TALKING WITH PATIENTS ABOUT MONJUVI

Encourage an active approach to their treatment

Not an actual patient or healthcare provider.

INDICATIONS & 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).

IMPORTANT SAFETY INFORMATION

Contraindications

None.

Warnings and Precautions

Infusion-Related Reactions

MONJUVI can cause infusion-related reactions (IRRs). In L-MIND, infusion-related reactions occurred in 6% of the 81 patients. Eighty percent of infusion-related reactions occurred during cycle 1 or 2. Signs and symptoms included chills, flushing, dyspnea, and hypertension. These reactions were managed with temporary interruption of the infusion and/or with supportive medication. Premedicate patients prior to starting MONJUVI infusion. Monitor patients frequently during infusion. Based on the severity of the infusion-related reaction, interrupt or discontinue MONJUVI. Institute appropriate medical management.

Please see Important Safety Information throughout and the full Prescribing Information.

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for injection, for intravenous use

What's in this guide?

This guide covers 6 key topics you may want to discuss with patients who will be receiving therapy you've prescribed, including MONJUVI. Below each one are the main points you might want to include in your discussions with patients.

At the end of each section, there is a list of specific resources to which you can refer patients for additional information.

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Guiding patients to helpful answers

When patients begin therapy with MONJUVI, each conversation with their treatment team is a valuable opportunity for them to learn about their condition as well as the specifics of treatment.

This guide provides you with information specific to MONJUVI to help facilitate the treatment conversations you have with your patients every day. The "Patient Points" throughout show how key information and graphics are presented in MONJUVI patient resources, enabling you to tailor your conversations to your patients' needs. The goal of this guide is to address the topics that are on patients' minds, so you can field their questions and ensure they have the knowledge they need to get the most out of treatment.

Although this guide refers throughout to "patients," their caregivers are often an integral part of any discussion about treatment. Therefore, content presented here will be useful for both audiences.

IMPORTANT SAFETY INFORMATION

Warnings and Precautions (cont'd)

Myelosuppression

MONJUVI can cause serious or severe myelosuppression, including neutropenia, thrombocytopenia, and anemia. In L-MIND, Grade 3 neutropenia occurred in 25% of patients, thrombocytopenia in 12%, and anemia in 7%. Grade 4 neutropenia occurred in 25% and thrombocytopenia in 6%. Neutropenia led to treatment discontinuation in 3.7% of patients.

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 (G-CSF) administration. Withhold MONJUVI based on the severity of the adverse reaction. Refer to the lenalidomide prescribing information for dosage modifications.

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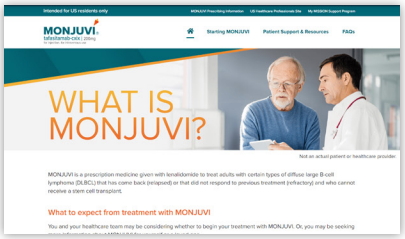
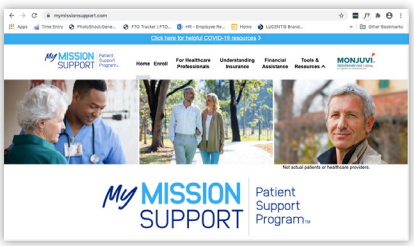
To further enhance your discussions, you may refer patients to the following MONJUVI websites for additional information:



MONJUVI.com

In addition to highlighting key information about treatment, this patient website offers several downloadable resources:

- **Getting Started Guide:** includes a tear pad for patients to use to keep track of appointments and questions to ask their healthcare team
- **Patient Brochure:** provides additional details about what patients may expect during treatment
- **Interactive Treatment Calendar:** enables patients to create a customized schedule that shows their future appointments



MyMissionSupport.com

Offers educational and financial support for patients, including

- Helping patients find out whether their health insurance will cover MONJUVI
- Connecting eligible patients with financial assistance options

For a detailed list of resources, please see page 22.

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What to expect on your infusion day

Before they hear details about the infusion process, patients may first need to understand the basics of what MONJUVI is, and why it has been prescribed.

PATIENT POINTS[1]

- MONJUVI is a prescription medicine given with lenalidomide to treat adults with certain types of diffuse large B-cell lymphoma (DLBCL) that has come back (relapsed) or that did not respond to previous treatment (refractory) and who cannot receive a stem cell transplant. It is not known if MONJUVI is safe and effective in children.
- If your DLBCL comes back or stops responding to treatment, you may begin receiving MONJUVI after your initial DLBCL therapy ends.
- The approval of MONJUVI is based on a type of response rate. There is an ongoing study to confirm the clinical benefit of MONJUVI.

