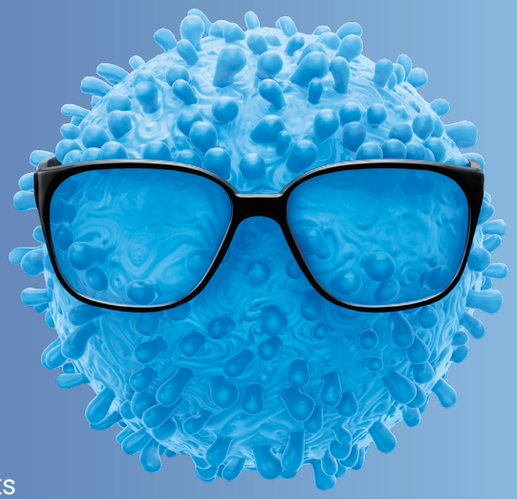
R/R FL

EXCEPTIONAL RESPONSE

IN R/R FOLLICULAR LYMPHOMA (FL)[1]



Deep, durable responses with a safety profile you can count on[1]

In TRANSCEND FL, 96% of patients (90/94) achieved ORR (primary endpoint) with a DOR rate of 77.1% at 18 months.

In clinical trials of Breyanzi (N=702), 54% of patients experienced any grade CRS, including 3.2% of patients with Grade ≥3 CRS. 31% of patients experienced NT, including 10% of patients who experienced Grade ≥3 NT.*

*Median time to onset of CRS was 5 (range 1-63) days; median duration was 5 (range 1-37) days. Median time to onset for NT was 8 (range 1-63) days; median duration was 7 (range 1-119) days.[1]

See page 3 for study design details.

CRS, cytokine release syndrome; DOR, duration of response; NT, neurologic toxicity; ORR, overall response rate; R/R, relapsed or refractory.

INDICATION

BREYANZI is a CD19-directed genetically modified autologous T cell immunotherapy indicated for the treatment of:

- adult patients with relapsed or refractory follicular lymphoma (FL) who have received 2 or more prior lines of systemic therapy. This indication is approved under accelerated approval based on response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).

Important Safety Information

WARNING: CYTOKINE RELEASE SYNDROME, NEUROLOGIC TOXICITIES, AND SECONDARY HEMATOLOGICAL MALIGNANCIES

- **Cytokine Release Syndrome (CRS), including fatal or life-threatening reactions, occurred in patients receiving BREYANZI. Do not administer BREYANZI to patients with active infection or inflammatory disorders. Treat severe or life-threatening CRS with tocilizumab with or without corticosteroids.**
- **Neurologic toxicities, including fatal or life-threatening reactions, occurred in patients receiving BREYANZI, including concurrently with CRS, after CRS resolution, or in the absence of CRS. Monitor for neurologic events after treatment with BREYANZI. Provide supportive care and/or corticosteroids as needed.**
- **T cell malignancies have occurred following treatment of hematologic malignancies with BCMA- and CD19-directed genetically modified autologous T cell immunotherapies, including BREYANZI.**
- **BREYANZI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the BREYANZI REMS.**

See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

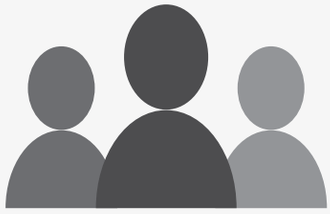
Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

UNMET NEED

Patients with R/R FL continue to relapse due to this chronic and incurable disease[2,3]

FL isn't curable, and patients continue to experience shorter remissions with disease progression[2]

- After 2 lines of treatment, relapses are still expected[3,4]



Most therapies involve complicated dosing schedules and cumulative toxicity[2,5]

YOUR PATIENTS DESERVE MORE OPTIONS

An established treatment that delivers high response rates and durable outcomes with one infusion in R/R FL

A PHASE 2, OPEN-LABEL, MULTICENTER, SINGLE-ARM TRIAL[1]

Giving patients with R/R FL a chance to benefit with Breyanzi®[1]

Screening

Broad eligibility in TRANSCEND FL[1,6]

- Adult patients with R/R FL Grade 1, 2, or 3A; with or without high-risk disease who have received 2 or more prior lines of systemic therapy (including an anti-CD20 antibody and an alkylating agent)
- ECOG PS **0-1**
- LVEF **≥40%**
- CrCl **>30 mL/min**
- ALT **≤5 × ULN**

- Wide range of prior therapies (range: 2-10)
- Received combination of anti-CD20 antibody and alkylator*
- **No upper age limit** (studied across a broad age range; ages 23-80)
- **With or without high-risk markers** (eg, POD24, GELF ≥1, double refractory)

Breyanzi manufacturing[1]

- Bridging chemotherapy was permitted between leukapheresis and lymphodepleting chemotherapy

Of 114 patients who underwent leukapheresis, 107 received Breyanzi and the median dose administered was 100.02 x 10^6 CAR-positive viable T cells (range: 93.4 to 109.2 x 10^6 CAR-positive viable T cells).

The primary efficacy analysis included 94 patients who had PET-positive disease at study baseline or confirmation of PET-positive disease after bridging therapy, received conforming product in intended dose range, and had at least 9 months of follow-up from the date of first response.

Lymphodepletion[1†]

FLU 30 mg/m² and CY 300 mg/m² × 3 days

Breyanzi infusion[1]

2 to 7 days after FLU/CY, planned dose of 100 × 10^6 CAR+ T cells

- Primary endpoint: **ORR**[1‡]
- Select secondary endpoints: **CR, DOR, PFS, safety**[6]

Identify eligible patients early and seek a consultation with a certified CAR T cell therapy treatment center to evaluate them for Breyanzi

*65% of patients are double refractory to any line of therapy of an anti-CD20 antibody and alkylator.[6] †Measurable disease reconfirmed prior to lymphodepletion.[6] ‡Best overall response of complete response or partial response, per Independent Review Committee using Lugano 2014 criteria.[1]

ALT, alanine aminotransferase; CrCl, creatinine clearance; CR, complete response; CY, cyclophosphamide; ECOG PS, Eastern Cooperative Oncology Group performance status; FLU, fludarabine; GELF, Groupe d'Etude des Lymphomes Folliculaires criteria; LVEF, left ventricular ejection fraction; PET, positron emission tomography; PFS, progression-free survival; ULN, upper limit of normal.

Select Important Safety Information

Cytokine Release Syndrome: Cytokine release syndrome (CRS), including fatal or life-threatening reactions, occurred following treatment with BREYANZI. In clinical trials of BREYANZI, which enrolled a total of 702 patients with non-Hodgkin lymphoma (NHL), CRS occurred in 54% of patients, including ≥ Grade 3 CRS in 3.2% of patients. The median time to onset was 5 days (range: 1 to 63 days). CRS resolved in 98% of patients with a median duration of 5 days (range: 1 to 37 days). One patient had fatal CRS and 5 patients had ongoing CRS at the time of death. The most common manifestations of CRS (≥10%) were fever, hypotension, tachycardia, chills, hypoxia, and headache.

See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

Studied in patients you are likely to see in your practice[1,6]

Age[1]	
Median age, range	63 (23-80)
Male	62%

Prior therapies[6]	
HSCT	29%
Rituximab and lenalidomide	20%

FLIPI at screening[6]	
High risk (3-5)	61%
Intermediate risk (2)	29%
Low risk (0-1)	11%
Patients with Stage III-IV disease	89%

Previous treatment response/high-risk features[6]	
Refractory to last systemic therapy	34%
Double refractory (anti-CD20 and alkylator)	65%
POD24	50%
GELF ≥1	51%

The median number of prior systemic therapies was 3 (range: 2 to 10), with 46% receiving 2 prior lines, 22% receiving 3 prior lines, and 32% receiving ≥4 prior lines.[1]

In the trial, 40% of patients received bridging therapy[1]

Median time from completion of most recent treatment to relapse was 2 months[6*†]

*Median time to progression or stable disease if missing progression date is based on N=94.[6] †Median time from initial FL diagnosis to Breyanzi® infusion was 5.1 years.[6]

FLIPI, FL international prognostic index; GELF, Groupe d'Etude des Lymphomes Folliculaires criteria; HSCT, hematopoietic stem cell transplantation; PET, positron emission tomography; POD24, disease progression within 24 months of diagnosis.

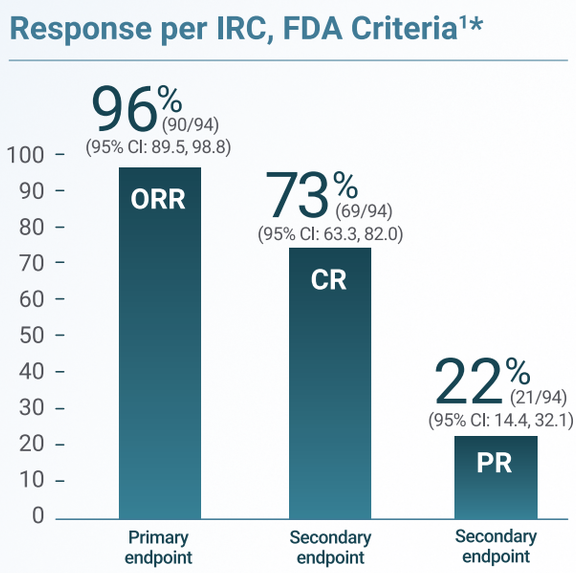
See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

3L+ RESPONSE

96% of patients achieved a response, with 73% achieving a complete response[1]

Response rates in the TRANSCEND FL trial (N=94)



Median follow-up: 17 months[6]

*ORR was evaluated per the Lugano criteria and is defined as the percentage of patients achieving a best overall response of either a PR or CR, as assessed by an IRC. CR required a negative bone marrow biopsy after treatment in patients who did not have a negative bone marrow biopsy between their most recent disease progression and prior to initiation of lymphodepleting chemotherapy.[1]

3L, third-line; CI, confidence interval; IRC, Independent Review Committee; PR, partial response.

Select Important Safety Information

Cytokine Release Syndrome (cont'd): Serious events that may be associated with CRS include cardiac arrhythmias (including atrial fibrillation and ventricular tachycardia), cardiac arrest, cardiac failure, diffuse alveolar damage, renal insufficiency, capillary leak syndrome, hypotension, hypoxia, and hemophagocytic lymphohistiocytosis/macrophage activation syndrome (HLH/MAS).

Ensure that 2 doses of tocilizumab are available prior to infusion of BREYANZI.

Neurologic Toxicities: Neurologic toxicities that were fatal or life-threatening, including immune effector cell-associated neurotoxicity syndrome (ICANS), occurred following treatment with BREYANZI. Serious events including cerebral edema and seizures occurred with BREYANZI. Fatal and serious cases of leukoencephalopathy, some attributable to fludarabine, also occurred.

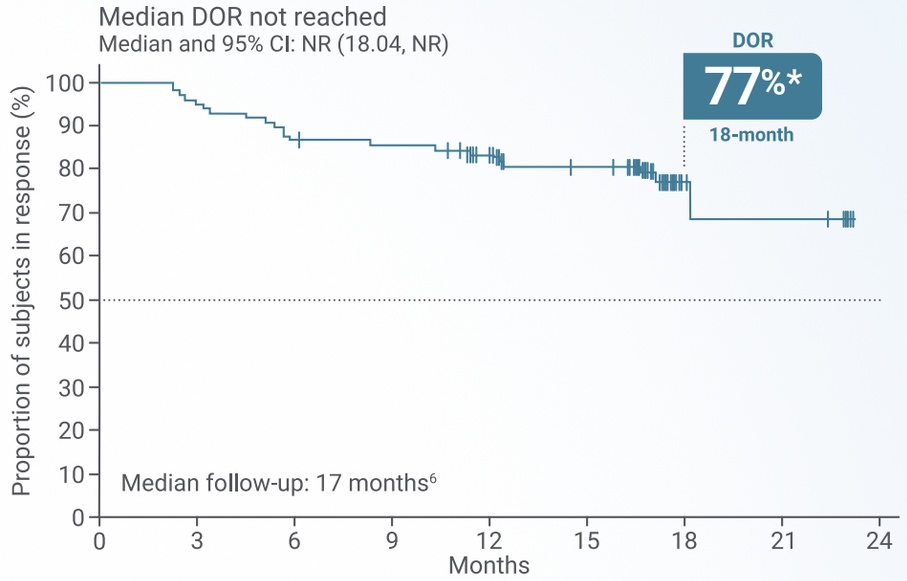
See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

3L+ DOR AT 18 MONTHS

Deep and durable responses[1]

Duration of response in the TRANSCEND FL trial (90/94)[1,6]



Number of subjects at risk (censored patients)

3L+ FL	90 (0)	84 (0)	77 (0)	76 (0)	61 (12)	48 (12)	8 (39)	7 (0)	0 (7)

Most patients continued to respond for the duration of the follow-up period after a **one-time† infusion**[1]

*Based on KM estimates.[6] †Treatment process can take approximately 2 to 3 months and includes leukapheresis, manufacturing, administration, and adverse event monitoring.[1]

NR, not reached.

