NOW APPROVED IN

R/R MCL

REIMAGINE CAR T

IN R/R MCL[1]

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

In the TRANSCEND MCL Cohort (N=68), 85% of patients (58/68) achieved ORR (primary endpoint) with a median DOR rate of 13.3 months.*

In clinical trials of Breyanzi® (N=702), 54% of patients experienced any grade CRS and 3.2% of patients experienced Grade ≥3 CRS. 31% experienced NT and 10% of patients experienced Grade ≥3 NT.†

*Median follow-up for DOR is 22.2 months (95% CI: 16.7, 22.8).[1]
†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]

CAR, chimeric antigen receptor; CI, confidence interval; CRS, cytokine release syndrome; DOR, duration of response; MCL, mantle cell lymphoma; 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 mantle cell lymphoma (MCL) who have received at least 2 prior lines of systemic therapy, including a Bruton tyrosine kinase (BTK) inhibitor.

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.**

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Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

UNMET NEED

In R/R MCL, efficacy may come with trade-offs[2]

Treatment options have historically been limited

Patients with MCL may relapse or become refractory after some available therapies[2,3]

Response to therapy may continue to decline with subsequent lines of treatment[4]

Most existing therapies still carry the burden of continuous treatment[2]

Patients may be excluded from certain treatments, such as CAR T, due to tolerability concerns[2,3]

- CAR T has different eligibility criteria than transplant
- Patients with R/R MCL can potentially benefit from CAR T therapy

YOUR PATIENTS DESERVE MORE OPTIONS[2,3]

A powerful option with broad eligibility in R/R MCL is needed

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.

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PATIENT PROFILE

Breyanzi®: An excellent option for eligible patients with R/R MCL

Intermediate-risk, clinically fit[3]

Jim*

MCL stage at diagnosis

- 2

Risk factor

- sMIPI score 4 (intermediate risk)
- Ki67 >30%

Prior therapies

- 1L: BR followed by rituximab maintenance
  - Complete response, 3 years
- 2L: BTKi
  - Complete response, 1 year

Age

- 69 years

Fitness

- ECOG PS: 1

Relevant comorbidities

- Mild heart disease (LVEF 52%)

Social details

- Board member of a food bank who practices Tai Chi and is interested in helping his community
- Adult daughter lives nearby and helps care for him

*Hypothetical patient.

1L, first-line; 2L, second-line; BR, bendamustine and rituximab; BTKi, Bruton tyrosine kinase inhibitor; ECOG PS, Eastern Cooperative Oncology Group performance status; LVEF, left ventricular ejection fraction; sMIPI, simplified mantle cell lymphoma international prognostic index.

Important Safety Information

Cytokine Release Syndrome (cont'd): 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.

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TRIAL DESIGN

Broad eligibility for adult patients with R/R MCL who need another treatment option[1]

An open-label, multicenter, single-arm trial[1]

Screening*

- **Broad enrollment criteria**[1,5]**:** Adult patients with R/R MCL who received ≥2 lines of systemic therapy, including a BTKi
- Age **≥18 years**
- ECOG PS **≤1**
- LVEF **>40%**
- CrCl **>30 mL/min**
- ALT **<5 x ULN**
- PET-positive MCL with confirmed tissue diagnosis
- Secondary CNS lymphoma or prior HSCT allowed
- Adequate bone marrow†

Enrollment and leukapheresis (N=89)

Breyanzi® manufacturing[1]

- Bridging chemotherapy was permitted between leukapheresis and lymphodepleting chemotherapy; 65% (44/68) received bridging therapy

Lymphodepletion[1‡]

FLU 30 mg/m^2 and CY 300 mg/m^2 × 3 days

Patients treated with Breyanzi (n=68)

Breyanzi infusion[1]

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

- Primary endpoints: **ORR** (per the 2014 Lugano classification, including bone marrow biopsy assessments, as assessed by IRC) **and safety**[1,5]
- Select secondary endpoints: **CR, DOR, PFS, and OS**[5]

Of 89 patients who underwent leukapheresis, 71 received Breyanzi, and the median dose administered was 99.8 x 10^6 CAR-positive viable T cells (range: 90 to 103 x 10^6 CAR-positive viable T cells).

The primary efficacy analysis included a total of 68 patients with MCL who received at least 2 prior lines of therapy including a BTKi, had PET-positive disease at study baseline or after bridging therapy, received conforming product in the intended dose range, and had at least 6 months of follow-up from the date of first response.

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

*Additional eligibility criteria applied.[5]

†No prespecified threshold for blood counts.[1]

‡Measurable disease reconfirmed prior to lymphodepletion.[5]

ALT, alanine aminotransferase; CNS, central nervous system; CR, complete response; CrCl, creatinine clearance; CY, cyclophosphamide; FLU, fludarabine; HSCT, hematopoietic stem cell transplantation; IRC, Independent Review Committee; OS, overall survival; PET, positron emission tomography; PFS, progression-free survival; ULN, upper limit of normal.

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.

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TRIAL DESIGN

Breyanzi® was studied in patients you are likely to see in your practice

Age (N=68)[1]	
Median age, range	69 (36-86)

Prior therapies (N=68)[1,6]	
Median number of prior therapies (range)	3 (2-11)
Prior BTKi	100%
Refractory* to prior BTKi	56%
Prior stem cell transplant	32%

High-risk features (N=68)[1,6]	
Refractory to last therapy†	69%
High-risk feature	
Ki67 ≥30%	77%
Complex karyotype	31%
Blastoid morphology	29%
TP53 mutation	25%
CNS involvement	10%

Broad eligibility criteria in TRANSCEND MCL make Breyanzi accessible to more patients[1,5]

- 15% (10/68) of patients treated in an outpatient setting
- Bridging therapy is an option; **65%** (44/68) received bridging therapy

*Defined as any response to prior BTKi that was less than partial response (PR).[1]
†Defined as best response of partial response (PR), stable disease (SD), or progressive disease (PD) to last systemic or HSCT treatment with curative intent.[1]

TP53, tumor protein 53.

Important Safety Information

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.

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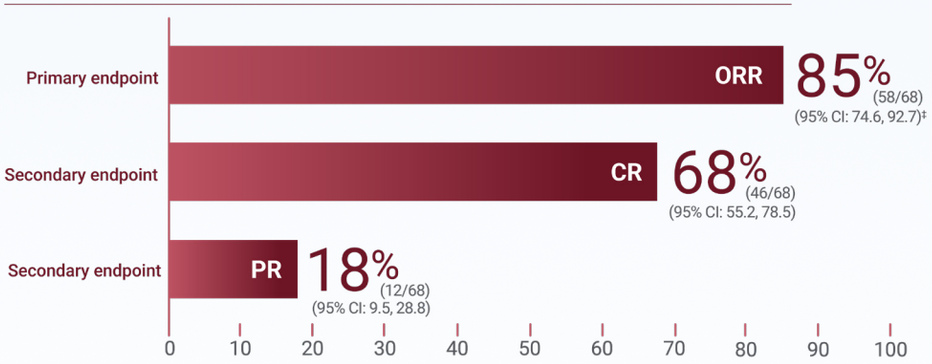
RESPONSE

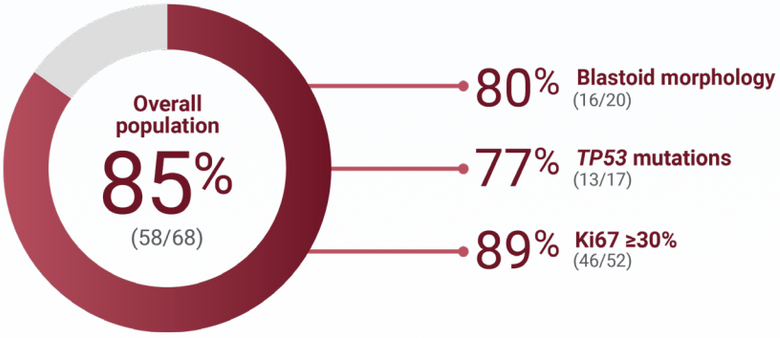
Breyanzi® provides deep responses in a one-time infusion[1]*

Response rates (N=68)[1†]



Response across select high-risk subgroups[1]

Overall response by mutational or proliferative status (subgroup analysis)[6]



Analysis limitations

- These analyses are exploratory in nature and definitive conclusions should not be drawn
- Numbers may not be available in the Prescribing Information

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

†Per the 2014 Lugano classification (including bone marrow biopsy assessments), as assessed by IRC. ORR was defined as the percentage of patients with BOR of either CR or PR after Breyanzi infusion, as determined by IRC using 2014 Lugano classification.[1]

‡2-sided 95% exact Clopper-Pearson CIs.[1]

BOR, best overall response; PR, partial response.