How MONJUVI is given

Because MONJUVI is an infusion, it is important for patients to be aware that they will receive their treatments in your office or clinic. Knowing that they will be treated in a familiar and, for some, accessible setting may help alleviate some concern.

PATIENT POINTS[1]

- MONJUVI will be given to you by your healthcare provider as an intravenous (IV) infusion into one of your veins. You will receive MONJUVI in a clinic or infusion center, **so there's no need to travel to a special cancer center**.
- Your doctor will also prescribe a 25-mg lenalidomide capsule for you to take orally once a day on days 1 to 21 of each treatment cycle, for the first 12 cycles.

More information about the treatment schedule for both MONJUVI and lenalidomide is included on pages 8 and 9.

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Premedications

In addition to understanding that MONJUVI is given with lenalidomide, patients must also be aware that they will receive additional medication—prior to receiving MONJUVI—on their infusion day:

PATIENT POINTS[1]

- Your healthcare provider will give you medicines before each infusion to decrease your chance of infusion reactions. These may include
  - A pain reliever
  - An allergy medicine
  - A heartburn relief medicine
  - An anti-inflammatory medicine
- If you do not have any reactions, your healthcare provider may decide that you do not need these medicines with later infusions.
- It is important to take these medicines as directed by your healthcare team.

Details about how to manage infusion-related reactions (IRRs), if they occur, are included on page 15.

IMPORTANT SAFETY INFORMATION

Warnings and Precautions (cont'd)

Infections

Fatal and serious infections, including opportunistic infections, occurred in patients during treatment with MONJUVI and following the last dose.

In L-MIND, 73% of the 81 patients developed an infection. The most frequent infections were respiratory tract infection (24%), urinary tract infection (17%), bronchitis (16%), nasopharyngitis (10%) and pneumonia (10%). Grade 3 or higher infection occurred in 30% of the 81 patients. The most frequent grade 3 or higher infection was pneumonia (7%). Infection-related deaths were reported in 2.5% of the 81 patients.

Monitor patients for signs and symptoms of infection and manage infections as appropriate.

Infusion time

As you may know, the first infusion of MONJUVI will take longer than subsequent infusions because the Prescribing Information calls for a slower infusion rate during the first 30 minutes.[1] Clarifying the duration of the first infusion, compared with subsequent infusions, will help set expectations so that patients can plan accordingly.

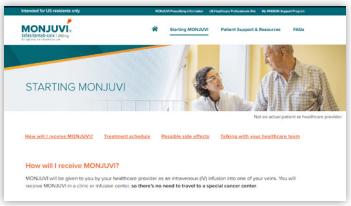
PATIENT POINTS[1]

- Following premedication, your first infusion will take about 1 ½ to 2 ½ hours. Your infusion time may vary if your healthcare team needs to make adjustments during treatment. Nurses and other healthcare professionals will be available to help you during your treatment.
- On future infusions, the time may be shorter, but will be between 90 minutes and 2 hours.
- Your healthcare team may need to delay or completely stop treatment with MONJUVI if you have severe side effects.

Resources

Getting Started Guide

Patient Brochure



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Staying on treatment

Patients will be receiving MONJUVI in combination with lenalidomide, so they should have a clear grasp of the treatment schedule. Providing a brief overview of the clinical study results may help give them the rationale—and the motivation—to stay on treatment.

Understanding the treatment schedule

Key information about the treatment schedule includes the length of a cycle and how often a patient will receive MONJUVI and lenalidomide in each cycle.

PATIENT POINTS[1]

- Each treatment cycle of MONJUVI lasts for 28 days according to the dosage schedule (on the next page).
- Your doctor will also prescribe a 25-mg lenalidomide capsule for you to take orally once a day on days 1 to 21 of each treatment cycle, for the first 12 cycles.
- If you miss any appointments, call our office as soon as possible to reschedule your appointment.
- You can visit MONJUVI.com for more information about your treatment with MONJUVI. Together, we can build a customized treatment schedule.

IMPORTANT SAFETY INFORMATION

Warnings and Precautions (cont'd)

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. Advise women of reproductive potential to use effective contraception during treatment with MONJUVI and for at least 3 months after the last dose.

MONJUVI is initially administered in combination with lenalidomide. The combination of MONJUVI with lenalidomide is contraindicated in pregnant women because lenalidomide can cause birth defects and death of the unborn child. Refer to the lenalidomide prescribing information on use during pregnancy.

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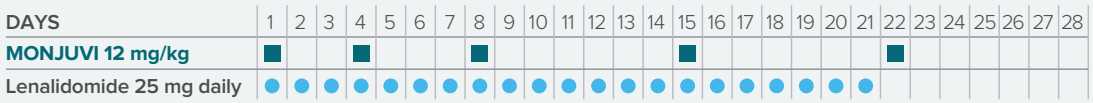
The treatment schedule graphic below appears across materials for healthcare professionals and is also presented in the MONJUVI patient resources. You may refer to it during your conversations with patients to help clarify when MONJUVI and lenalidomide are given during each treatment cycle.

PATIENT POINT[1]

Treatment schedule

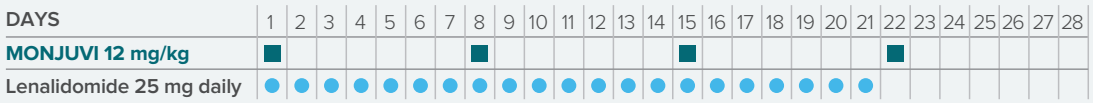
You will receive MONJUVI on 5 days during your first cycle.

Cycle 1



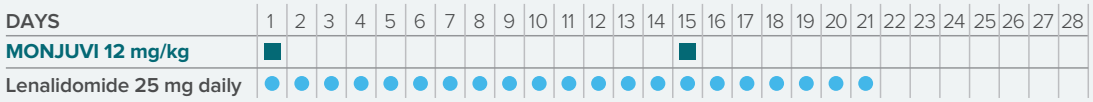
For your second and third cycles, you will receive MONJUVI on 4 days.

Cycles 2 and 3



After your first 3 cycles, you will receive MONJUVI once every 2 weeks.

Cycles 4 to 12



After 12 cycles, you will receive only MONJUVI.

Cycle 13 and after

For details on how to create a personalized treatment schedule for your patients, see page 21.

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The overall duration of treatment with MONJUVI will be determined by the healthcare team. The Prescribing Information states that, after 12 cycles of combined treatment with MONJUVI and lenalidomide, monotherapy with MONJUVI should continue "until disease progression or unacceptable toxicity."[1] This point can be explained to patients in the following way:

PATIENT POINTS[1]

- You may continue receiving MONJUVI for as long as your DLBCL responds to treatment, or as directed by your healthcare team.
- Your healthcare provider will decide how many treatments you need.

As a reminder, you can refer to the lenalidomide prescribing information for lenalidomide dosage recommendations.

Discussing the efficacy data

The overall response and duration of response data from the L-MIND study present evidence for patients to consider in making the decision to start and stay on treatment with MONJUVI as prescribed.

If you intend to discuss the clinical trial results with your patients, you will first want to consider presenting the data in the proper context by explaining the basic details of the L-MIND study.

PATIENT POINTS

- The combination of MONJUVI and lenalidomide was studied in 71 people whose DLBCL came back, got worse, or didn't respond to treatment. They received this treatment for up to 12 cycles. Then they were given MONJUVI alone.[1]
- The study measured how many people reached complete or partial remission. It also measured how long they stayed in complete or partial remission.[1]
  - Complete remission (also known as complete response) is the disappearance of all signs of cancer in response to treatment. This does not always mean the cancer has been cured. Partial remission (also known as partial response) is a decrease (usually at least 50% in DLBCL) in the size of a tumor, or in the extent of cancer in the body, in response to treatment.[2,3]
- You can visit MONJUVI.com for more information about your treatment with MONJUVI. Together, we can build a customized treatment schedule.

IMPORTANT SAFETY INFORMATION

Adverse Reactions

Serious adverse reactions occurred in 52% of patients who received MONJUVI. Serious adverse reactions in ≥6% of patients included infections (26%), including pneumonia (7%), and febrile neutropenia (6%). Fatal adverse reactions occurred in 5% of patients who received MONJUVI, including cerebrovascular accident (1.2%), respiratory failure (1.2%), progressive multifocal leukoencephalopathy (1.2%) and sudden death (1.2%).

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To help your audience interpret the data correctly, define these key terms:

PATIENT POINTS[2,3]

- **Complete remission (also known as complete response)** is the disappearance of all signs of cancer in response to treatment. This does not always mean the cancer has been cured.
- **Partial remission (also known as partial response)** is a decrease (usually at least 50% in DLBCL) in the size of a tumor, or in the extent of cancer in the body, in response to treatment.

When walking patients through the data, present the overall response rate first so they understand it is the sum of the complete and partial response rates.

PATIENT POINTS[1]

- **A majority of people treated responded to MONJUVI and lenalidomide**.
- **55% of people (39 out of 71)** receiving MONJUVI and lenalidomide reached some form of remission.
  - **37% of people** reached complete remission
  - **18% of people** reached partial remission

IMPORTANT SAFETY INFORMATION

Adverse Reactions (cont'd)

Permanent discontinuation of MONJUVI or lenalidomide due to an adverse reaction occurred in 25% of patients and permanent discontinuation of MONJUVI due to an adverse reaction occurred in 15%. The most frequent adverse reactions which resulted in permanent discontinuation of MONJUVI were infections (5%), nervous system disorders (2.5%), respiratory, thoracic and mediastinal disorders (2.5%).

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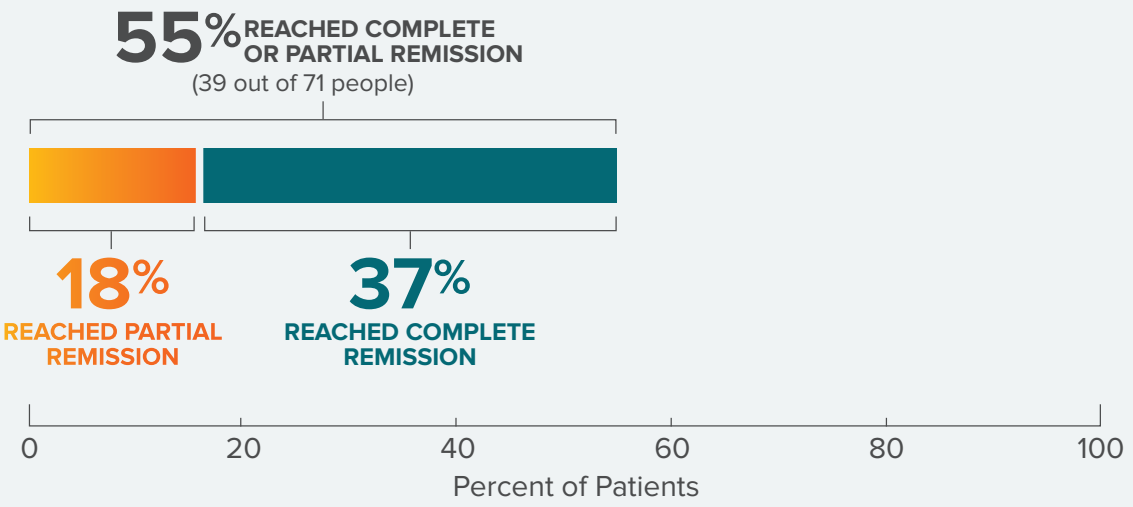
Refer to the graphic below to clarify the proportions of responders.

PATIENT POINT[1]

Complete and partial remission



It is always important to emphasize that different people achieve different results on treatment. Specific questions about treatment should always be directed to the doctor.

PATIENT POINT

- Every person is unique. How your condition progresses and how you may respond to MONJUVI depends on your individual circumstances. Talk to your doctor to learn more about MONJUVI or visit MONJUVI.com.

IMPORTANT SAFETY INFORMATION

Adverse Reactions (cont'd)

Dosage interruptions of MONJUVI or lenalidomide due to an adverse reaction occurred in 69% of patients and dosage interruption of MONJUVI due to an adverse reaction occurred in 65%. The most frequent adverse reactions which required a dosage interruption of MONJUVI were blood and lymphatic system disorders (41%), and infections (27%).

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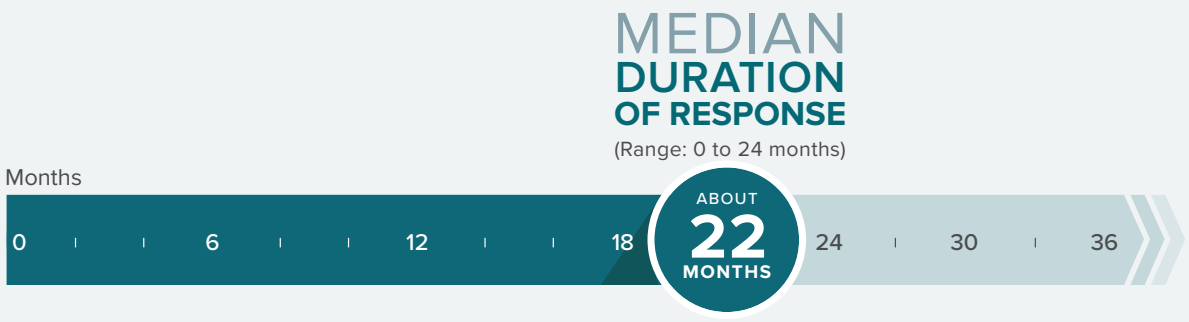
The duration of response data provides an idea of how long patients in the L-MIND study who responded were able to remain in some form of remission while on treatment with MONJUVI.