Select Important Safety Information

Neurologic Toxicities (cont'd): In clinical trials of BREYANZI, CAR T cell-associated neurologic toxicities occurred in 31% of patients, including ≥ Grade 3 cases in 10% of patients. The median time to onset of neurotoxicity was 8 days (range: 1 to 63 days). Neurologic toxicities resolved in 88% of patients with a median duration of 7 days (range: 1 to 119 days). Of patients developing neurotoxicity, 82% also developed CRS.

The most common neurologic toxicities (≥5%) included encephalopathy, tremor, aphasia, headache, dizziness, and delirium.

CRS and Neurologic Toxicities Monitoring: Monitor patients daily for at least 7 days following BREYANZI infusion at a REMS-certified healthcare facility for signs and symptoms of CRS and neurologic toxicities and assess for other causes of neurological symptoms. Monitor patients for signs and symptoms of CRS and neurologic toxicities for at least 4 weeks after infusion and treat promptly. At the first sign of CRS, institute treatment with supportive care, tocilizumab, or tocilizumab and corticosteroids as indicated. Manage neurologic toxicity with supportive care and/or corticosteroid as needed. Counsel patients to seek immediate medical attention should signs or symptoms of CRS or neurologic toxicity occur at any time.

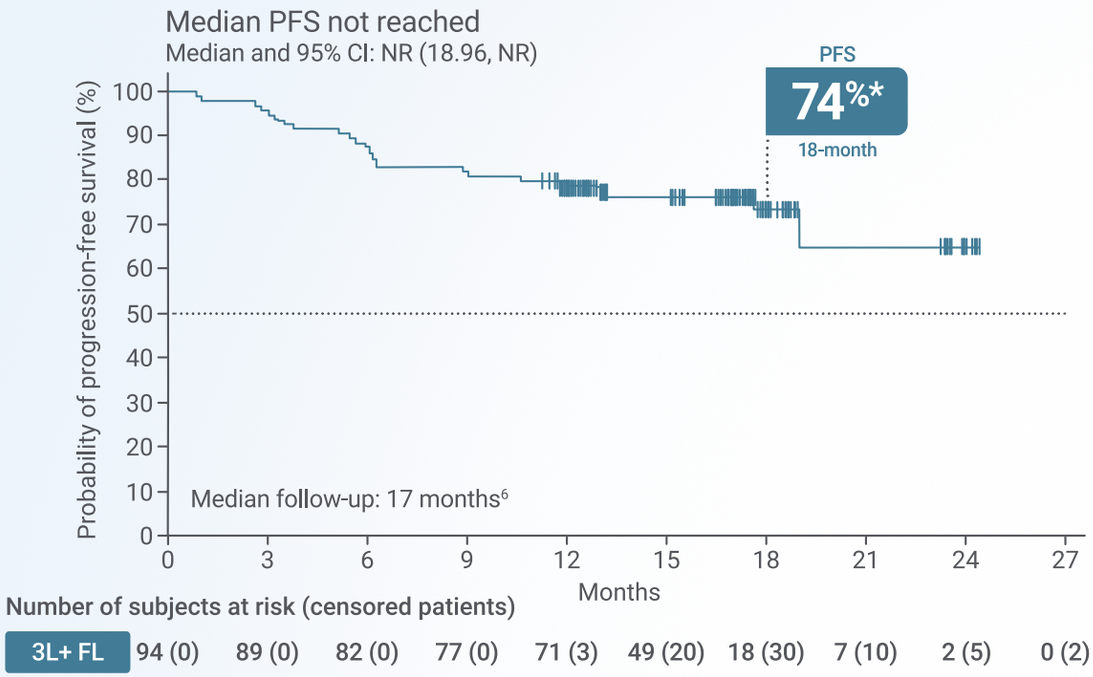
See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

3L+ PFS

74% of patients survived with no sign of disease progression at 18 months[6]

PFS in the TRANSCEND FL trial (90/94)[6]



Number of subjects at risk (censored patients)

3L+ FL	94 (0)	89 (0)	82 (0)	77 (0)	71 (3)	49 (20)	18 (30)	7 (10)	2 (5)	0 (2)

PFS was a secondary endpoint in the TRANSCEND FL study and was not statistically tested in the setting of a single-arm trial. PFS data are not in the Prescribing Information and should be interpreted with caution.

*Based on KM estimates.[6]

mPFS, median progression-free survival.

Select Important Safety Information

BREYANZI REMS: Because of the risk of CRS and neurologic toxicities, BREYANZI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the BREYANZI REMS. The required components of the BREYANZI REMS are:

- Healthcare facilities that dispense and administer BREYANZI must be enrolled and comply with the REMS requirements.
- Certified healthcare facilities must have on-site, immediate access to tocilizumab.
- Ensure that a minimum of 2 doses of tocilizumab are available for each patient for infusion within 2 hours after BREYANZI infusion, if needed for treatment of CRS.

Further information is available at www.BreyanziREMS.com, or contact Bristol-Myers Squibb at 1-866-340-7332.

See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

SAFETY (CRS)

3.2% Grade ≥3 CRS events reported in Breyanzi® trials[1,8]

The majority of CRS events occurred early and resolved in <30 days

54%
(381/702)
Any Grade CRS

3.2%
(23/702)
Grade ≥3 CRS

5 Median days to onset
Range: 1-63 days

5 Median days of duration
Range: 1-37 days

CRS-related clinical trial details[1]

- 29.5% of patients received tocilizumab and/or corticosteroids
  - 1.7% received corticosteroids only
  - 14.5% received tocilizumab only
  - Prophylactic systemic corticosteroids were not used in Breyanzi trials
- CRS resolved in 98% of patients with a median duration of 5 (range 1-37) days
- One patient had fatal CRS and 5 patients had ongoing CRS at the time of death
- The most common manifestations of CRS (≥10%) included fever, hypotension, chills, tachycardia, hypoxia, and headache

Breyanzi offers the flexibility of inpatient or outpatient administration for appropriate patients[1]

Select Important Safety Information

Hypersensitivity Reactions: Allergic reactions may occur with the infusion of BREYANZI. Serious hypersensitivity reactions, including anaphylaxis, may be due to dimethyl sulfoxide (DMSO).

Serious Infections: Severe infections, including life-threatening or fatal infections, have occurred in patients after BREYANZI infusion. In clinical trials of BREYANZI, infections of any grade occurred in 34% of patients, with Grade 3 or higher infections occurring in 12% of all patients. Grade 3 or higher infections with an unspecified pathogen occurred in 7%, bacterial infections in 3.7%, viral infections in 2%, and fungal infections in 0.7% of patients. One patient who received 4 prior lines of therapy developed a fatal case of John Cunningham (JC) virus progressive multifocal leukoencephalopathy 4 months after treatment with BREYANZI. One patient who received 3 prior lines of therapy developed a fatal case of cryptococcal meningoencephalitis 35 days after treatment with BREYANZI.

See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

Cytokine release syndrome warnings and precautions[1]

- CRS, including fatal or life-threatening reactions, occurred following treatment with Breyanzi®
- Serious events that may be associated with CRS include cardiac arrhythmias (including atrial fibrillation and ventricular tachycardia), cardiac arrest, cardiac failure, diffuse alveolar damage, renal insufficiency, capillary leak syndrome, hypotension, hypoxia, and hemophagocytic lymphohistiocytosis/macrophage activation syndrome (HLH/MAS)
- Ensure that 2 doses of tocilizumab are available prior to infusion of Breyanzi
- Monitor patients daily for at least 7 days following Breyanzi infusion at a REMS-certified healthcare facility for signs and symptoms of CRS. Monitor patients for signs and symptoms of CRS for at least 4 weeks after infusion and treat promptly. At the first sign of CRS, institute treatment with supportive care, tocilizumab, or tocilizumab and corticosteroids as indicated
- Counsel patients to seek immediate medical attention should signs or symptoms of CRS occur at any time

See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

SAFETY (NT)

10% Grade ≥3 NT events reported in Breyanzi® trials[1,8]

The majority of NT events occurred early and resolved in <30 days

31%
(220/702)
Any Grade NT

10%
(71/702)
Grade ≥3 NT

8 Median days to onset
Range: 1-63 days

7 Median days of duration
Range: 1-119 days

NT-related clinical trial details[1]

- The most common NTs (≥5%) included encephalopathy, tremor, aphasia, delirium, and headache
- 82% of patients with NT also developed CRS

Breyanzi offers the flexibility of inpatient or outpatient administration for appropriate patients[1]

Select Important Safety Information

Serious Infections (cont'd): Febrile neutropenia developed after BREYANZI infusion in 8% of patients. Febrile neutropenia may be concurrent with CRS. In the event of febrile neutropenia, evaluate for infection and manage with broad spectrum antibiotics, fluids, and other supportive care as medically indicated.

Monitor patients for signs and symptoms of infection before and after BREYANZI administration and treat appropriately. Administer prophylactic antimicrobials according to standard institutional guidelines. Avoid administration of BREYANZI in patients with clinically significant, active systemic infections.

See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

Neurologic toxicities warnings and precautions[1]

- NTs that were fatal or life-threatening, including immune effector cell-associated neurotoxicity syndrome (ICANS), occurred following treatment with Breyanzi®. Serious events including cerebral edema and seizures occurred with Breyanzi. Fatal and serious cases of leukoencephalopathy, some attributable to fludarabine, also occurred
- Monitor patients daily for at least 7 days following Breyanzi infusion at a REMS-certified healthcare facility for signs and symptoms of neurologic toxicities and assess for other causes of neurological symptoms. Monitor patients for signs or symptoms of neurologic toxicities for at least 4 weeks after infusion and treat promptly. Manage neurologic toxicity with supportive care and/or corticosteroid as needed
- Counsel patients to seek immediate medical attention should signs or symptoms of NT occur at any time

See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

The safety profile for Breyanzi® in R/R FL builds on evidence seen in clinical trials and other lymphoma indications[1]

The safety of Breyanzi was evaluated in the TRANSCEND FL study, in which 107 adult patients with R/R FL after 2 or more prior lines of therapy received Breyanzi.

- Serious adverse reactions occurred in 26% of patients. The most common nonlaboratory serious adverse reactions (>2%) were CRS, aphasia, febrile neutropenia, fever, and tremor
- In TRANSCEND FL (N=107), the most common Any Grade nonlaboratory adverse reactions (≥20%) were CRS, headache, musculoskeletal pain, fatigue, constipation, and fever[1]

In clinical trials of Breyanzi (N=702):

- Infections of Any Grade occurred in 34% of all patients
- Infections of Grade 3 or higher occurred in 12% of all patients
  - One patient with FL, who received four prior lines of therapy, developed a fatal case of John Cunningham (JC) virus progressive multifocal leukoencephalopathy 4 months after treatment with Breyanzi
- Grade 3 or higher cytopenias persisted at Day 29 following Breyanzi infusion in 35% of patients, and included thrombocytopenia in 25%, neutropenia in 22%, and anemia in 6%

Select Important Safety Information

Serious Infections (cont'd): Viral reactivation: Hepatitis B virus (HBV) reactivation, in some cases resulting in fulminant hepatitis, hepatic failure, and death, can occur in patients treated with drugs directed against B cells. In clinical trials of BREYANZI, 26 of 29 patients with a prior history of HBV were treated with concurrent antiviral suppressive therapy. Perform screening for HBV, HCV, and HIV in accordance with clinical guidelines before collection of cells for manufacturing. In patients with prior history of HBV, consider concurrent antiviral suppressive therapy to prevent HBV reactivation per standard guidelines.

See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

SAFETY (ADVERSE REACTIONS)*

A safety profile you can count on in a broad range of patients[1]

Adverse reactions in ≥10% of patients treated with Breyanzi® in TRANSCEND FL (N=107)[1]

Adverse reactions	Any Grade (%)	Grade 3 or higher (%)
Gastrointestinal disorders		
Constipation	21	0
Diarrhea	15	0
General disorders and administration site conditions		
Fatigue[a]	23	0
Fever[b]	20	0
Immune system disorders		
Cytokine release syndrome	59	0.9
Infections and infestations		
Infections with pathogen unspecified[c]	16	4.7
Musculoskeletal and connective tissue disorders		
Musculoskeletal pain[d]	28	0
Nervous system disorders		
Headache	28	0
Tremor	15	0

*Includes adverse reactions up to 90 days following treatment with Breyanzi.
[a]Fatigue includes aesthenia, fatigue, somnolence.
[b]Fever includes pyrexia.
[c]Grouped per high-level grouped term.
[d]Musculoskeletal pain includes arthralgia, back pain, bone pain, muscle spasms, flank pain, pain in extremity, myalgia, musculoskeletal pain, neck pain, muscle tightness, groin pain, tendonitis, and ligament sprain.

See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

Important Safety Information (cont'd)

Prolonged Cytopenias: Patients may exhibit cytopenias not resolved for several weeks following lymphodepleting chemotherapy and BREYANZI infusion. In clinical trials of BREYANZI, Grade 3 or higher cytopenias persisted at Day 29 following BREYANZI infusion in 35% of patients, and included thrombocytopenia in 25%, neutropenia in 22%, and anemia in 6% of patients. Monitor complete blood counts prior to and after BREYANZI administration.

Hypogammaglobulinemia: B-cell aplasia and hypogammaglobulinemia can occur in patients receiving BREYANZI. In clinical trials of BREYANZI, hypogammaglobulinemia was reported as an adverse reaction in 10% of patients. Hypogammaglobulinemia, either as an adverse reaction or laboratory IgG level below 500 mg/dL after infusion, was reported in 30% of patients. Monitor immunoglobulin levels after treatment with BREYANZI and manage using infection precautions, antibiotic prophylaxis, and immunoglobulin replacement as clinically indicated.

Live vaccines: The safety of immunization with live viral vaccines during or following BREYANZI treatment has not been studied. Vaccination with live virus vaccines is not recommended for at least 6 weeks prior to the start of lymphodepleting chemotherapy, during BREYANZI treatment, and until immune recovery following treatment with BREYANZI.

Secondary Malignancies: Patients treated with BREYANZI may develop secondary malignancies. T cell malignancies have occurred following treatment of hematologic malignancies with BCMA- and CD19-directed genetically modified autologous T cell immunotherapies, including BREYANZI. Mature T cell malignancies, including CAR-positive tumors, may present as soon as weeks following infusion, and may include fatal outcomes. Monitor lifelong for secondary malignancies. In the event that a secondary malignancy occurs, contact Bristol-Myers Squibb at 1-888-805-4555 for reporting and to obtain instructions on collection of patient samples for testing.

Effects on Ability to Drive and Use Machines: Due to the potential for neurologic events, including altered mental status or seizures, patients receiving BREYANZI are at risk for developing altered or decreased consciousness or impaired coordination in the 8 weeks following BREYANZI administration. Advise patients to refrain from driving and engaging in hazardous occupations or activities, such as operating heavy or potentially dangerous machinery, for at least 8 weeks.

Immune Effector Cell-Associated Hemophagocytic Lymphohistiocytosis-Like Syndrome (IEC-HS): Immune Effector Cell-Associated Hemophagocytic Lymphohistiocytosis-Like Syndrome (IEC-HS), including fatal or life-threatening reactions, occurred following treatment with BREYANZI. IEC-HS is a life-threatening condition with a high mortality rate if not recognized and treated early. Treatment of IEC-HS should be administered per current practice guidelines.

Adverse Reactions: The most common adverse reactions (incidence ≥30%) in FL are cytokine release syndrome. The most common Grade 3-4 laboratory abnormalities include lymphocyte count decreased, neutrophil count decreased, and white blood cell decrease.

Please see full Prescribing Information, including **Boxed WARNINGS** and Medication Guide.

References: 1. Breyanzi [package insert]. Summit, NJ: Bristol Myers Squibb Company; 2024. **2.** Cahill KE, Smith SM. Follicular lymphoma: a focus on current and emerging therapies. *Oncology.* 2022;36(2):97-106. doi:10.46883/2022.25920946 **3.** Kanters S, Ball G, Kahl B, et al. Clinical outcomes in patients relapsed/refractory after ≥2 prior lines of therapy for follicular lymphoma: a systematic literature review and meta-analysis. *BMC Cancer.* 2023;23(1):74. doi:10.1186/s12885-023-10546-6 **4.** Skarbnik AZ, Patel K. Treatment selection for patients with relapsed or refractory follicular lymphoma. *Front Oncol.* 2023;13:1120358. doi:10.3389/fonc.2023.1120358 **5.** Qualls D, Salles G. Prospects in the management of patients with follicular lymphoma beyond first-line therapy. *Haematologica.* 2022;107(1):19-34. doi:10.3324/haematol.2021.278717 **6.** Data on file. BMS-REF-LIS-0050. Princeton, NJ: Bristol-Myers Squibb Company; 2024. **7.** Data on file. BMS-REF-LIS-0045. Princeton, NJ: Bristol-Myers Squibb Company; 2024. **8.** Data on file. BMS-REF-LIS-0067. Princeton, NJ: Bristol-Myers Squibb Company; 2024.

See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

In patients with 3L+ R/R FL

Breyanzi® delivers the efficacy of CAR T cell therapy with a safety profile you can count on[1]

96% of patients responded to Breyanzi[1,6]

In TRANSCEND FL (N=94), deep and durable responses and outcomes were seen in a broad range of patients, including those with high-risk FL

- **96% ORR** per FDA criteria (95% CI: 89.5, 98.8)*
- **73% CR** per FDA criteria (95% CI: 63.3, 82.0)*
- **22% PR** (95% CI: 14.4, 32.1)
- Median follow-up: 17 months
- mDOR and mPFS† not reached

A safety profile that expands the potential of CAR T in FL[1]

In clinical trials for Breyanzi (N=702):

- 3.2% Grade ≥3 CRS and 10% Grade ≥3 NT
- Infections of any grade occurred in 34% of patients.‡ 35% of patients experienced Grade ≥3 prolonged cytopenia

Breyanzi is a one-time infusion§ with a safety profile that enables both inpatient and outpatient administration[1]

- When CRS/NT events did occur, they often began within 8 days and resolved within 7 days

Choose Breyanzi in eligible patients with 3L+ R/R FL

Collaborate with a Breyanzi treatment center for appropriate patients.

Access the growing list of Breyanzi certified treatment centers at **Breyanzifinder.com**.

*ORR was evaluated per the Lugano criteria and is defined as the percentage of patients achieving a best overall response of either a PR or CR, as assessed by an IRC. CR required a negative bone marrow biopsy after treatment in patients who did not have a negative bone marrow biopsy between their most recent disease progression and prior to initiation of lymphodepleting chemotherapy.[1] †PFS was a secondary endpoint in TRANSCEND FL and was not statistically tested in the setting of a single-arm trial. PFS data should be interpreted with caution. ‡One patient with FL, who received four prior lines of therapy, developed a fatal case of John Cunningham (JC) virus progressive multifocal leukoencephalopathy 4 months after treatment with Breyanzi. §Treatment process can take approximately 2 to 3 months and includes leukapheresis, manufacturing, administration, and adverse event monitoring.[1]

Important Safety Information

WARNING: CYTOKINE RELEASE SYNDROME, NEUROLOGIC TOXICITIES, AND SECONDARY HEMATOLOGICAL MALIGNANCIES

- **Cytokine Release Syndrome (CRS), including fatal or life-threatening reactions, occurred in patients receiving BREYANZI. Do not administer BREYANZI to patients with active infection or inflammatory disorders. Treat severe or life-threatening CRS with tocilizumab with or without corticosteroids.**
- **Neurologic toxicities, including fatal or life-threatening reactions, occurred in patients receiving BREYANZI, including concurrently with CRS, after CRS resolution, or in the absence of CRS. Monitor for neurologic events after treatment with BREYANZI. Provide supportive care and/or corticosteroids as needed.**
- **T cell malignancies have occurred following treatment of hematologic malignancies with BCMA- and CD19-directed genetically modified autologous T cell immunotherapies, including BREYANZI.**
- **BREYANZI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the BREYANZI REMS.**

See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

Deliver the power of Breyanzi®

to more patients across R/R B-cell malignancies[1]

- Breyanzi provides ***transformative efficacy*** for more patients across R/R B-cell malignancies[1]
- Breyanzi is a ***one-time infusion**** with a safety profile that enables both inpatient and outpatient administration[1]

*Treatment process can take approximately 2 to 3 months and includes leukapheresis, manufacturing, administration, and adverse event monitoring.[1]

Important Safety Information

WARNING: CYTOKINE RELEASE SYNDROME, NEUROLOGIC TOXICITIES, AND SECONDARY HEMATOLOGICAL MALIGNANCIES

- **Cytokine Release Syndrome (CRS), including fatal or life-threatening reactions, occurred in patients receiving BREYANZI. Do not administer BREYANZI to patients with active infection or inflammatory disorders. Treat severe or life-threatening CRS with tocilizumab with or without corticosteroids.**
- **Neurologic toxicities, including fatal or life-threatening reactions, occurred in patients receiving BREYANZI, including concurrently with CRS, after CRS resolution, or in the absence of CRS. Monitor for neurologic events after treatment with BREYANZI. Provide supportive care and/or corticosteroids as needed.**
- **T cell malignancies have occurred following treatment of hematologic malignancies with BCMA- and CD19-directed genetically modified autologous T cell immunotherapies, including BREYANZI.**
- **BREYANZI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the BREYANZI REMS.**

See Important Safety Information throughout and click for full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Bristol Myers Squibb®

Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION