

## Robust Patient Access and Support Services

**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.

### Program Services Include:



**Call Center**  
8 AM - 8 PM  
EST



**Program Specialists**  
Local Market  
Reimbursement  
Experts



**Billing & Coding Resources**



**Benefit Investigations & Prior Authorization Support**



**Claims Submission & Appeals Support**



**Patient Financial Assistance Programs\***



**Patient Support & Education**

Visit: [www.MyMISSIONSupport.com](http://www.MyMISSIONSupport.com)

Call: 855-421-6172

Fax: 866-870-6241

### My MISSION Support Offers a Suite of Financial Assistance Options for Eligible Patients

- Free product for eligible patients through the MorphoSys Foundation Patient Assistance Program
- Copay assistance for commercially insured patients†
- Information about independent sources of assistance that may be able to help patients

\* Other terms and conditions apply. Visit [www.MyMISSIONSupport.com](http://www.MyMISSIONSupport.com) for full eligibility criteria.

† The program is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, or other federal or state healthcare programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico [formerly known as "La Reforma de Salud"]).



### INDICATION

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 (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.

*(continued on next page)*

Please see additional Important Safety Information on next page and full [Prescribing Information](#).

## Getting Started With My MISSION Support

1 — Visit [www.MyMISSIONSupport.com](http://www.MyMISSIONSupport.com) and Click on Enroll Now

2 — Complete and Submit an Online Enrollment Form



OR



Download and Complete a Printable Enrollment Form

Fax Enrollment Form to: **866-870-6241**

– OR –



Email Enrollment Form to: [access@MyMISSIONSupport.com](mailto:access@MyMISSIONSupport.com)

Once an Enrollment Form is submitted, My MISSION Support's Program Specialists will work with you to provide patient-specific support for MONJUVI® (tafasitamab-cxix).

## My MISSION Support Offers Comprehensive Reimbursement Tools

My MISSION Support's Program Specialists can help research patient-specific benefits, and answer questions related to coding and coverage for MONJUVI. If a prior authorization is required, the My MISSION Support team can help research and communicate payer requirements. In the event of a claim denial, My MISSION Support can research the reason for denial and provide support throughout the appeal process.

Please visit [www.MyMISSIONSupport.com](http://www.MyMISSIONSupport.com) for resources such as a MONJUVI Billing & Coding Guide, Sample Claims Forms, and Sample Reimbursement Letters.

## Commercial Copay Assistance Is Available to Help Eligible Patients With Their Out-of-Pocket Costs\*

My MISSION Support may be able to provide financial support for patient's out-of-pocket costs for MONJUVI.

Upon program enrollment, commercially insured patients will be assessed for copay assistance eligibility. If they qualify, patients may be responsible for a drug copay of as little as \$0. My MISSION Support will pay any remaining copay, up to \$25,000 per calendar year.

\*Other terms and conditions apply. Visit [www.MyMISSIONSupport.com](http://www.MyMISSIONSupport.com) for full eligibility criteria.

The program is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, or other federal or state healthcare programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico [formerly known as "La Reforma de Salud"]).

Visit: [www.MyMISSIONSupport.com](http://www.MyMISSIONSupport.com)

Call: 855-421-6172

Fax: 866-870-6241

## The MorphoSys Foundation Patient Assistance Program Provides Free Product to Eligible Patients

For patients who meet financial and insurance requirements, the MorphoSys Foundation is pleased to offer MONJUVI free of charge.

Once a patient's eligibility is confirmed and the patient is enrolled in the program, the MorphoSys Foundation will coordinate product shipment to the physician's office.

## Personalized Patient Support and Education

When a patient enrolls in My MISSION Support, they may opt into receiving additional support and education from an oncology professional. These professionals are specially trained to support a patient's ongoing journey with MONJUVI treatment by providing general disease and treatment information, routine phone-based check-ins, and referrals to additional resources. A patient's doctor should always be their first point of contact for any questions about their condition or treatment.

My MISSION Support also offers a mobile application for appointment management, medication reminders, and other helpful tools.

## IMPORTANT SAFETY INFORMATION (continued)

### Warnings and Precautions (continued):

- **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 (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](http://www.fda.gov/medwatch). You may also report side effects to MORPHOSYS US INC. at (844) 667-1992.

Please see the full [Prescribing Information](#) for additional Important Safety Information.