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.

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Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

RESPONSE

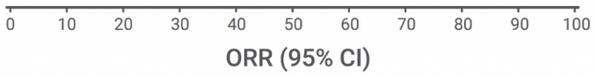
Response to Breyanzi® across subgroups[6]

Overall response rates by prespecified subgroups[6]*

Analysis limitations

- These analyses are exploratory in nature, and definitive conclusions should not be drawn
- Numbers may not be available in the Prescribing Information

	Patients With Objective Response (n)	Evaluable Patients (n)	ORR (95% CI)
Overall	58	68	85.3 (74.6, 92.7)
Age, years			
≥65	42	49	85.7 (72.8, 94.1)
<65	16	19	84.2 (60.4, 96.6)
≥75	13	13	100 (75.3, 100)
<75	45	55	81.8 (69.1, 90.9)
Sex			
Female	16	17	94.1 (71.3, 99.9)
Male	42	51	82.4 (69.1, 91.6)
Prior HSCT			
No	40	46	87 (73.7, 95.1)
Yes	18	22	81.8 (59.7, 94.8)
Response to last therapy			
Refractory	38	47	80.9 (66.7, 90.9)
Relapsed	20	21	95.2 (76.2, 99.9)
CNS disease status			
Yes	6	7	85.7 (42.1, 99.6)
No	52	61	85.2 (73.8, 93.0)
Chemotherapy response			
Sensitive	44	50	88 (75.7, 95.5)
Refractory	14	18	77.8 (52.4, 93.6)
Ki-67 proliferation index			
<30%	8	11	72.7 (39.0, 94.0)
≥30%	46	52	88.5 (76.6, 95.6)
TP53 mutation status			
Yes	13	17	76.5 (50.1, 93.2)
No	26	29	89.7 (72.6, 97.8)
Indeterminate	1	2	50 (1.3, 98.7)
Blastoid morphology			
Yes	16	20	80 (56.3, 94.3)
No	35	39	89.7 (75.8, 97.1)
Bridging			
Yes	37	44	84.1 (69.9, 93.4)
No	21	24	87.5 (67.6, 97.3)



*ORR was defined as the percentage of patients with BOR of either CR or PR after Breyanzi infusion, as determined by IRC using 2014 Lugano classification.[1]

Important Safety Information

Neurologic Toxicities (cont'd): The most common neurologic toxicities (≥5%) included encephalopathy, tremor, aphasia, headache, dizziness, and delirium.

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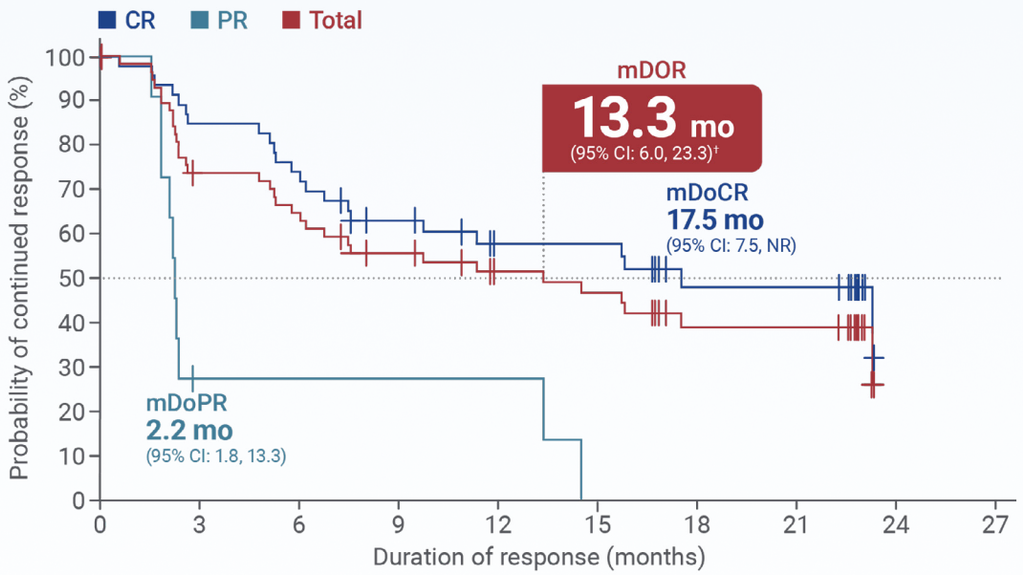
DURATION OF RESPONSE

Breyanzi® gives you the power to deliver durable response in R/R MCL[1,6]

Duration of response in TRANSCEND MCL Cohort (58/68)[1,6*]

Median follow-up: 22.2 months (95% CI: 16.7, 22.8)



Number of subjects at risk

CR	46	39	34	26	20	20	12	12	0	0
PR	12	2	2	2	2	0				
All Responders	58	41	36	28	22	20	12	12	0	0

1-month median time to first response (range: 0.7-3 months)[1]

*Per the 2014 Lugano classification (including bone marrow biopsy assessments), as assessed by IRC.[1]

†Kaplan-Meier method was used to obtain 2-sided 95% CIs.[6]

mDoCR, median duration of complete response; mDoPR, median duration of partial response; mDOR, median duration of response; NR, not reached.

Important Safety Information

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.

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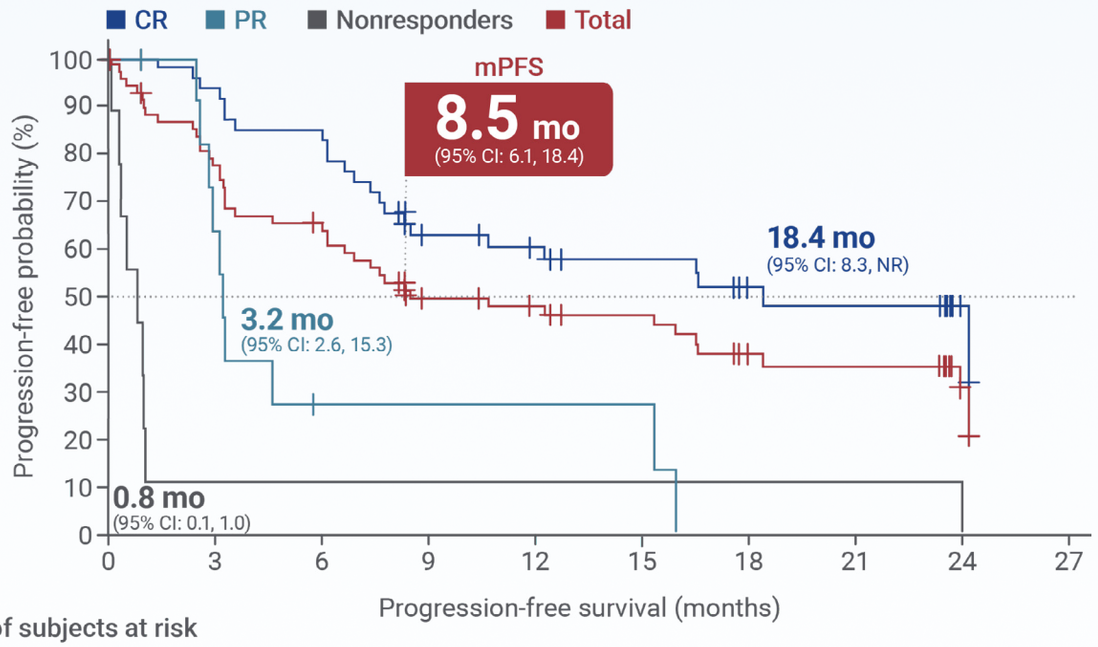
SURVIVAL

Progression-free survival with Breyanzi®

PFS: Median follow-up is 23.5 months (95% CI: 17.1, 24)[6]*



Number of subjects at risk

CR	46	43	39	26	23	20	13	12	3	0
PR	12	7	2	2	2	2	0			
Nonresponders	10	1	1	1	1	1	1	1	0	
Total	68	51	42	29	26	23	14	13	3	0

Analysis limitations

- PFS was a secondary endpoint of TRANSCEND MCL Cohort 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 in a single-arm trial. The statistical significance of PFS is not known
- PFS included survival data from patients who completed TRANSCEND MCL Cohort and enrolled in the subsequent long-term follow-up study

*Reverse Kaplan-Meier method was used to obtain median follow-up and its 95% CI.[6]

mPFS, median progression-free survival.

Important Safety Information

CRS and Neurologic Toxicities Monitoring (cont'd): 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.

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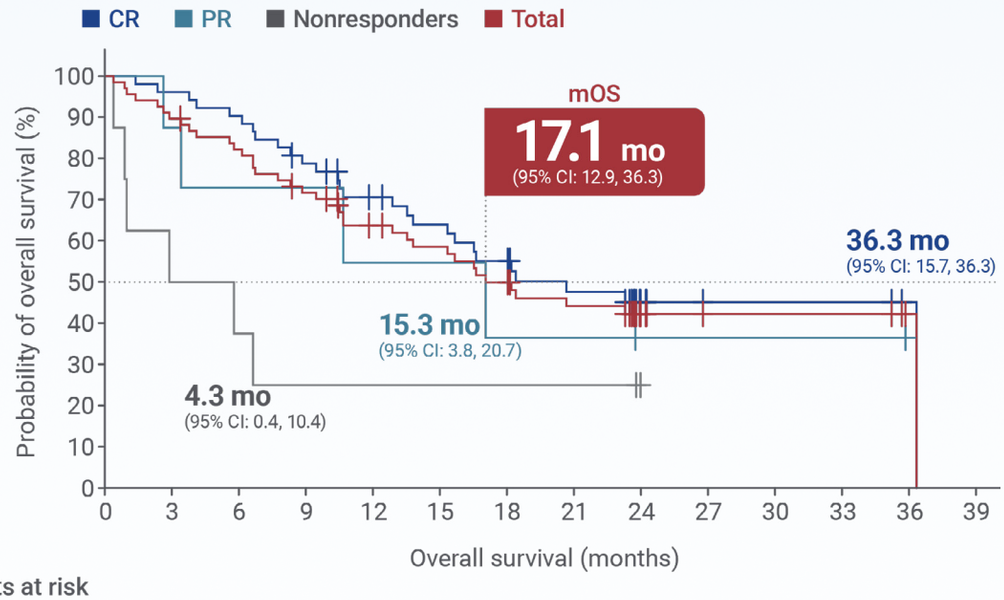
Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

SURVIVAL

Overall survival with Breyanzi®

OS: Median follow-up is 23.8 months (95% CI: 23.6, 24.0)[6*]



Number of subjects at risk

CR	52	50	47	40	33	29	25	19	7	3	3	3	1	0
PR	8	7	5	5	3	3	2	2	1	1	1	1	0	
Nonresponders	8	4	3	2	2	2	2	2	0					
Total	68	61	55	47	38	34	29	23	8	4	4	4	1	0

Analysis limitations

- OS was a secondary endpoint of TRANSCEND MCL Cohort and was not statistically tested in the setting of a single-arm trial
- OS data are not in the Prescribing Information and should be interpreted with caution in a single-arm trial. The statistical significance of OS is not known
- OS included survival data from patients who completed TRANSCEND MCL Cohort and enrolled in the subsequent long-term follow-up study

*Reverse Kaplan-Meier method was used to obtain median follow-up and its 95% CI.[6]

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.

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Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

SAFETY: CRS

A safety profile you can count on: 3.2% Grade ≥3 CRS events in Breyanzi® trials[1]

Majority of CRS events were low grade and most resolved quickly

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

Breyanzi offers a safety profile that enables both inpatient and outpatient administration[1]

CRS-related clinical trial details (N=702)

- 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
- In TRANSCEND MCL Cohort (N=88), 1.1% of patients experienced Grade ≥3 CRS

Cytokine release syndrome warnings and precautions

- 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
- 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 or symptoms of CRS for at least 4 weeks after infusion. 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

REMS, Risk Evaluation and Mitigation Strategy.

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SAFETY: NT

A safety profile you can count on: 10% Grade ≥3 NT in Breyanzi® trials[1]

Majority of NT events were low grade and most resolved quickly

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

Breyanzi offers a safety profile that enables both inpatient and outpatient administration[1]

NT-related clinical trial details (N=702)

- NTs resolved in 88% of cases with a median duration of 7 (range 1-119) days
- 82% of patients with NT developed CRS
- The most common (≥5%) NTs included encephalopathy, tremor, aphasia, delirium, and headache

Neurologic toxicities warnings and precautions

- 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 NT and assess for other causes of neurological symptoms. Monitor patients for signs or symptoms of NTs for at least 4 weeks after infusion and treat promptly. Manage NT with supportive care and/or corticosteroids as needed
- Counsel patients to seek immediate medical attention should signs or symptoms of neurologic toxicity occur at any time

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Breyanzi™
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SAFETY: ADVERSE REACTIONS

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

The primary safety analysis was conducted in the full safety set (N=88), which included all patients who received a single dose of CAR-positive viable T cells.

The most common adverse reactions observed in TRANSCEND MCL Cohort (N=88)[1]

- Serious adverse reactions occurred in 53% of patients. The most common nonlaboratory serious adverse reactions (>2%) were CRS, confusional state, fever, encephalopathy, mental status changes, pleural effusion, upper respiratory tract infection, and decreased appetite. Fatal adverse reactions occurred in 4.5% of patients
  - One patient with MCL who received 3 prior lines of therapy developed a fatal case of cryptococcal meningoencephalitis 35 days after treatment with Breyanzi
- Grade ≥3 infections occurred in 15% of patients with MCL. Infections of any grade were reported in 35% of patients

In clinical trials of Breyanzi (N=702)

- The most common nonlaboratory adverse reactions (≥20%) were CRS, fatigue, musculoskeletal pain, encephalopathy, edema, headache, and decreased appetite

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Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

SAFETY: TRANSCEND MCL COHORT (N=88)

Breyanzi® delivers a safety profile you can count on[1]

This table includes adverse reactions observed in ≥10% of the full population (N=88) in the TRANSCEND MCL Cohort

Adverse reactions*	Any Grade (%)	Grade 3 or higher (%)
Cardiac disorders		
Tachycardia[a]	17	3.4
Gastrointestinal disorders		
Nausea	18	2.3
Diarrhea	17	0
Abdominal pain[b]	15	3.4
Constipation	14	0
General disorders and administration site conditions		
Fatigue[c]	39	2.3
Edema[d]	25	1.1
Fever[e]	17	0
Chills	11	0
Immune system disorders		
Cytokine release syndrome	61	1.1
Infections and infestations		
Infections with pathogen unspecified[f]	16	6
Upper respiratory tract infection[g]	13	2.3
Metabolism and nutrition disorders		
Decreased appetite	21	4.5
Musculoskeletal and connective tissue disorders		
Musculoskeletal pain[h]	38	2.3
Nervous system disorders		
Encephalopathy[i]	30	9
Headache	23	0
Dizziness[j]	11	2.3
Motor dysfunction[k]	11	0
Tremor	11	0

(continued on next page)

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Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

SAFETY: TRANSCEND MCL COHORT (N=88)

Breyanzi® delivers a safety profile you can count on[1] (cont'd)

This table includes adverse reactions observed in ≥10% of the full population (N=88) in the TRANSCEND MCL Cohort

Adverse reactions*	Any Grade (%)	Grade 3 or higher (%)
Psychiatric disorders		
Insomnia[l]	14	0
Anxiety	13	1.1
Renal and urinary disorders		
Renal failure[m]	15	0
Respiratory, thoracic, and mediastinal disorders		
Dyspnea[n]	11	0
Cough	10	0
Skin and subcutaneous tissue disorders		
Rash[o]	11	1.1
Vascular disorders		
Hypotension[p]	15	0
Hemorrhage[q]	10	0
Hypertension	10	3.4

*Includes adverse reactions up to 90 days following treatment with Breyanzi.[1]

[a]Tachycardia includes atrial fibrillation, sinus tachycardia, tachycardia, ventricular tachycardia.
[b]Abdominal pain includes abdominal discomfort, abdominal distension, abdominal pain, abdominal pain upper.
[c]Fatigue includes asthenia, fatigue, malaise.
[d]Edema includes hypervolemia, localized edema, edema, edema peripheral, peripheral swelling, pleural effusion, pulmonary edema.
[e]Fever includes pyrexia.
[f]Grouped per high-level grouped term.
[g]Upper respiratory tract infection includes nasal congestion, rhinitis, rhinorrhea, rhinovirus infection, upper respiratory tract infection.
[h]Musculoskeletal pain includes arthralgia, back pain, bone pain, musculoskeletal pain, myalgia, neck pain, pain in extremity.
[i]Encephalopathy includes confusional state, depressed level of consciousness, encephalopathy, lethargy, memory impairment, mental status changes, somnolence.
[j]Dizziness includes dizziness, dizziness postural, syncope, vertigo.
[k]Motor dysfunction includes fine motor skill dysfunction, muscle spasms, muscle tightness, muscular weakness.
[l]Insomnia includes insomnia, sleep disorder.
[m]Renal failure includes acute kidney injury, blood creatinine increased.
[n]Dyspnea includes dyspnea, tachypnea, wheezing.
[o]Rash includes dermatitis contact, rash, rash erythematous, rash macular, rash maculo-papular, rash pruritic.
[p]Hypotension includes hypotension, orthostatic hypotension.
[q]Hemorrhage includes catheter site hemorrhage, epistaxis, hematoma, hematuria, hemorrhage, hemorrhoidal hemorrhage, rectal hemorrhage.

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Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

For patients with 3L+ MCL

Breyanzi® delivers deep, durable responses in a one-time infusion* with a safety profile you can count on[1,6]

68% of patients achieved a complete response with Breyanzi[1]

Deep and durable responses for more patients in TRANSCEND MCL Cohort (N=68)

- **85% ORR** (95% CI: 74.6, 92.7)
  - **68% CR** (95% CI: 55.2, 78.5)
  - **18% PR** (95% CI: 9.5, 28.8)
- **13.3 months mDOR** (95% CI: 6.0, 23.3)

In Breyanzi trials (N=702), the majority of CRS and NT events were low grade[1]

- **3.2% Grade ≥3 CRS†**
- **10% Grade ≥3 NT**

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 for adults with R/R MCL after ≥2 prior lines of systemic therapy, including a BTKi[1]

Find a Breyanzi treatment center at Breyanzifinder.com
Access a growing list of Breyanzi certified treatment centers across the United States.

*Treatment process can take approximately 2 to 3 months and includes leukapheresis, manufacturing, administration, and adverse event monitoring.[1]
†One patient had fatal CRS and 5 patients had ongoing CRS at the time of death.[1]

3L, third-line.

Important Safety Information

BREYANZI REMS (cont'd): 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.

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Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

Important Safety Information (cont'd)

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.

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.

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, 35 of 38 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.

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.

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Breyanzi™
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Important Safety Information (cont'd)

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 MCL are cytokine release syndrome, fatigue, musculoskeletal pain, and encephalopathy. The most common Grade 3-4 laboratory abnormalities include neutrophil count decrease, white blood cell decrease, and platelet count 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.** Burkart M, Karmali R. Relapsed/refractory mantle cell lymphoma: beyond BTK inhibitors. *J Pers Med*. 2022;12(3):376. doi:0.3390/jpm12030376 **3.** Armitage JO, Longo DL. Mantle-cell lymphoma. *N Engl J Med*. 2022;386(26):2495-2506. doi:10.1056/NEJMra2202672 **4.** Kumar A, Sha F, Toure A, et al. Patterns of survival in patients with recurrent mantle cell lymphoma in the modern era: progressive shortening in response duration and survival after each relapse. *Blood Cancer J*. 2019;9(6):50. doi:10.1038/s41408-019-0209-5 **5.** Wang M, Siddiqi T, Gordon L, et al. Lisocabtagene maraleucel in relapsed/refractory mantle cell lymphoma: primary analysis of the mantle cell lymphoma cohort from TRANSCEND NHL 001, a phase I multicenter seamless design study. *J Clin Oncol*. 2024;42(10):1146-1157. doi:10.1200/JCO.23.02214 **6.** Data on file. BMS-REF-LIS-0051. Princeton, NJ: Bristol-Myers Squibb Company; 2024.

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Breyanzi™
(lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

Deliver the power of Breyanzi®[1]

to more patients across R/R B-cell malignancies

- 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.**

Patients may enroll in support programs offered through Cell Therapy 360® after a certified CAR T cell therapy treatment center determines that Breyanzi is the right treatment for them. Visit us at **CellTherapy360.com** or call **1-800-805-4555** for more information.

Click to see Important Safety Information throughout and full Prescribing Information, including Boxed WARNINGS and Medication Guide.

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Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION