FOR ADULTS WITH RELAPSED OR REFRACTORY **MULTIPLE MYELOMA (MM)**

Abecma™ (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

In a clinical study, at 30.9 months follow-up (median), people treated with ABECMA lived without the disease getting worse or passing away (called progression-free survival) for 3 times longer, 13.8 months compared with 4.4 months for those on standard treatments.

Important Facts About ABECMA® (idecabtagene vicleucel)

What is ABECMA?

ABECMA is a prescription medicine used to treat adults with relapsed or refractory **multiple myeloma (MM)**, when:

- ✓ you have tried two or more kinds of treatments that have not worked or have stopped working, **AND**
- ✓ you have received at least one therapy from each of these drug classes:
  - an immunomodulatory agent
  - a proteasome inhibitor
  - an anti-CD38 antibody

WARNING: RISK OF SERIOUS SIDE EFFECTS

ABECMA may cause side effects that are life-threatening and can lead to death, including risk of **cytokine release syndrome (CRS), neurologic toxicity, infections, low blood cell counts (cytopenia), and certain types of blood cancers.**

Call your healthcare provider or get emergency help right away if you experience any of the following symptoms:

- trouble breathing
- fever (100.4°F/38°C or higher)
- chills or shivering
- confusion
- feeling dizzy or lightheaded
- shaking or twitching (tremor)
- fast or irregular heartbeat
- feeling severely tired or weak
- severe nausea, vomiting, or diarrhea

Because of the risk of serious side effects, your healthcare provider will give you an **ABECMA Patient Wallet Card** that describes symptoms to look out for that require emergency medical care right away. It's important that you tell your healthcare providers that you have received ABECMA and to show them your ABECMA Patient Wallet Card. Your healthcare provider may give you other medicines to treat your side effects.

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

Move forward with confidence knowing you have a powerful treatment that may help control your multiple myeloma

Abecma™ (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

If you or someone you care about has multiple myeloma that has come back or stopped responding to treatment, it may be time to start thinking about **CAR T cell therapy**. This brochure will help you learn about ABECMA®, a treatment designed to use your body's own cells to find and fight cancer.

"My advice to others is to learn about your treatment options as early as you can. That way, you'll be prepared."

— Mary, treated with ABECMA

Patients were compensated by Bristol Myers Squibb for sharing their stories.

Tips for care partners

Throughout this brochure you'll find tips to help you and your loved one work together throughout their ABECMA treatment journey.

Important Facts About ABECMA® (cont'd)

This is a summary of important information that you need to know about ABECMA. Your healthcare team can work with you to help answer any questions you may have about this medication. Keep this document in a safe place, so you can refer to it before and during your treatment.

Look out for the following icons as you read:

- Talk to your healthcare team
- Call a healthcare provider right away
- Helpful information to remember

IMPORTANT SAFETY INFORMATION (cont'd)

How will I receive ABECMA?

ABECMA is a CAR (chimeric antigen receptor) T-cell therapy. It is a prescription medicine made using your own white blood cells. These white blood cells have been changed (genetically modified) to find and attack your multiple myeloma cells. ABECMA is given as an intravenous (IV) infusion.

Before receiving your ABECMA infusion:

- Your blood cells will be collected by a process called leukapheresis (LOO-kuh-feh-REE-sis), sometimes called apheresis.

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

Table of Contents

Throughout the brochure you will see bolded, **dark teal words.**
These terms and their definitions can be found on pages 20 and 21.

IMPORTANT SAFETY INFORMATION (cont'd)

Your blood cells will be sent to a manufacturing site to make your ABECMA. Based on clinical trial experience, your ABECMA will be ready to be shipped back to your healthcare provider about **4 weeks** after your cells are received at the manufacturing site, but the time may vary.

Your healthcare provider will give you **3 days** of chemotherapy to prepare your body before receiving your ABECMA treatment.

On the day of your ABECMA infusion:

You will receive ABECMA through a tube (catheter) placed into your vein (intravenous infusion). Your dose of ABECMA may be given in one or more infusion bags. Each infusion bag usually takes up to **30 min.**

After receiving your ABECMA infusion:

For at least **1 week** (7 days) after receiving ABECMA, you will stay at the facility where you received your treatment and be monitored daily.