PATIENT POINTS[1]

- **The median duration of response is the length of time that people responded to therapy. In this study, the median duration of response was about 22 months. The median is the middle number in a group of numbers. This means half of the people who responded to treatment continued to respond for longer than 22 months and half responded for less than 22 months.**



IMPORTANT SAFETY INFORMATION

Adverse Reactions (cont'd)

The most common adverse reactions (≥20%) were neutropenia (51%), fatigue (38%), anemia (36%), diarrhea (36%), thrombocytopenia (31%), cough (26%), pyrexia (24%), peripheral edema (24%), respiratory tract infection (24%), and decreased appetite (22%).

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.

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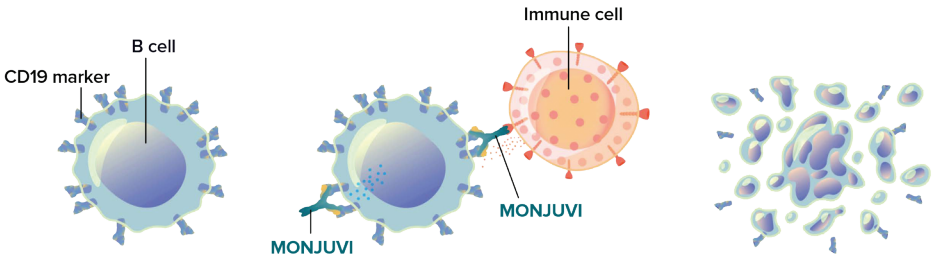
How MONJUVI works

Patients often ask how MONJUVI may be different from their previous DLBCL treatment(s), and they want to understand how it works. The explanation and graphic below will help patients understand how MONJUVI works.

PATIENT POINTS[1,4,5]

- MONJUVI is not chemotherapy. B cells are part of a healthy person's immune system. They help your body fight infection. In DLBCL, B cells grow out of control, both in size and number. The images below show how MONJUVI works.



1 Cancerous B cell with CD19 markers.

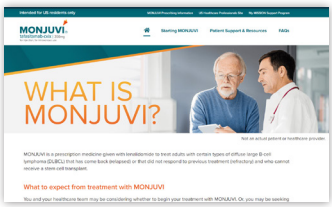
2 MONJUVI locates and binds to the CD19 marker on the surface of cancerous B cells.

3 This binding action triggers immune cells to kill the cancer cells.

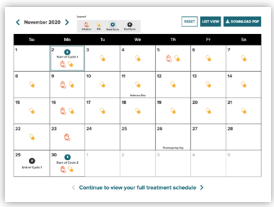
- Taking MONJUVI and lenalidomide together may help treat your relapsed or refractory DLBCL. MONJUVI targets the cancer directly and activates your immune system to fight relapsed or refractory DLBCL. MONJUVI can also affect healthy cells.

Resources

Patient Brochure



MONJUVI.com



Interactive Treatment Calendar on MONJUVI.com

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Managing possible adverse reactions

Warnings and precautions

Infusion-related reactions

As explained on page 6, patients will receive premedications before each infusion to help decrease the likelihood that they will experience IRRs. The MONJUVI Prescribing Information points out that in the L-MIND study, 80% of IRRs occurred during cycle 1 or 2.[1] Therefore, patients should understand that IRRs will be managed as follows:

- If a patient does not experience IRRs during the first 3 infusions, premedication is optional for subsequent infusions[1]
- Patients who do experience IRRs will receive premedications before each subsequent infusion[1]

Patients should be aware that MONJUVI may be delayed or stopped if they experience severe IRRs. They should also be able to recognize the signs of an IRR and know to report them to their healthcare team immediately.

Myelosuppression and infections

In addition, patients should also be advised of the potential for serious or severe myelosuppression, including neutropenia, thrombocytopenia, and anemia, as well as fatal and serious infections, including opportunistic infections.[1]

PATIENT POINTS[1]

MONJUVI may cause serious side effects, including:

- **Infusion reactions.** Your healthcare provider will monitor you for infusion reactions during your infusion of MONJUVI. Tell your healthcare provider right away if you get chills, flushing, headache, or shortness of breath during an infusion of MONJUVI.
- **Low blood cell counts** (platelets, red blood cells, and white blood cells). Low blood cell counts are common with MONJUVI, but can also be serious or severe. Your healthcare provider will monitor your blood counts during treatment with MONJUVI. Tell your healthcare provider right away if you get a fever of 100.4 °F (38 °C) or above, or any bruising or bleeding.
- **Infections.** Serious infections, including infections that can cause death, have happened in people during treatment with MONJUVI and after the last dose. Tell your healthcare provider right away if you get a fever of 100.4 °F (38 °C) or above, or develop any signs or symptoms of an infection.

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Because MONJUVI may cause fetal B-cell depletion, pregnant women should be advised of the potential risk to a fetus. Women of reproductive potential should be advised to use effective contraception during treatment with MONJUVI and for at least 3 months after the last dose.[1]

In addition, the combination of MONJUVI with lenalidomide is contraindicated in pregnant women, because lenalidomide can cause birth defects and death of the unborn child. Refer to the lenalidomide prescribing information on use during pregnancy.[1]

PATIENT POINTS[1]

Before you receive MONJUVI, tell your healthcare provider about all your medical conditions, including if you:

- Have an active infection or have had one recently.
- Are pregnant or plan to become pregnant. MONJUVI may harm your unborn baby. You should not become pregnant during treatment with MONJUVI. Do not receive treatment with MONJUVI in combination with lenalidomide if you are pregnant because lenalidomide can cause birth defects and death of your unborn baby.
  - —You should use an effective method of birth control (contraception) during treatment and for at least 3 months after your last dose of MONJUVI.
  - —Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with MONJUVI.
- Are breastfeeding or plan to breastfeed. It is not known if MONJUVI passes into your breastmilk. Do not breastfeed during treatment and for at least 3 months after your last dose of MONJUVI.

You should also read the lenalidomide Medication Guide for important information about pregnancy, contraception, and blood and sperm donation.

Tell your healthcare provider about all the medications you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

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Common side effects

As you know, a key element of any discussion about side effects is encouraging patients to keep track of how they are feeling. They should keep written notes on any side effects they may experience and discuss them with their healthcare team.

With your guidance, patients should be able to recognize the most common side effects of MONJUVI, as shown in the graphic below. They should also be advised that the list below does not include all of the possible side effects of MONJUVI, and that they should always call their doctor for medical advice about side effects.[1]

PATIENT POINT[1]

Most common side effects

Feeling tired or weak

Diarrhea

Cough

Fever

Swelling of lower legs or hands

Respiratory tract infection

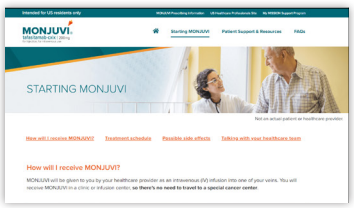
Decreased appetite

These are not all the possible side effects of MONJUVI. Call your doctor for medical advice about side effects.

Resources

Getting Started Guide

Patient Brochure



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Financial assistance for eligible patients

My MISSION SUPPORT Patient Support Program™

My MISSION Support offers patient support, including financial assistance, ongoing education, and other resources, for eligible patients taking MONJUVI. My MISSION Support can help providers understand their patients' health insurance coverage and answer billing and coding questions. Program Specialists offer personalized assistance, with the goal of making MONJUVI access simple and streamlined, while providing compassionate assistance and resources for patients and caregivers.

This section provides an overview of the program and enrollment details.

Understanding insurance

Patients should be advised that a My MISSION Support Program Specialist will work closely with their healthcare provider's office, as well as with their insurance plan, to provide answers to access and reimbursement questions, including

- Is MONJUVI covered by my insurance plan?
- How much of the cost will I be responsible for?
- Is a pre-approval needed?
- Why has my claim been denied?
- May I appeal my denied claim?

Financial assistance options

The My MISSION Support Program cares about making sure eligible patients get the help they need to start treatment. Whether a patient is uninsured or has challenges with out-of-pocket costs through their insurance plan, My MISSION Support has a variety of programs that may be able to assist.

Independent Support Organizations

Patients with coverage for MONJUVI through Medicare (either through Medicare Advantage or traditional Medicare), Medicaid, or other government-sponsored insurance may be eligible for support through independent third-party foundations.

Upon request, the My MISSION Support Program can supply healthcare providers with contact information for independent third-party organizations* that may be able to assist patients with the following:

- Deductibles
- Copays/coinsurance
- Insurance premiums
- Treatment-related costs, such as transportation, home care, and child care

*Eligibility requirements are determined solely by the independent foundation and assistance availability will vary by organization.

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Please see Important Safety Information throughout and the full Prescribing Information.

Copay Assistance Program

Commercially insured patients taking MONJUVI may be able to receive assistance through the My MISSION Support Copay/Coinsurance Assistance Program.

If eligible, patients may pay as little as $0 for MONJUVI.

My MISSION Support provides assistance up to $25,000 per calendar year to help with out-of-pocket costs for MONJUVI.

In order to be eligible for My MISSION Support Copay Assistance, patients:

- Must have commercial insurance
- Must not have Medicare, Medicaid, or other government insurance
- Must meet certain guidelines set forth in the Terms and Conditions for the My MISSION Support Copay Program. For more information, please visit **mymissionsupport.com/financial-assistance**

MorphoSys Foundation Patient Assistance Program

Patients who do not have insurance, or whose copay responsibility through their insurer presents a financial hardship, may be able to receive help from the MorphoSys Foundation.

Through the MorphoSys Foundation Patient Assistance Program, it is possible for eligible patients to obtain treatment at no cost.

To qualify, patients must meet certain financial criteria. If their income or insurance coverage has been impacted by COVID-19, these circumstances will be considered as we determine eligibility.

Enrollment

To enroll in the My MISSION Support Program, patients should visit **MyMISSIONSupport.com/enroll** to take advantage of several convenient enrollment options. On the Enrollment Form, they can opt in to any or all of these program features:

- Benefit investigation and prior authorization support
- Claims support
- Copay support for commercially insured patients
- Patient assistance (if uninsured or underinsured)
- Patient education and support

For help with any questions while completing the Enrollment Form, please tell your patients to call 855-421-6172, Monday to Friday, 8 AM to 8 PM ET, to get personalized support from a My MISSION Support Program Specialist.

Resources

MyMissionSupport.com

Getting Started Guide

Patient Brochure

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Communicating with the treatment team

The treatment team is always the best source of information for patients. That's why knowing how and when to contact the treatment team is among the most important information patients need as they establish a relationship with your office. Every office has unique contact preferences, whether by phone, e-mail, or a patient portal, so be sure to clarify the best method of communication for your patients to use.

Before contacting the office or arriving for the next appointment

As suggested on page 17, patients should always write down how they are feeling following treatment with MONJUVI, making note of any:

- Details on any side effects they experience
- Changes to their normal routine, such as sleep patterns and appetite
- Questions about treatment with MONJUVI

The Getting Started Guide includes pages for patients to write their notes on these topics. Patients should be aware of the importance of having this information ready to discuss with their healthcare team before they call or see you in the office.

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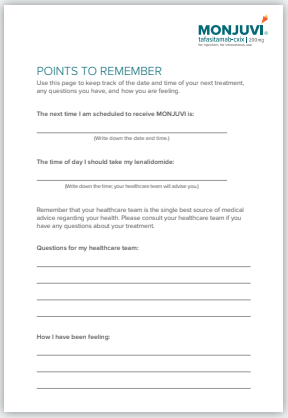
Keeping track of key information

Certain MONJUVI resources help guide patients to note important details about their treatment schedule as well as their personal health observations.

Getting Started Guide

This booklet includes a tear pad that patients can use to keep track of appointments, when to take lenalidomide, possible symptoms, and questions to ask at their next infusion visit.

- Printed copies are available from your MONJUVI representative
- You and your patients may download a copy at **MONJUVI.com**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POINTS TO REMEMBER

Use this page to keep track of the date and time of your next treatment, any questions you have, and how you are feeling.

The next time I am scheduled to receive MONJUVI is:

(Write down the date and time.)

The time of day I should take my lenalidomide:

(Write down the time; your healthcare team will advise you.)

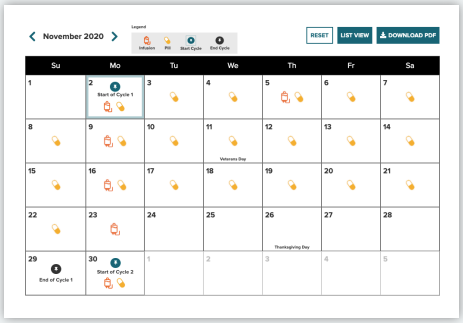
Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Questions for my healthcare team:

How I have been feeling:

Interactive Treatment Calendar

This tool enables you and your patient to build a personalized schedule for treatment with MONJUVI and lenalidomide. You can enter the patient's treatment start date, or—if treatment is already underway—you can enter any other infusion date. The calendar will then populate with all the dates on which the patient will receive MONJUVI and take lenalidomide, through the end of cycle 13.


November 2020

Legend: Infusion, PID, Start Cycle, End Cycle

RESET | LIST VIEW | DOWNLOAD PDF

Su	Mo	Tu	We	Th	Fr	Sa
1	2 Start of Cycle 1	3	4	5	6	7
8	9	10	11 Veterans Day	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26 Thanksgiving Day	27	28
29 End of Cycle 1	30 Start of Cycle 2	1	2	3	4	5

- This feature may be accessed at **MONJUVI.com** or **MonjuviHCP.com**
- In addition to the traditional calendar view, the dates are also available in a list view. Both the calendar and list may be downloaded as a PDF

Resources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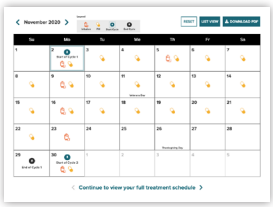
WHAT TO EXPECT WHEN GETTING STARTED WITH MONJUVI

Getting Started Guide


November 2020

Continue to view your full treatment schedule

Interactive Treatment Calendar on MONJUVI.com

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How to access resources for your patients

Getting Started Guide

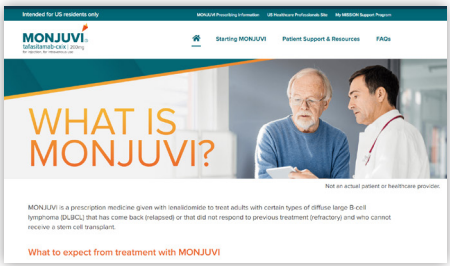
Print

Downloadable from MONJUVI.com

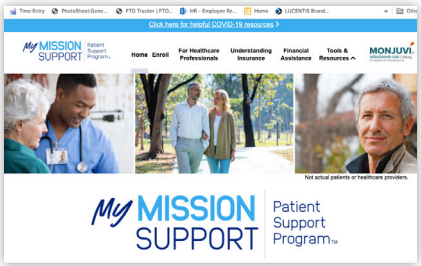
Patient Brochure

Print

Downloadable from MONJUVI.com



MONJUVI.com



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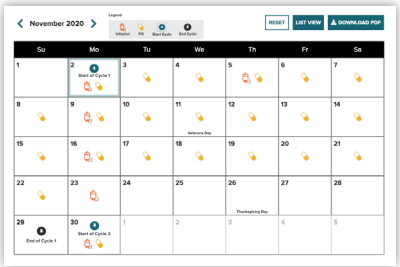

Interactive Treatment Calendar

Downloadable from MONJUVI.com or MonjuviHCP.com

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To create a customized infusion schedule for your patients, visit **MonjuviHCP.com**

To find information and resources for your patients, visit **MONJUVI.com**

My MISSION SUPPORT Patient Support Program™

My MISSION Support can help you understand health insurance coverage requirements, answer billing and coding questions, and enroll eligible patients in all program services, including financial assistance programs, helping to secure appropriate access to MONJUVI for eligible patients. My MISSION Support's Program Specialists offer personalized assistance, with the goal of making MONJUVI access simple and streamlined, while providing holistic, compassionate support.

Call **(855) 421-6172**, Monday to Friday, 8 AM to 8 PM ET, for personalized support from a My MISSION Support Program Specialist, or visit **MyMISSIONSupport.com** to learn more.

REFERENCES: **1.** MONJUVI Prescribing Information. Boston, MA: MorphoSys. **2.** National Cancer Institute. NCI dictionary of cancer terms. cancer.gov/publications/dictionaries/cancer-terms. Accessed October 27, 2020. **3.** Cheson BD, Pfistner B, Juweid ME, et al. Revised response criteria for malignant lymphoma. *J Clin Oncol.* 2007;25(5):579-586. **4.** Lymphoma Research Foundation. About lymphoma: diffuse large B-cell lymphoma. lymphoma.org/aboutlymphoma/nhl/dlbcl. Accessed October 27, 2020. **5.** Freedman AS, Friedberg JW. Patient education: Diffuse large B cell lymphoma in adults (Beyond the basics). uptodate.com/contents/diffuse-large-b-cell-lymphoma-in-adults-beyond-the-basics. Accessed October 27, 2020.

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