanently discontinued from EPKINLY after a Grade 4 CRS event.

Monitoring patients for CRS

- Due to the risk of CRS, monitor all patients for signs and symptoms
  - 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
- Signs and symptoms of CRS can include pyrexia, hypotension, hypoxia, dyspnea, chills, and tachycardia
- Concurrent neurological adverse reactions associated with CRS occurred in 1.5% of patients with FL receiving EPKINLY + R^2 and included headache, confusional state, tremors, dizziness, and ataxia
- At the first signs or symptoms of CRS, immediately evaluate patients for hospitalization, manage per current practice guidelines, and administer supportive care as appropriate. Withhold or discontinue EPKINLY based on the severity of CRS



Counseling patients about CRS

- Inform patients and their care partners of the risk of CRS
- Advise them to immediately contact their HCP should signs and symptoms associated with CRS occur. These can include pyrexia, hypotension, hypoxia, chills, tachycardia, headache, and dyspnea
- Advise patients who experience symptoms that impair consciousness not to drive and refrain from operating heavy or potentially dangerous machinery until events resolve

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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ICANS events in EPCORE® FL-1 in 2L+ FL patients[1]

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

- ICANS occurred in 0.8% (1/131, Grade 1) of patients with FL receiving EPKINLY + R[2]
- The single ICANS event was reported as Grade 1

Monitor patients for potential ICANS. At the first signs or symptoms of 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 and ICANS grading and management recommendations.

EPKINLY dosing considerations for ICANS

- EPKINLY should only be administered by a qualified HCP with appropriate medical support to manage severe reactions such as ICANS
- Administer EPKINLY subcutaneously for a fixed duration of 12 cycles (1 cycle=28 days)*
  - Cycle 1: 0.16 mg (step-up dose 1) on Day 1, 0.8 mg (step-up dose 2) on Day 8, 3 mg (step-up dose 3) on Day 15, 48 mg (full dose) on Day 22
  - Cycles 2-3: 48 mg weekly
  - Cycles 4-12: 48 mg every 4 weeks

*EPKINLY should be administered with intravenous rituximab 375 mg/m^2 weekly for 1 cycle and every 4 weeks for 4 additional cycles and oral lenalidomide 20 mg on Days 1-21 for 12 cycles.

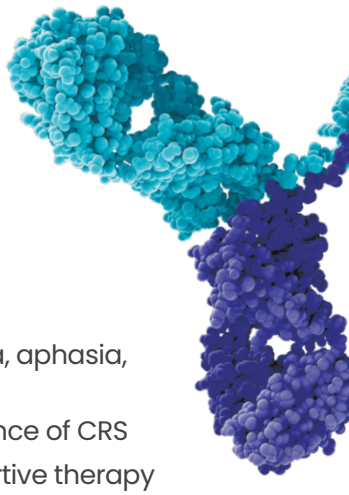
SELECT IMPORTANT SAFETY INFORMATION

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.

- 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.

Please see additional Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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ICANS events in EPCORE® FL-1 in 2L+ FL patients[1] (cont'd)

Monitoring patients for ICANS

- Due to the risk of ICANS, monitor all patients for signs and symptoms
- Signs and symptoms of ICANS can include confusional state, lethargy, tremor, dysgraphia, aphasia, and nonconvulsive status epilepticus
- The onset of ICANS can be concurrent with CRS, following resolution of CRS, or in the absence of CRS
- At the first signs or symptoms of ICANS, immediately evaluate patient and provide supportive therapy based on severity. Withhold or discontinue EPKINLY per recommendations and consider further management per current practice guidelines

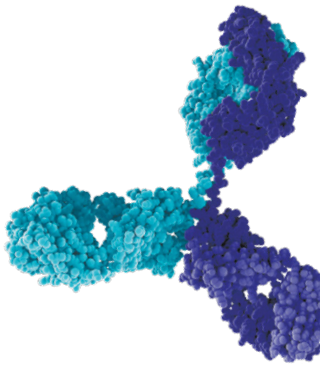
Counseling patients about ICANS

- Advise patients and their care partners of the risks of ICANS and to immediately contact their HCP for signs and symptoms of ICANS. The onset of events may be delayed and can include:

  - confusional state
  - lethargy
  - tremor
  - dysgraphia
  - aphasia
  - nonconvulsive status epilepticus

- Advise patients who experience symptoms of ICANS that impair consciousness to refrain from driving or operating heavy or potentially dangerous machinery until symptoms of ICANS resolve

SEE THE "MANAGING ICANS IF IT OCCURS" SECTION IF YOU SUSPECT YOUR PATIENT IS EXPERIENCING SYMPTOMS (PAGES 26-29)



Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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Adverse reactions in the EPCORE® NHL-1 trial[1]

The safety of EPKINLY was evaluated in EPCORE® NHL-1, an open-label, multicohort, multicenter, single-arm trial that included patients with R/R FL after 2 or more lines of systemic therapy. A total of 213 patients received EPKINLY; 86 patients received EPKINLY at the recommended 3-step up dosage schedule, and 127 patients received EPKINLY following a 2-step up dosage schedule.

Majority of adverse reactions were mild to moderate (Grade 1 or 2)

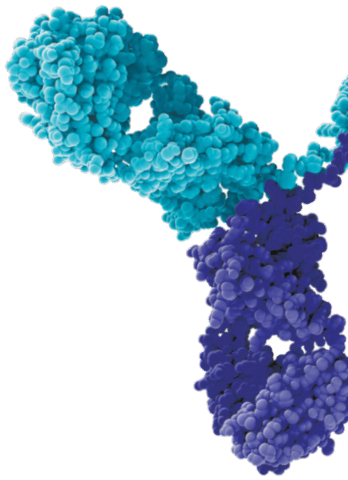
Most common treatment-related adverse reactions (≥10%)

ADVERSE REACTION[a]	ALL GRADES (%)	GRADE 3 OR 4 (%)
	(n=86)[b]	
Cytokine release syndrome[c,d]	49	0
	(n=127)	
Injection site reactions[e]	58	0
COVID-19[f]	40	19
Fatigue[e]	37	5[g]
Upper respiratory tract infection[f]	29	2[g]
Musculoskeletal pain[e]	28	0.8[g]
Rash[e]	28	0
Pyrexia[e]	26	2[g]
Diarrhea	26	1.6[g]
Headache	20	0
Cough[e]	20	0
Pneumonia[f]	17	13[g]
Abdominal pain[e]	17	0.8[g]
Edema[e]	17	0
Nausea	17	0
Dyspnea[e]	17	0
Constipation	16	0
Arthralgia	14	0.8[g]
Urinary tract infection[e]	13	5[g]
Peripheral neuropathy and paresthesia[f]	13	1.6[g]
Neurological changes[f]	13	0
Insomnia	13	0
Herpesvirus infection[f]	12	1.6[g]
Mucositis[f]	12	0
Dizziness	11	0
Renal insufficiency[f]	10	1.6[g]

[a]Adverse reactions were graded based on CTCAE Version 5.0.
[b]The frequency of CRS is based on 86 patients with FL who received the recommended 3-step up dosage schedule in EPCORE® NHL-1. See Section 2.2 of the full Prescribing Information.
[c]CRS was graded using ASTCT consensus criteria (Lee et al., 2019).
[d]The frequency of CRS based on the 127 patients with FL who received the 2-step up dosage schedule in EPCORE® NHL-1 was the following: any Grade CRS: 66%; Grade 1 CRS: 50%; Grade 2 CRS: 26%; Grade 3 CRS: 1.6%.
[e]Includes related grouped terms.
[f]Term includes other related terms. See full Prescribing Information.
[g]Only Grade 3 adverse reactions occurred.

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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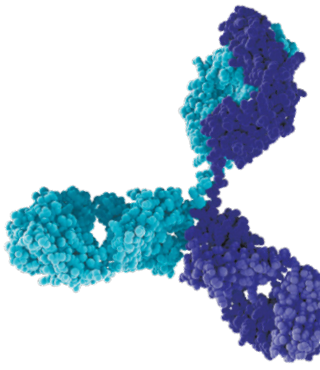
Adverse reactions in the EPCORE® NHL-1 trial[1] (cont'd)

In 86 patients who received EPKINLY following the recommended 3-step up dosage schedule:

- The median duration of exposure was 5 cycles (range: 1 to 12 cycles)
- CRS occurred in 49% of patients (45% Grade 1, 9% Grade 2)
- Serious adverse reactions due to CRS occurred in 28% of patients
- Dose interruptions due to CRS occurred in 19% of patients

In 127 patients who received EPKINLY following a 2-step up dosage schedule:

- The median duration of exposure was 8 cycles (range: 1 to 33 cycles)
- Serious adverse reactions occurred in 66% of patients (reactions occurring ≥5% included CRS, COVID-19, pneumonia, and second primary malignancies)
- Fatal adverse reactions occurred in 9% of patients, including COVID-19 (5%), pneumonitis (1.6%), cardiac failure (0.8%), pneumonia (0.8%), and sepsis (0.8%)
- Permanent discontinuation due to any adverse reaction occurred in 19% of patients
  - Adverse reactions resulting in permanent discontinuation in ≥2% of patients included COVID-19, Hepatitis E, pneumonitis, and second primary malignancy
- Dosage interruptions due to an adverse reaction occurred in 59% of patients (reactions requiring dosage interruption in ≥5%: COVID-19, CRS, pneumonia, upper respiratory tract infection, and fatigue)
- The most common Grade 3 to 4 laboratory abnormalities (≥10%) were decreased lymphocyte count, decreased neutrophil count, decreased white blood cell count, and decreased hemoglobin
- Clinically relevant adverse reactions in <10% of patients included vomiting, pruritus, hepatotoxicity, ICANS, lower respiratory tract infections, cardiac arrhythmias, respiratory tract infections, pneumonitis, second primary malignancy, vision changes, cellulitis, febrile neutropenia, cardiac failure, cytomegalovirus infection, and sepsis



Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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CRS considerations prior to treatment[1]

Hospitalization is not required for monitoring with EPKINLY administration. Assess each patient.

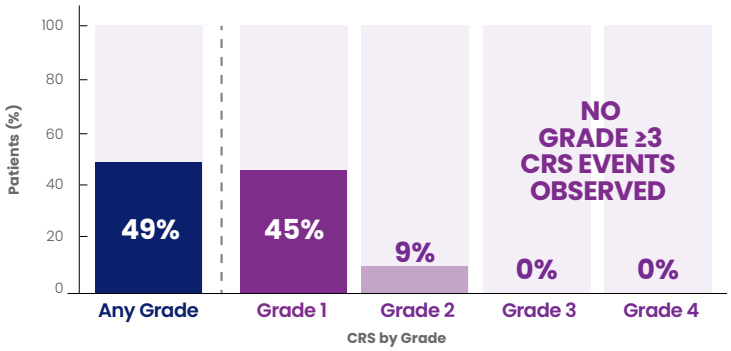
- Assess whether hospitalization or outpatient monitoring for the first 48-mg dose is appropriate based on comorbidities or other situational factors
- During outpatient monitoring after the first 48-mg dose, patients should remain in proximity to a healthcare facility that can assess and manage CRS
  - Inform patients of the risk of CRS, and to immediately contact their HCP should signs and symptoms associated with CRS (eg, pyrexia, hypotension, hypoxia, chills, tachycardia, headache, and dyspnea) occur at any time
- 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

Please see full dosing and administration.

CRS in EPCORE® NHL-1 trial

In patients who received EPKINLY at the recommended 3-step up dosage schedule (n=86)

- Recurrent CRS occurred in 48% of patients
- Most CRS events (88%) occurred during Cycle 1
  - In Cycle 1, 12% of CRS events occurred after the 0.16-mg dose (Day 1), 6% after the 0.8-mg dose (Day 8), 15% after the 3-mg dose (Day 15), and 37% after the 48-mg dose (Day 22)



- The median time to onset of CRS from the most recent EPKINLY dose was 59 hours (range: 0.1 to 7 days)
- The median time to onset after the first full 48-mg dose was 61 hours (range: 0.1 to 7 days)
- CRS resolved in 100% of patients[8]
  - Median duration of CRS events was 2 days (IQR: 1 to 3)

SELECT IMPORTANT SAFETY INFORMATION

BOXED WARNING

- **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.**

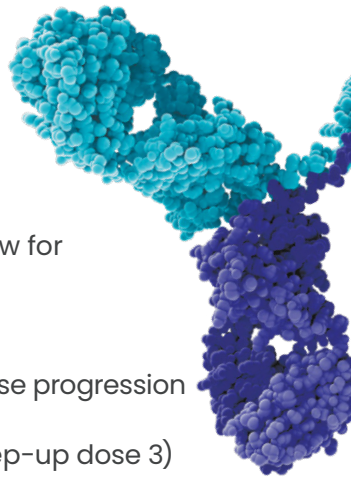
SEE THE "MANAGING CRS IF IT OCCURS" SECTION IF YOU SUSPECT YOUR PATIENT IS EXPERIENCING SYMPTOMS (PAGES 24-25)

IQR=interquartile range.

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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CRS considerations prior to treatment[1] (cont'd)



EPKINLY dosing considerations for CRS

- Administer EPKINLY subcutaneously according to the 3-step up dosage schedule below for patients with FL to reduce the incidence and severity of CRS
- EPKINLY should only be administered by a qualified HCP with appropriate medical support to manage severe reactions such as CRS
- Administer EPKINLY subcutaneously in 28-day cycles to well-hydrated patients until disease progression or unacceptable toxicity:
  - Cycle 1: 0.16 mg (step-up dose 1) on Day 1, 0.8 mg (step-up dose 2) on Day 8, 3 mg (step-up dose 3) on Day 15, 48 mg (full dose) on Day 22
  - Cycles 2-3: 48 mg weekly
  - Cycles 4-9: 48 mg every 2 weeks
  - Cycles 10+: 48 mg every 4 weeks

Recommended pre- and post-administration medications to reduce the risk of CRS

Between 30 and 120 minutes prior to administration of EPKINLY, administer the following medications:

- Cycle 1: For all patients, administer prior to each weekly administration of EPKINLY
  - **Dexamethasone*** (15 mg oral or IV) or **prednisolone** (100 mg oral or IV) or equivalent
    - Continue for 3 consecutive days following each weekly administration of EPKINLY
  - **Diphenhydramine** (50 mg oral or IV) or equivalent
  - **Acetaminophen** (650 mg-1000 mg oral)
- Cycles 2+: For patients who experienced Grade 2 or 3† CRS with previous dose, administer prior to next administration until EPKINLY is given without subsequent CRS of Grade 2 or higher
  - **Dexamethasone*** (15 mg oral or IV) or **prednisolone** (100 mg oral or IV) or equivalent
    - Continue for 3 consecutive days following administration of EPKINLY

*Dexamethasone is the preferred corticosteroid when available.
†Patients will be permanently discontinued from EPKINLY after a Grade 4 CRS event.

Monitoring patients for CRS

- Due to the risk of CRS, monitor all patients for signs and symptoms
  - 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
- Signs and symptoms of CRS can include pyrexia, hypotension, hypoxia, dyspnea, chills, and tachycardia
- Concurrent neurological adverse reactions associated with CRS occurred in 4.7% of patients with FL and included headache, confusional state, tremors, dizziness, and ataxia
- At the first signs or symptoms of CRS, immediately evaluate patients for hospitalization, manage per current practice guidelines, and administer supportive care as appropriate. Withhold or discontinue EPKINLY based on the severity of CRS



Counseling patients about CRS

- Inform patients and their care partners of the risk of CRS
- Advise them to immediately contact their HCP should signs and symptoms associated with CRS occur. These can include pyrexia, hypotension, hypoxia, chills, tachycardia, headache, and dyspnea
- Advise patients who experience symptoms that impair consciousness not to drive and refrain from operating heavy or potentially dangerous machinery until events resolve

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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ICANS events in EPCORE® NHL-1 in 3L+ FL patients[1]

In patients with FL who received EPKINLY following the 2-step up dosage schedule (n=127)[1]

- ICANS events occurred in 6% (8/127) of patients with FL receiving EPKINLY, utilizing the 2-step up dosage schedule
  - 3.9% Grade 1, 2.4% Grade 2
- The median time to onset of ICANS was 22 days (range: 14 to 66 days) from the start of treatment
- Relative to the most recent administration, the median time to onset was 3 days (range: 0.4 to 7 days)
- ICANS resolved in 100% of patients
  - The median duration of ICANS was 2 days (range: 1 to 7 days)
- The median duration of exposure for patients was 8 cycles (range: 1 to 33 cycles)

In patients who received EPKINLY following the recommended 3-step up dosage schedule (n=86)[1,8]

- No ICANS events were observed at the time of analysis. The median exposure for patients in the dose optimization cohort was 5 cycles (range: 1 to 12 cycles). No conclusions regarding the rate of ICANS can be made, as exposure may not be sufficient in this cohort

Monitor patients for potential ICANS. At the first signs or symptoms of 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 and ICANS grading and management recommendations.

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.

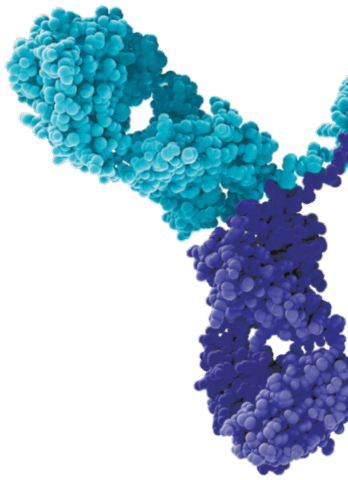
- The onset of ICANS can be concurrent with CRS, following resolution of CRS, or in the absence of CRS. Clinical manifestations of ICANS included, but were not limited to, confusional state, lethargy, tremor, dysgraphia, aphasia, and non-convulsive status epilepticus.

EPKINLY dosing considerations for ICANS

- EPKINLY should only be administered by a qualified HCP with appropriate medical support to manage severe reactions such as ICANS
- Administer EPKINLY subcutaneously in 28-day cycles until disease progression or unacceptable toxicity according to the 3-step up dosage schedule:
  - Cycle 1: 0.16 mg (step-up dose 1) on Day 1, 0.8 mg (step-up dose 2) on Day 8, 3 mg (step-up dose 3) on Day 15, 48 mg (full dose) on Day 22
  - Cycles 2-3: 48 mg weekly
  - Cycles 4-9: 48 mg every 2 weeks
  - Cycles 10+: 48 mg every 4 weeks

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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ICANS events in EPCORE® NHL-1 in 3L+ FL patients[1] (cont'd)

Monitoring patients for ICANS

- Due to the risk of ICANS, monitor all patients for signs and symptoms
- Signs and symptoms of ICANS can include confusional state, lethargy, tremor, dysgraphia, aphasia, and nonconvulsive status epilepticus
- The onset of ICANS can be concurrent with CRS, following resolution of CRS, or in the absence of CRS
- At the first signs or symptoms of ICANS, immediately evaluate patient and provide supportive therapy based on severity. Withhold or discontinue EPKINLY per recommendations and consider further management per current practice guidelines

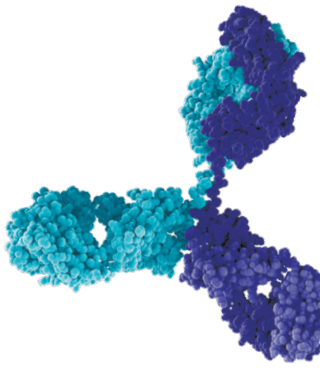
Counseling patients about ICANS

- Advise patients and their care partners of the risks of ICANS and to immediately contact their HCP for signs and symptoms of ICANS. The onset of events may be delayed and can include:

  - confusional state
  - lethargy
  - tremor
  - dysgraphia
  - aphasia
  - nonconvulsive status epilepticus

- Advise patients who experience symptoms of ICANS that impair consciousness to refrain from driving or operating heavy or potentially dangerous machinery until symptoms of ICANS resolve

SEE THE "MANAGING ICANS IF IT OCCURS" SECTION IF YOU SUSPECT YOUR PATIENT IS EXPERIENCING SYMPTOMS (PAGES 26-29)



Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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CRS

Managing CRS if it occurs[1]

What to do if CRS is suspected

- Identify CRS based on clinical presentation. Evaluate for and treat other causes of fever, hypotension, and hypoxia
- If CRS is suspected, withhold EPKINLY until CRS resolves
- Manage according to the recommendations in the following table (from Section 2.6 Table 7 of full Prescribing Information) and consider further management per current practice guidelines
- Administer supportive therapy for CRS, which may include intensive care for severe or life-threatening CRS

Recommendations for management of CRS

Grade 1[a]	Actions
Temperature ≥100.4 °F (38 °C)[b]	**Withhold EPKINLY** • Manage per current practice guidelines • Ensure CRS symptoms are resolved prior to next dose of EPKINLY[c]

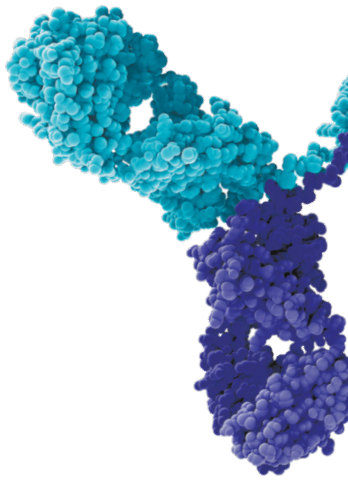
Grade 2[a]	Actions
Temperature ≥100.4 °F (38 °C)[b] **with** Hypotension not requiring vasopressors **and/or** Hypoxia requiring low-flow oxygen[e] by nasal cannula or blow-by	**Withhold EPKINLY** • Manage per current practice guidelines • Ensure CRS symptoms are resolved prior to next dose of EPKINLY[c] • Administer premedication[d] prior to next dose of EPKINLY • For the next dose of EPKINLY, monitor more frequently and consider hospitalization

[a]Based on ASTCT 2019 grading for CRS.
[b]Premedication may mask fever, therefore if clinical presentation is consistent with CRS, follow these management guidelines.
[c]Refer to Table 4 or 5 in Section 2.3 of the Prescribing Information for information on restarting EPKINLY after dosage delays.
[d]If Grade 2 or 3 CRS occurs with the second full dose (48 mg) or beyond, administer CRS pre- and post-administration medications with each subsequent dose until an EPKINLY dose is given without subsequent CRS of Grade 2 or higher. Refer to Table 6 in Section 2.4 of the Prescribing Information for additional information on pre- and post-administration medications.
[e]Low-flow oxygen defined as oxygen delivered at <6 L/minute; high-flow oxygen defined as oxygen delivered at ≥6 L/minute.

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

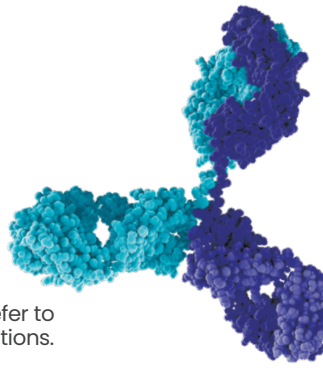
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CRS Managing CRS if it occurs[1] (cont'd)



Grade 3[a]	Actions
Temperature ≥100.4 °F (38 °C)[b] **with** Hypotension requiring a vasopressor (with or without vasopressin) **and/or** Hypoxia requiring high-flow oxygen[e] by nasal cannula, face mask, non-rebreather mask, or Venturi mask	**Withhold EPKINLY** ● Manage per current practice guidelines, which may include intensive care ● Ensure CRS symptoms are resolved prior to next dose of EPKINLY[c] ● Administer premedication[d] prior to next dose of EPKINLY ● Hospitalize for next dose of EPKINLY **Recurrent Grade 3 CRS** **Permanently discontinue EPKINLY** ● Manage CRS per current practice guidelines and provide supportive therapy, which may include intensive care

Grade 4[a]	Actions
Temperature ≥100.4 °F (38 °C)[b] **with** Hypotension requiring multiple vasopressors (excluding vasopressin) **and/or** Hypoxia requiring oxygen by positive pressure (eg, CPAP, BiPAP, intubation and mechanical ventilation)	**Permanently discontinue EPKINLY** ● Manage CRS per current practice guidelines and provide supportive therapy, which may include intensive care



[a]Based on ASTCT 2019 grading for CRS.
[b]Premedication may mask fever, therefore if clinical presentation is consistent with CRS, follow these management guidelines.
[c]Refer to Table 4 or 5 in Section 2.3 of the Prescribing Information for information on restarting EPKINLY after dosage delays.
[d]If Grade 2 or 3 CRS occurs with the second full dose (48 mg) or beyond, administer CRS pre- and post-administration medications with each subsequent dose until an EPKINLY dose is given without subsequent CRS of Grade 2 or higher. Refer to Table 6 in Section 2.4 of the Prescribing Information for additional information on pre- and post-administration medications.
[e]Low-flow oxygen defined as oxygen delivered at <6 L/minute; high-flow oxygen defined as oxygen delivered at ≥6 L/minute.

BiPAP=bilevel positive airway pressure; CPAP=continuous positive airway pressure.

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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ICANS Managing ICANS if it occurs[1]

What to do if ICANS is suspected

- At first sign of ICANS, withhold EPKINLY and consider neurology evaluation. Rule out other causes of neurologic symptoms. Provide supportive therapy, which may include intensive care, for ICANS
- Manage according to the recommendations in the following table (from Section 2.6 Table 8 of full Prescribing Information) and consider further management per current practice guidelines

Recommendations for management of ICANS

Grade 1[a,b]	Actions
ICE score 7–9[c] **or** **Depressed level of consciousness[d]:** ● Awakens spontaneously	**Withhold EPKINLY until ICANS resolves[e]** ● Monitor neurologic symptoms and consider consultation with neurologist and other specialists for further evaluation and management, including consideration for starting nonsedating, antiseizure medicines for seizure prophylaxis
Grade 2[a,b]	**Actions**
ICE score 3–6[c] **or** **Depressed level of consciousness[d]:** ● Awakens to voice	**Withhold EPKINLY until ICANS resolves[e]** ● Administer dexamethasone[f] 10 mg intravenously every 6 hours. Continue dexamethasone use until resolution to Grade 1 or less, then taper ● Monitor neurologic symptoms and consider consultation with neurologist and other specialists for further evaluation and management, including consideration for starting nonsedating, antiseizure medicines for seizure prophylaxis

[a]Based on ASTCT 2019 grading for ICANS.
[b]Management is determined by the most severe event, not attributable to any other cause.
[c]See ICE assessment tool on page 29. If patient is unarousable and unable to perform ICE Assessment (Grade 4 ICANS) = 0 points.
[d]Not attributable to any other cause.
[e]See Table 4 or 5 in Section 2.3 of the Prescribing Information for recommendations on restarting EPKINLY after dosage delays.
[f]All references to dexamethasone administration are dexamethasone or equivalent.

ICE=immune effector cell–associated encephalopathy.

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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ICANS Managing ICANS if it occurs[1] (cont'd)

Grade 3[a,b]	Actions
ICE score 0–2[c] **or** **Depressed level of consciousness[d]:** ● Awakens only to tactile stimulus **or** **Seizures,[d] either:** ● Any clinical seizure, focal or generalized, that resolves rapidly, or ● Nonconvulsive seizures on electroencephalogram (EEG) that resolve with intervention **or** **Raised intracranial pressure:** focal/local edema on neuroimaging[d]	**First occurrence of Grade 3 ICANS** **Withhold EPKINLY until ICANS resolves[e]** ● Administer dexamethasone[f] 10 mg intravenously every 6 hours. Continue dexamethasone use until resolution to Grade 1 or less, then taper ● Monitor neurologic symptoms and consider consultation with neurologist and other specialists for further evaluation and management, including consideration for starting nonsedating, antiseizure medicines for seizure prophylaxis ● Provide supportive therapy, which may include intensive care **Recurrent Grade 3 ICANS** **Permanently discontinue EPKINLY** ● Administer dexamethasone[f] 10 mg intravenously every 6 hours. Continue dexamethasone use until resolution to Grade 1 or less, then taper ● Monitor neurologic symptoms and consider consultation with neurologist and other specialists for further evaluation and management, including consideration for starting nonsedating, antiseizure medicines for seizure prophylaxis ● Provide supportive therapy, which may include intensive care

[a]Based on ASTCT 2019 grading for ICANS.
[b]Management is determined by the most severe event, not attributable to any other cause.
[c]See ICE assessment tool on page 29. If patient is unarousable and unable to perform ICE Assessment (Grade 4 ICANS) = 0 points.
[d]Not attributable to any other cause.
[e]See Table 4 or 5 in Section 2.3 of the Prescribing Information for recommendations on restarting EPKINLY after dosage delays.
[f]All references to dexamethasone administration are dexamethasone or equivalent.

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ICANS Managing ICANS if it occurs[1] (cont'd)

Grade 4[a,b]	Actions
ICE score 0[c] **or** **Depressed level of consciousness,[d] either:** ● Patient is unarousable or requires vigorous or repetitive tactile stimuli to arouse, or ● Stupor or coma **or** **Seizures,[d] either:** ● Life-threatening prolonged seizure (>5 minutes), or ● Repetitive clinical or electrical seizures without return to baseline in between **or** **Motor findings[d]:** ● Deep focal motor weakness, such as hemiparesis or paraparesis **or** **Raised intracranial pressure/cerebral edema,[d] with signs/symptoms such as:** ● Diffuse cerebral edema on neuroimaging, or ● Decerebrate or decorticate posturing, or ● Cranial nerve VI palsy, or ● Papilledema, or ● Cushing's triad	**Permanently discontinue EPKINLY** ● Administer dexamethasone[f] 10 mg intravenously every 6 hours. Continue dexamethasone use until resolution to Grade 1 or less, then taper ● Alternatively, consider administration of methylprednisolone 1000 mg per day intravenously and continue methylprednisolone 1000 mg per day intravenously for 2 or more days ● Monitor neurologic symptoms and consider consultation with neurologist and other specialists for further evaluation and management, including consideration for starting nonsedating, antiseizure medicines for seizure prophylaxis ● Provide supportive therapy, which may include intensive care

FOR THE ICE ASSESSMENT TOOL, PLEASE SEE PAGE 29

[a]Based on ASTCT 2019 grading for ICANS.
[b]Management is determined by the most severe event, not attributable to any other cause.
[c]See ICE assessment tool on page 29. If patient is unarousable and unable to perform ICE Assessment (Grade 4 ICANS) = 0 points.
[d]Not attributable to any other cause.
[e]See Table 4 or 5 in Section 2.3 of the Prescribing Information for recommendations on restarting EPKINLY after dosage delays.
[f]All references to dexamethasone administration are dexamethasone or equivalent.

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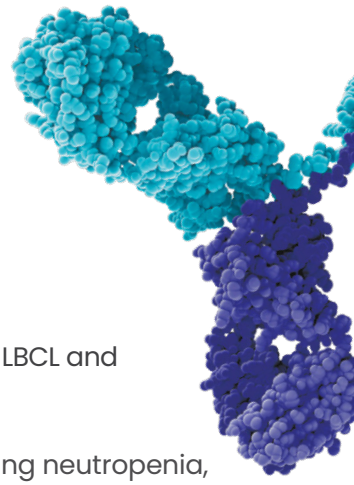
ICANS Managing ICANS if it occurs[1] (cont'd)

ICE assessment tool

Cognitive domain	Task	Points
Orientation	Orientation to year Orientation to month Orientation to city Orientation to hospital	1 1 1 1
Naming	Ability to name 3 common objects (eg, point to clock, pen, button)	3
Following commands	Ability to follow simple commands (eg, "Show me 2 fingers" or "Close your eyes and stick out your tongue")	1
Writing	Ability to write a standard sentence (eg, "Our national bird is the bald eagle")	1
Attention	Ability to count backward from 100 by 10	1
Maximum ICE score		**10**

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Managing other adverse reactions[1]

Infections in the clinical trials

Infections: EPKINLY can cause serious and fatal infections.

3L+ DLBCL/HGBCL

In patients receiving EPKINLY at the recommended 2-step up dosage schedule:

- Serious infections, including opportunistic infections, were reported in 15% of patients with LBCL and were most commonly due to sepsis (4.5%) and pneumonia (3.2%)
- Fatal infections occurred in 1.3% of patients and were due to COVID-19
- EPKINLY can cause serious and fatal infections, and serious or severe cytopenias, including neutropenia, lymphopenia, anemia, and thrombocytopenia

2L+ FL

In patients receiving EPKINLY + R[2]:

- Serious infections occurred in 28% of patients with FL and were most commonly due to pneumonia (15%), COVID-19 (7%), opportunistic infections (5%), and upper respiratory infections (3.3%)
- The most common opportunistic infections of any grade were cytomegalovirus infection (7%) and herpesvirus infection (7%)

3L+ FL

In patients receiving EPKINLY monotherapy following the 2-step up dosage schedule:

- Serious infections, including opportunistic infections, were reported in 40% of patients with FL and were most commonly due to COVID-19 (20%), pneumonia (13%), and urinary tract infections (3%)
- Fatal infections occurred in 6% of patients and included COVID-19 (5%), pneumonia (0.8%), and sepsis (0.8%)

3L+ DLBCL/HGBCL and 2L+ FL

- 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, six resulted in fatal outcomes and one was unresolved at the time of death

Cytopenia events in the clinical trials

Cytopenias: EPKINLY can cause serious or severe cytopenias.

3L+ DLBCL/HGBCL

- Among LBCL patients receiving EPKINLY at the recommended 2-step up dosage schedule, Grade 3 or 4 decreased neutrophils occurred in 32% (Grade 4, 14%), decreased hemoglobin in 12% (Grade 4, 0%), and decreased platelets in 12% (Grade 4, 7%) of patients. Febrile neutropenia occurred in 2.5% (Grade 4, 0.6%)

2L+ FL

- In patients with FL who received EPKINLY + R[2], 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%)

3L+ FL

- In patients with FL who received EPKINLY 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% of patients (Grade 4, 4%). Febrile neutropenia occurred in 3.1% (Grade 4, 0%)

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Managing other adverse reactions[1] (cont'd)

Prior to and after administration

- Avoid administration of EPKINLY in patients with active infections
- Provide *Pneumocystis jirovecii* pneumonia (PJP) prophylaxis during treatment with EPKINLY
- Consider providing prophylaxis against herpesvirus during treatment with EPKINLY to prevent herpes simplex and herpes zoster
- Monitor patients for signs and symptoms of infection and treat appropriately
- Monitor complete blood counts throughout treatment
- Based on the severity of cytopenias, temporarily withhold or permanently discontinue EPKINLY. Consider prophylactic granulocyte colony-stimulating factor administration as applicable

Counseling patients

- Advise patients of the risk of serious infections and to contact their HCP for signs or symptoms of serious infection
- Discuss the signs and symptoms associated with cytopenias, including neutropenia and febrile neutropenia, anemia, and thrombocytopenia

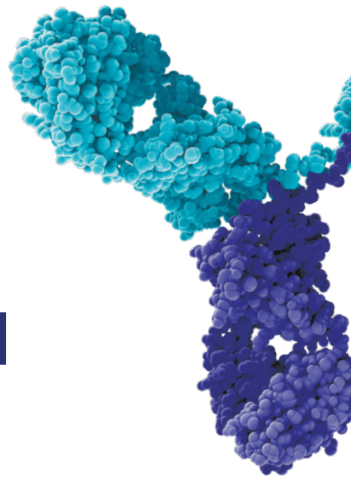
Recommended dosage modification for other adverse reactions when EPKINLY is given as monotherapy

Adverse reaction	Severity[a]	Action
Infections	Grades 1-4	**Withhold EPKINLY** ● In patients with active infection, until the infection resolves[b] ● For Grade 4, consider permanent discontinuation of EPKINLY
Neutropenia	Absolute neutrophil count (ANC) <0.5 x 10^9/L	**Withhold EPKINLY** ● Until ANC ≥0.5 x 10^9/L[b]
Thrombocytopenia	Platelet count <50 x 10^9/L	**Withhold EPKINLY** ● Until platelet count ≥50 x 10^9/L[b]
Other adverse reactions	Grade 3 or higher	**Withhold EPKINLY** ● Until the toxicity resolves to Grade 1 or baseline[b]

[a]Based on National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE), version 5.0.
[b]See Table 4 or 5 in Section 2.3 of the Prescribing Information for recommendations on restarting EPKINLY after dosage delays in patients with DLBCL and FL, respectively.

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

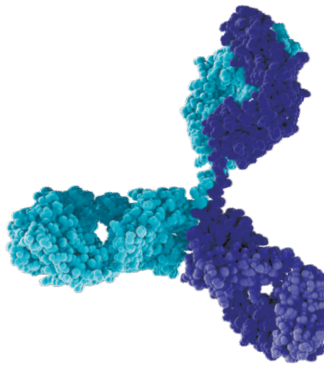
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Managing other adverse reactions[1] (cont'd)

Recommended dosage modifications for other adverse reactions when EPKINLY is given in combination with R[2]

Adverse reaction	Severity[a]	Action[b]
Neutropenia	ANC <0.5 x 10^9/L	● Consider G-CSF ⏸ **Withhold EPKINLY** ● Until ANC ≥1 x 10^9/L[c] ● Withhold lenalidomide for remainder of cycle. On Day 1 of next cycle, the dose of lenalidomide may be maintained if neutropenia was the only toxicity limiting lenalidomide dosing
Febrile neutropenia	Grade 3 or higher	● Consider G-CSF ⏸ **Withhold EPKINLY** ● Until fever resolves and ANC ≥1 x 10^9/L[c] ● Withhold lenalidomide for remainder of cycle. On Day 1 of next cycle, dose of lenalidomide may be maintained if febrile neutropenia was the only toxicity limiting lenalidomide dosing
Thrombocytopenia	Platelet count <50 x 10^9/L	⏸ **Withhold EPKINLY** ● Until platelet count ≥50 x 10^9/L[c] ● Withhold lenalidomide for remainder of cycle. Decrease lenalidomide dose for next cycle
Other adverse reactions	Grade 3	**For first episode,** ⏸ **Withhold EPKINLY** ● Until improvement to Grade 2 or less or resolution to baseline[c] **For second episode,** ✋ **Permanently discontinue EPKINLY** if clinically indicated[c]
	Grade 4	✋ **Permanently discontinue EPKINLY** at discretion of HCP



[a]Based on NCI CTCAE, version 5.0.
[b]Refer to lenalidomide prescribing information for additional toxicity guidelines.
[c]See Table 5 in Section 2.3 of the Prescribing Information for recommendations on restarting EPKINLY after dosage delays in patients with FL.

G-CSF=granulocyte-colony stimulating factor.

Please see Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see full Prescribing Information, including Boxed Warnings.

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

Additional resources are available to help you, your patients, and their care partners

- **Dose Preparation and Administration Guide**
  A comprehensive resource that explains how EPKINLY is supplied, prepared, and administered, and provides recommendations on premedications and dosage schedule
- **Wallet Card** (also available in Spanish)
  A card for patients or care partners to fill out and to keep with them in case an HCP needs quick access to their important treatment-related information
- **3L+ DLBCL/HGBCL Patient Brochure**
- **2L+ FL Patient Brochure**
- **3L+ FL Patient Brochure**

Each brochure provides an overview of EPKINLY specific to its indication, informing patients and their care partners on what they need to know about starting treatment

DOWNLOAD: RESOURCES FOR YOUR PATIENTS AND YOUR PRACTICE

Please see Indications and Important Safety Information, including Boxed Warnings for CRS and ICANS, on pages 3-4 and throughout this brochure. Please see accompanying full Prescribing Information, including Boxed Warnings.

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