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

What is ABECMA®?

ABECMA is a CAR T cell therapy created just for you

ABECMA is a one-time **infusion*** for the treatment of multiple myeloma (MM). Your doctor may refer to ABECMA by its generic name, idecabtagene vicleucel or "ide-cel".

How ABECMA is made

CAR T cell therapy uses cells from your body's **immune system** to fight multiple myeloma. ABECMA cells are created by adding new hooks, called chimeric antigen receptors (CARs), to your existing T cells. This makes them better able to attach to multiple myeloma cells and destroy them. ABECMA can also target certain normal, healthy cells.

YOUR T CELLS

T cells are a type of **immune cell** that help the body fight off diseases, including cancer

CARs

CARs are "hooks" (receptors) that are added to your T cells

ABECMA

Your newly made CAR T cells that are powered to find and fight multiple myeloma cells

Once your ABECMA CAR T cells have been made, they are put back into your body through a one-time infusion.*

*Treatment process includes blood collection, CAR T cell creation, administration, and side effect monitoring.

IMPORTANT SAFETY INFORMATION (cont'd)

For **4 weeks** after receiving ABECMA, you should plan to stay close (within 2 hours) to the facility where you received your treatment. During this time, your healthcare provider will check to see that your treatment is working and help you with any side effects that may occur.

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

What is ABECMA®? (cont'd)

ABECMA is different from a stem cell transplant

ABECMA is not a **stem cell transplant** (SCT) and may be right for you even if you had an SCT in the past.†

- A short course of **chemotherapy** is required before your ABECMA treatment
- The initial **monitoring period** for ABECMA lasts at least 7 days at the treatment center

While regular check-ins with your healthcare team are still required, the following are NOT required for your multiple myeloma treatment while responding to ABECMA:

REPEATED INFUSIONS

MAINTENANCE THERAPY

DAILY PILLS

†85%-92% of people in the ABECMA clinical trials had previously received an SCT.

IMPORTANT SAFETY INFORMATION (cont'd)

What should I avoid after receiving ABECMA?

✕ **Do not** drive, operate heavy machinery, or do any other activity that could be dangerous if you are not mentally alert, for at least **8 weeks** after you get ABECMA. This is because ABECMA may affect your ability to be mentally alert in the following ways:

- temporary memory and coordination problems
- sleepiness
- dizziness
- confusion
- seizures

✕ **Do not** donate blood, organs, tissues, or cells for transplantation.

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

Find out if you're eligible for ABECMA

> "I had already tried 3 different treatments. So, my doctor decided it was time for CAR T cell therapy with ABECMA."
>
> — Jim, treated with ABECMA

IMPORTANT SAFETY INFORMATION (cont'd)

What are the possible or reasonably likely side effects of ABECMA?

Serious side effects

ABECMA can increase the risk of serious side effects. A **serious side effect** is a side effect that is severe or life-threatening and can lead to death. The serious side effects of ABECMA include, but are not limited to:

- **Early deaths.** In a clinical study comparing ABECMA to standard treatments, **a higher proportion of people died in the first 9 months from when they were assigned to receive ABECMA compared to people assigned to receive standard treatments**. The higher rate of early death was seen before people received ABECMA, and the main reason was that their multiple myeloma had gotten worse. There was also an increase in the rate of death from side effects after receiving ABECMA.

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Find out if you're eligible for ABECMA® (cont'd)

Abecma™ (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

Two simple questions can help you determine whether it might be time for ABECMA:

1. Has your multiple myeloma come back (**relapsed**) OR did your multiple myeloma medicine not work (**refractory**)?
2. Have you tried 2 treatments that include a therapy from each of the 3 classes below?

Your healthcare team will know what treatments have been previously prescribed to you and can help you determine whether or not you may be eligible for ABECMA.

Immunomodulatory Agent	Proteasome Inhibitor	Anti-CD38 Monoclonal Antibody
Lenalidomide (REVLIMID®)	Bortezomib (VELCADE®)	Daratumumab (DARZALEX®)
Pomalidomide (POMALYST®)	Carfilzomib (KYPROLIS®)	Isatuximab-irfc (SARCLISA®)
Thalidomide (THALOMID®)	Ixazomib (NINLARO®)	

These medicines may be given by pill, injection, or **infusion**. Your doctor may have prescribed more than 1 at a time. Please see product safety information at respective website for agents listed above.

