MONJUVI®
tafasitamab-cxix | 200 mg
for injection, for intravenous use

You are cordially invited to attend a

MONJUVI® Speaker Program

PROGRAM DATE	PROGRAM TIME	SPEAKER	REGISTRATION LINK
Thursday, October 8, 2020	**12:00 PM Eastern Daylight Time**	**Charles Farber, MD** Carol G Simon Cancer Center Morristown, NJ	**http://bit.ly/inc7213**
Tuesday, October 13, 2020	**12:00 PM Pacific Daylight Time**	**John Pagel, MD** Swedish Cancer Institute Seattle, WA	**http://bit.ly/inc7214**
Thursday, October 22, 2020	**12:00 PM Eastern Daylight Time**	**Charles Farber, MD** Carol G Simon Cancer Center Morristown, NJ	**http://bit.ly/inc7219**
Thursday, October 29, 2020	**12:00 PM Pacific Daylight Time**	**Amit Mehta, MD** Premier Hematology Cary, NC	**http://bit.ly/inc7215**

To register manually, please contact Tristan Gerdes at (770) 933-1684 or tgerdes@sphase.com with the following information: name, title/degree, state(s) and state license #(s), affiliation, address, phone, and e-mail.

INDICATIONS AND USAGE

MONJUVI (tafasitamab-cxix), in combination with lenalidomide, is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) not otherwise specified, including DLBCL arising from low grade lymphoma, and who are not eligible for autologous stem cell transplant (ASCT).

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

Please see Important Safety Information for MONJUVI™ on back cover and accompanying Full Prescribing Information.

Please note this program is intended for healthcare professionals (HCPs) only. This program is sponsored by MorphoSys US and Incyte Corporation and not eligible for CE credits.

Consistent with PhRMA Guidelines, spouses and other guests of an HCP are not permitted to attend. The cost of meals associated with this event may be disclosed consistent with applicable federal and state law disclosure requirements. State and federal laws and regulations may restrict state or federal employees from receiving meals. By attending this event, you confirm that you have obtained any necessary approvals from your employer. HCPs may be subject to state law restrictions regarding attendance. HCPs licensed in Vermont or employees/agents of Vermont HCPs may not attend this event. Minnesota law restricts MorphoSys/Incyte from offering meals or other refreshments to certain HCPs who are licensed in Minnesota and have the ability to prescribe prescription drugs (e.g., physicians, physician assistants, nurse practitioners, advanced nurses). If you are licensed to prescribe in Minnesota, please identify yourself on this document and inform a MorphoSys/Incyte representative prior to the start of the program.

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IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

None

WARNINGS AND PRECAUTIONS

Infusion-Related Reactions (IRRs)

MONJUVI can cause IRRs, including chills, flushing, dyspnea, and hypertension. Premedicate patients and monitor frequently during infusion. Based on the severity of the IRR, interrupt or discontinue MONJUVI and institute appropriate medical management.

Myelosuppression

MONJUVI can cause serious or severe myelosuppression, including neutropenia, thrombocytopenia, and anemia. Monitor complete blood counts (CBC) prior to administration of each treatment cycle and throughout treatment. Monitor patients with neutropenia for signs of infection. Consider granulocyte colony stimulating factor administration. Withhold MONJUVI based on the severity of the adverse reaction. Refer to the lenalidomide prescribing information for dosage modifications.

Infections

Fatal and serious infections, including opportunistic infections, occurred in patients during treatment with MONJUVI and following the last dose. 73% of the 81 patients developed an infection. The most frequent infections were respiratory tract infection, urinary tract infection, bronchitis, nasopharyngitis and pneumonia. Grade 3 or higher infection occurred (30% of 81 patients). The most frequent grade 3 or higher infection was pneumonia. Infection-related deaths were reported (2.5% of 81 patients). Monitor patients for signs and symptoms of infection and manage infections as appropriate.

Embryo-Fetal Toxicity

Based on its mechanism of action, MONJUVI may cause fetal B-cell depletion when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus and women of reproductive potential to use effective contraception during treatment with MONJUVI and for at least 3 months after the last dose. The combination of MONJUVI with lenalidomide is contraindicated in pregnant women. Refer to the lenalidomide prescribing information on use during pregnancy.

ADVERSE REACTIONS

The most common adverse reactions (≥20%) were neutropenia, fatigue, anemia, diarrhea, thrombocytopenia, cough, pyrexia, peripheral edema, respiratory tract infection, and decreased appetite.

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to MORPHOSYS US INC. at (844) 667-1992.

Please see the accompanying full Prescribing Information for additional Important Safety Information.

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