Dear [name]:

The Food and Drug Administration (FDA) has required this safety notice as part of the BLINCYTO® REMS (Risk Evaluation and Mitigation Strategy) to be distributed to the [insert Professional Society Name] to highlight new safety information about cytokine release syndrome and neurological toxicities. Amgen requests that you distribute the information to your members, informing them about the serious risks of BLINCYTO.

**BOXED WARNING: Cytokine Release Syndrome**
- CRS, which may be life-threatening or fatal, occurred in patients receiving BLINCYTO.
- Monitor patients for signs or symptoms of CRS.
- BLINCYTO has been recently approved for the treatment of minimal residual disease (MRD)-positive B-cell precursor acute lymphoblastic leukemia (ALL) in adults and children.
  - In patients treated for MRD-positive B-cell precursor ALL, hospitalization is recommended for the first 3 days of the first cycle and the first 2 days of the second cycle.
  - In patients treated for relapsed or refractory B-cell precursor ALL, hospitalization is recommended for the first 9 days of the first cycle and the first 2 days of the second cycle.
- Administer corticosteroids for severe or life-threatening CRS.

**BOXED WARNING: Neurological Toxicities**
- In patients with ALL receiving BLINCYTO in clinical studies, neurological toxicities have occurred in approximately 65% of patients.
- Manifestations of neurological toxicity included cranial nerve disorders.

**OTHER SERIOUS RISKS: Preparation and Administration Errors**
- It is very important that the instructions for preparation (including admixing) and administration are strictly followed to minimize medication errors (including underdose and overdose).

Please see the non-promotional REMS Fact Sheet, reviewed by the FDA, and the full Prescribing Information for more detailed safety information. Additional copies of the Fact Sheet and other important information are available at: www.blincytorems.com.

BLINCYTO is a bispecific CD19-directed CD3 T-cell engager indicated for the treatment of adults and children with 1) B-cell precursor ALL in first or second complete remission with MRD greater than or equal to 0.1% and 2) relapsed or refractory B-cell precursor ALL.

Sincerely,

Lisa L. Bollinger, MD
Vice President, Global Patient Safety, Labeling and Pediatric Regulatory
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