If you answered YES or are unsure, you may be eligible for ABECMA today.
If you answered NO, ABECMA may still be an option for you in the future.

It's never too early to start discussing CAR T treatment with ABECMA.

IMPORTANT SAFETY INFORMATION (cont'd)

Cytokine release syndrome (CRS). ABECMA can increase the risk of CRS, a very common side effect which can be severe or fatal. CRS happens when the immune system responds to an infection or a drug more aggressively than it should. Symptoms to look out for include:

- fever (100.4°F/38°C or higher)
- trouble breathing
- dizziness or lightheadedness
- nausea
- headache
- fast heartbeat
- low blood pressure
- feeling tired or weak

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How was ABECMA® studied?

ABECMA was studied in a clinical trial:

- of **386 people** with **relapsed** or **refractory** multiple myeloma
  - 254 patients received ABECMA
  - 132 patients received standard treatment*
- who received **at least 2** prior medicines
- were a **median** age of **63 years old**
- results of the study are based on **30.9 months median** follow-up

*People who were given standard treatment got one of the following medication combinations: daratumumab, pomalidomide, dexamethasone (DPd); daratumumab, bortezomib, dexamethasone (DVd); ixazomib, lenalidomide, dexamethasone (IRd); carfilzomib, dexamethasone (Kd); or elotuzumab, pomalidomide, dexamethasone (EPd).

People included in this study had 2 important characteristics that may be seen in people with relapsed/refractory multiple myeloma (RRMM):

- **100%** were **triple-class exposed**†
- **95%** were daratumumab **refractory**

†Patients who have received an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody.

IMPORTANT SAFETY INFORMATION (cont'd)

Infections. ABECMA can increase the risk of life-threatening infections that may lead to death. Symptoms to look out for include:

- fever (100.4°F/38°C or higher)
- chills
- any other signs or symptoms of an infection

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

How was ABECMA studied? (cont'd)

Why is this important?

Historically **triple-class exposed**† patients have not responded well to standard treatments

When discussing treatment options with your doctor, it is important to understand the different types of people included in the clinical studies for those medicines, as it can affect the results and how they should be interpreted

Every **clinical study** includes different types of people. This ABECMA study (**KarMMa-3**) is the only **phase 3** trial that specifically included people who all received 3 different kinds of medicine: an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody. These medicines are the most commonly used in treating multiple myeloma.

IMPORTANT SAFETY INFORMATION (cont'd)

Low blood cell counts (cytopenia). ABECMA can lower the amount of one or more types of your blood cells (red blood cells, white blood cells, or platelets), which may make you feel weak or tired, and could increase your risk of severe infection or bleeding. After treatment, your healthcare provider will test your blood to check for this. Symptoms to look out for include:

- fever (100.4°F/38°C or higher)
- bruising
- bleeding
- feeling weak or tired

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What were the results of the clinical study?

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Everyone enrolled in the ABECMA® **clinical study** was monitored for results, including:

- The length of time alive and without the cancer getting worse after treatment, called **progression-free survival** (PFS)
- The percentage of patients whose cancer shrinks or disappears after treatment, or **overall response** rate (ORR)
- The disappearance of all signs of cancer in response to treatment,* or **complete response** (CR)
- The length of time cancer responded to treatment without growing or spreading, called **duration of response** (DOR)

People who received ABECMA lived 3x longer without their multiple myeloma coming back or getting worse compared with standard treatment (13.8 months vs 4.4 months).†

*It does not mean the multiple myeloma has been cured.

†**Progression-free survival** results. Progression-free survival is the amount of time a person was alive and without the cancer getting worse after treatment. People in the clinical study were followed for 30.9 months (median). Individual results may vary.

"I want to share my story with other people so they have hope. I'm here, and I'm in remission. Never give up, just keep going.‡"

— Jim, treated with ABECMA

‡Having no signs of myeloma does not mean the cancer has been cured. Individual responses may vary.

ABECMA is a powerful treatment that may help control multiple myeloma.‖

IMPORTANT SAFETY INFORMATION (cont'd)

Other (secondary) blood cancers. ABECMA may increase your risk of getting certain types of cancers, including certain types of blood cancers. You may hear your healthcare provider call these "secondary hematological malignancies."

Your healthcare provider should **monitor you for any signs of secondary cancers.**

ABECMA may cause a **false-positive HIV (Human Immunodeficiency Virus) test result** by some commercial tests.

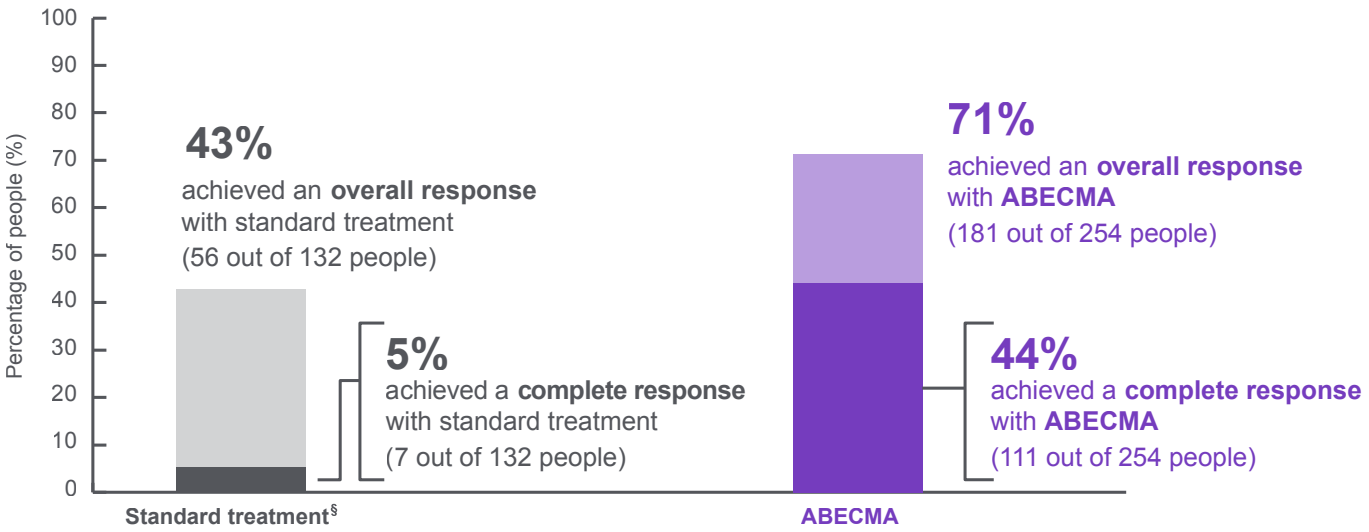
Call your healthcare provider right away if you have any of these symptoms after receiving ABECMA. Remember to bring and show your **ABECMA Patient Wallet Card** to any healthcare provider who treats you.

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

What were the results of the clinical study? (cont'd)

Abecma™ (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

More people achieved a complete response with ABECMA® than with standard treatment



At a median follow-up of 15.9 months, people who received ABECMA in the clinical study who had a complete response or better responded to ABECMA for 20 months.[‖]

§People who were given standard treatment received one of the following medication combinations: daratumumab, pomalidomide, dexamethasone (DPd); daratumumab, bortezomib, dexamethasone (DVd); ixazomib, lenalidomide, dexamethasone (IRd); carfilzomib, dexamethasone (Kd); or elotuzumab, pomalidomide, dexamethasone (EPd).
‖People who received ABECMA in the **clinical study** who had a **partial response** or better responded to ABECMA for 14.8 months.

IMPORTANT SAFETY INFORMATION (cont'd)

Most common side effects

The most common side effects of ABECMA include:

- feeling tired or weak
- fever (100.4°F/38°C or higher)
- chills or shivering
- severe nausea or diarrhea
- decreased appetite
- headache
- dizziness or lightheadedness
- confusion
- trouble speaking or slurred speech
- cough
- trouble breathing
- fast or irregular heartbeat

These are not all the possible side effects of ABECMA.

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

ABECMA® has a well-established side effect profile

The safety profile of ABECMA is specific to ABECMA and you should discuss it with your doctor. Relapsed/refractory multiple myeloma treatments, including this treatment or any other treatment, may have different side effects, including the types, when and how often they occur, along with how severe they may be. Be sure to talk with your healthcare team to understand all of your treatment options and their potential side effects.

Early death

In a study comparing ABECMA to standard regimens, a higher number of patients in the ABECMA group experienced death within 9 months of the start of the trial compared with the standard regimens group.

- This higher rate of early death was observed before receiving ABECMA, with the main reason being progression of multiple myeloma. There was also an increase in the rate of death from adverse events after ABECMA

What is cytokine release syndrome (CRS)?

Treatment with ABECMA can sometimes cause a serious side effect called CRS. CRS happens when the **immune system** responds to an infection or a drug more aggressively than it should, which can be harmful, or in some cases, fatal.

Symptoms of **cytokine** release syndrome include:

- Fever
- Difficulty breathing
- Dizziness or lightheadedness
- Nausea
- Headache
- Fast heartbeat
- Low blood pressure
- Fatigue

These symptoms may feel similar to the flu. Please talk to your healthcare provider if you experience these symptoms.

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

ABECMA® has a well-established side effect profile (cont'd)

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When can CRS happen, and how long might it last?

When might it start?

1 day*

after infusion

(range: 1 to 27 days)

How long might it last?

5 days†

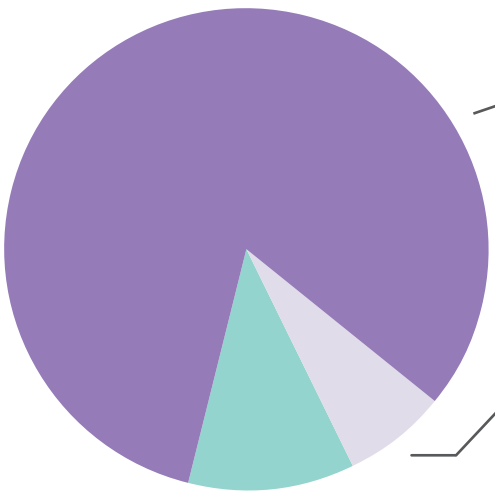
after symptoms begin

(range: 1 to 63 days)

Your healthcare team will monitor you for signs of side effects at the certified treatment center for at least 7 days after your ABECMA **infusion**.

*The **median** time to onset was 1 day, with a range of 1 to 27 days.
†The **median** duration was 5 days, with a range of 1 to 63 days.

In 2 ABECMA clinical studies, most people who experienced cytokine release syndrome had mild to moderate symptoms:



82%
of people had mild or moderate **cytokine** release syndrome (287 out of 349 people)

7%
of people had severe or life-threatening **cytokine** release syndrome (23 out of 349 people), including 3 people who had **cytokine** release syndrome leading to death

11%
of people had no **cytokine** release syndrome (39 out of 349 people)

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

ABECMA® has a well-established side effect profile (cont'd)

Abecma (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

What is neurologic toxicity?

ABECMA can cause a side effect called neurologic toxicity. It affects the body's **nervous system** and can change how the brain works or its structure, making it hard to think clearly.

Other symptoms of neurologic toxicity include:

- Confusion
- Seizures
- Shaking or twitching
- Difficulty speaking or slurred speech
- Disorientation
- Severe sleepiness

Do not drive, operate heavy machinery, or do other activities that could be dangerous if you are not mentally alert for at least 8 weeks after you receive ABECMA.

Call your doctor if you are experiencing any of these or other symptoms after leaving the hospital.

When can neurologic toxicity happen, and how long might it last?

When might it start?

2 days*

after infusion

(range: 1 to 148 days)

How long might it last?

5 days†

after symptoms begin

(range: 1 to 245 days in 123 out of 139 people whose neurologic toxicity resolved)

Your healthcare team will monitor you for signs of side effects at the certified treatment center for at least 7 days after your ABECMA **infusion**.

*The **median** time to onset was 2 days, with a range of 1 to 148 days.

†**T cell**-associated neurologic toxicity resolved in 123 to 139 (88%) patients and **median** time to resolution was 5 days (range: 1 to 245 days). The **median** duration of CAR T cell-associated neurologic toxicity was 8 days (range: 1 to 720 days) in all patients, including those with ongoing neurologic events at the time of death or data cutoff.

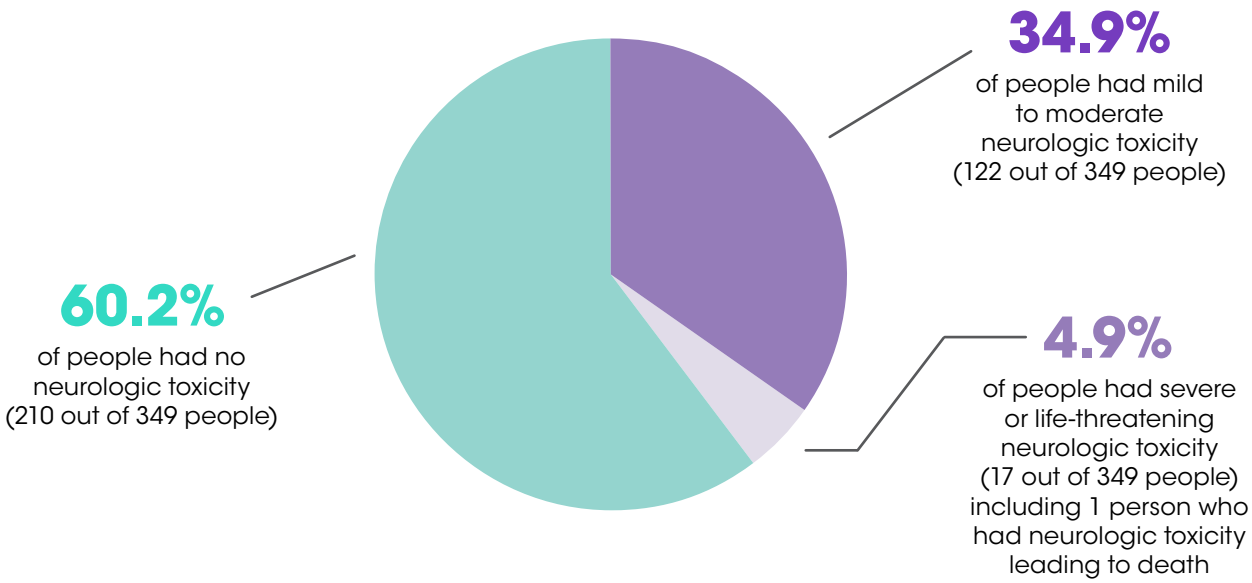
IMPORTANT SAFETY INFORMATION (cont'd)

Talk to your healthcare team for medical advice about side effects. You are encouraged to report side effects to Bristol Myers Squibb at ABECMA.com or by calling 1-888-805-4555, or to the FDA by calling 1-800-FDA-1088.

For more information, please see the U.S. Full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide for ABECMA. Talk to your healthcare provider for more information about this medication.

ABECMA® has a well-established side effect profile (cont'd)

In 2 ABECMA clinical studies, most people did not experience neurologic toxicity:



"Having an experienced, specialized team caring for me after receiving my ABECMA cells was very comforting because I knew they had experience and they would take really good care of me."

— Mary, treated with ABECMA

It's important to be well informed for conversations with your healthcare team before deciding on a treatment option.

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

What to expect during the ABECMA® process

Step 1: Before receiving your ABECMA infusion

Blood collection (apheresis)
Time: 2-6 hours
Location: Certified treatment or **apheresis** center

CAR T cell creation
Time: About 4 weeks (time may vary)
Location: Specialized manufacturing laboratory

Pre-infusion treatment
Time: 3 days of short-course **chemotherapy**
Location: Certified treatment center (during 3 separate visits)

Pre-infusion you may also receive "bridging" therapy between your blood collection and **infusion**. This may be an important step in managing your disease prior to your infusion of ABECMA. Speak to your doctor to see if bridging therapy may be right for you.

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Starting my CAR T journey so we can keep celebrating with the kids —that's my plan after ABECMA®

In a clinical study of 30.9 months follow-up (median), people treated with ABECMA lived longer without the disease getting worse or passing away, 13.8 months vs 4.4 months with standard treatments.

What to expect during the ABECMA process (cont'd)

Step 2: On the day of your ABECMA infusion

One-time ABECMA infusion
Time: Up to 30 minutes per **infusion** bag (1 or more)
Location: Certified treatment center (Day 1 of 1-week hospital stay)

Step 3: After receiving your ABECMA infusion

Initial monitoring
Time: At least 4 weeks
Location: Certified treatment center (during initial 1-week hospital stay) and staying within 2 hours of the treatment center (for at least 4 weeks)

Long-term follow-up
Time: Ongoing
Location: Primary oncologist for regular check-ups

Tips for care partners

Getting to know the ABECMA treatment process can help you feel prepared. Your loved one may need support with scheduling and transportation to appointments, keeping up with tasks, and more.

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

Your care partner can make a difference

Care partner support

Caregivers play an essential role during your ABECMA® treatment journey. They can lend a helping hand and support you before and after your ABECMA **infusion**. Plan with family and friends so that caregiver duties can be shared by more than one person.

Before your ABECMA infusion,

- **Take notes and ask questions** at the doctor's office
- **Schedule** appointments
- **Organize and share** medical and insurance information with the healthcare team
- Help with **day-to-day tasks**, such as driving, meals, laundry, and cleaning

After your ABECMA infusion,

- **Look for symptoms**, side effects, and other changes in health and/or behaviors
- Check and **record your temperature** at least 3 times a day
- Ask the healthcare team **questions**
- Call 911 or your healthcare team **in an emergency**

Tips for care partners

Don't go at it alone. Being a caregiver can be a lot of responsibility, so it's important to take care of yourself and reach out to others for support.

Visit ABECMA.com for additional care partner support resources and information on advocacy organizations.

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

Cell Therapy 360®

Personalized support throughout ABECMA treatment

If a CAR T cell therapy treatment center decides a Bristol Myers Squibb CAR T cell therapy is right for you, Cell Therapy 360 offers solutions-oriented programs for you and your caregiver. The assistance programs are designed to support you throughout your treatment journey. Eligibility requirements may apply.

A dedicated Patient Support Navigator

If you are receiving Bristol Myers Squibb CAR T cell therapy and you choose to enroll in the Cell Therapy 360 patient support program, you will be assigned a personal Patient Support Navigator to provide customized solutions and support throughout your treatment journey.

Logistical support

Cell Therapy 360 may be able to support eligible patients* and a caregiver with transportation, lodging, and meal assistance throughout the patient journey.

*Eligibility requirements apply.

Financial support

Through the Copay Assistance Program, Cell Therapy 360 can cover out-of-pocket expenses for commercially insured patients for the Bristol Myers Squibb CAR T cell therapy product.†

†The program is not available for patients who are enrolled in Medicare, Medicaid, TRICARE, the Veterans Affairs (VA), or any other federal or state healthcare program. The program will cover out-of-pocket expenses of the Bristol Myers Squibb product only. Limitations apply. It does not cover the costs of any other healthcare provider charges or any other treatment costs. Patients are responsible for non-drug-related out-of-pocket costs. Additional eligibility requirements may apply. Bristol Myers Squibb reserves the right to rescind, revoke, or amend this program without notice.

You may enroll in support programs after a certified CAR T cell therapy treatment center determines that ABECMA is the right treatment for you.

To learn more about the support programs available through Cell Therapy 360:

- Talk to your healthcare team for more information
- Visit CellTherapy360.com
- Call **1-888-805-4555 Option 1** (available 24/7)

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

Glossary:
Important words and terms to know

Abecma™ (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

Apheresis: The process of taking blood out of the body, removing certain parts of it, and then returning the remaining blood back into the body. This process is done in CAR T cell therapy to remove T cells before adding CARs to them. May also be called leukapheresis.

CAR T cell therapy: A cell therapy that adds hooks called chimeric antigen receptors (CARs) to your existing T cells. These hooks help your T cells attach to cancer cells and destroy them.

Chemotherapy: In the case of CAR T cell therapy, chemotherapy destroys your immune system's T cells in order to prepare your body for treatment (sometimes called lymphodepleting chemotherapy).

Clinical study: A research study that tests the safety and effectiveness of a medicine in people with certain diseases.

Complete response: All signs of the myeloma have disappeared; it does not mean the cancer has been cured.

Cytokine: A type of protein that is made by certain immune and nonimmune cells and has an effect on the immune system. Some cytokines stimulate the immune system and others slow it down.

Duration of response: The length of time a person's cancer responds to treatment without growing or spreading.

Immune cell: A cell that is part of the immune system and helps the body fight infections and diseases.

Immune system: A complex network of cells, tissues, organs, and the substances they make that helps the body fight infections and diseases.

Infusion: A method of putting fluids directly into the bloodstream.

KarMMa-3: The registrational clinical study that was the basis for the FDA approval of ABECMA® for patients with triple-class exposed relapsed/refractory multiple myeloma who had received at least 2 prior regimens.

Maintenance therapy: Treatment that is given to help keep cancer from coming back after it has disappeared following the initial therapy.

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Glossary:
Important words and terms to know (cont'd)

Abecma™ (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

Median: This is a statistics term. The middle value in a set of measurements.

Monitoring period: The time spent regularly watching and checking a person or condition to see if there is any change.

Nervous system: The organized network of nerve tissue in the body. This network includes the brain and spinal cord, the nerves, and nerve tissue.

Overall response: The percentage of people who responded to treatment within a set period of time.

Partial response: A decrease in the extent of cancer in the body in response to treatment.

Phase 3 (also known as Phase III): A study that tests the safety and how well a new treatment works compared with a standard treatment. In most cases, treatments move into phase 3 clinical trials only after they meet the goals of phase 1 and phase 2 clinical trials. To learn more about phase 1 or 2 clinical trials, visit the dictionary of cancer terms page at cancer.gov.

Progression-free survival: The amount of time a person lives without the cancer growing or spreading.

Protein: These are the building blocks that make up many different parts of your body, including your skin and hair.

Refractory: Describes a disease that does not respond to treatment.

Relapsed: Describes the return of a disease or the signs and symptoms of a disease after a period of improvement.

Stem cell transplant: A procedure in which a person receives healthy stem cells (blood-forming cells) to replace their own cells that have been destroyed by radiation or chemotherapy. Sometimes the person's own stem cells are collected before treatment to be used in the transplant later, and other times the stem cells are from a donor.

T cell: A type of cell found in the body's immune system that plays a role in fighting disease, including cancer.

Triple-class exposed: Exposure to an immunomodulatory agent(s), proteasome inhibitor(s), and anti-CD38 monoclonal antibody (antibodies).

Please see Important Safety Information throughout and click here for full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

It's never too early to speak with your healthcare provider about your plan for ABECMA®

A one-time infusion* for relapsed/refractory multiple myeloma

- You will not require any additional treatment while responding to your one-time infusion* of ABECMA. Regular check-ins with your healthcare team are still needed
- People receiving ABECMA had 3x more time without multiple myeloma growing or spreading (13.8 months median with ABECMA vs 4.4 months median with standard treatment†). The results of the study are based on 30.9 months median follow-up
- ABECMA may cause side effects that are life-threatening and can lead to death, including risk of cytokine release syndrome (CRS), neurologic toxicity, infections, low blood cell counts (cytopenia), and certain types of blood cancers. Please see complete Important Safety Information throughout this brochure

Available NOW with no wait time to getting started!

- ABECMA offers unlimited supply, also known as 'slots,' meaning there are no waitlists to begin the process of receiving ABECMA
- There are now more certified ABECMA treatment centers across the United States, so you may have one close to home

"For me, the most appealing thing about ABECMA was that it is a one-time infusion...it's such a gift not to be tethered to the infusion center"*

— Mary, treated with ABECMA

Please see Important Safety Information throughout and accompanying full Prescribing Information, including **Boxed WARNINGS**, and Medication Guide.

Visit ABECMA.com to hear from real ABECMA patients

*Treatment process includes blood collection, CAR T cell creation, administration, and side effect monitoring.
†People who were given standard treatment got one of the following medication combinations: daratumumab, pomalidomide, dexamethasone, (DPd); daratumumab, bortezomib, dexamethasone (DVd); ixazomib, lenalidomide, dexamethasone (IRd); carfilzomib, dexamethasone (Kd); or elotuzumab, pomalidomide, dexamethasone (EPd).

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Abecma™ (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION