



Are you ready to draw the line against MDS-related anemia?

You and your healthcare team are taking a strong next step with REBLOZYL

What is REBLOZYL?



REBLOZYL is a prescription medicine for injection, and is used to treat anemia (low red blood cells) in adults with:

MDS who may need regular red blood cell (RBC) transfusions and have never received another type of medicine called an erythropoiesis stimulating agent (ESA).

MDS: myelodysplastic syndromes

MDS-RS or MDS/MPN-RS-T who need 2 or more RBC units over 8 weeks and have not responded well to an ESA.

MDS-RS: myelodysplastic syndromes with ring sideroblasts

MDS/MPN-RS-T: myelodysplastic or myeloproliferative neoplasms with ring sideroblasts and thrombocytosis

✗ REBLOZYL is not a substitute for RBC transfusions in people who need immediate treatment for anemia.

✗ It is not known if REBLOZYL is safe or effective in children under 18 years of age.

What should I discuss with my healthcare team before starting treatment?



Talk to your healthcare team about all of your health problems and risk factors, including if you:

- have or have had blood clots
- take hormone replacement therapy or birth control pills (oral contraceptives)
- have had your spleen removed (splenectomy)
- smoke
- have or have had high blood pressure (hypertension)

Please see Important Safety Information throughout and full Prescribing Information and Patient Information for REBLOZYL.

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(luspatercept-aamt)
for injection 25mg • 75mg



In this guide you'll find helpful information and tips as you begin your REBLOZYL journey

REBLOZYL can be used to treat MDS-related anemia as a



FIRST-LINE TREATMENT

People who are taking REBLOZYL as their first treatment, sometimes called "first-line treatment"



SECOND-LINE TREATMENT

People who are switching from an ESA to REBLOZYL, sometimes called "second-line treatment"

You and your caregiver may have questions about REBLOZYL. We understand starting a different treatment can be emotional. You may feel excited or nervous. This guide is designed to support you throughout your journey and help you get the most out of your treatment with REBLOZYL.

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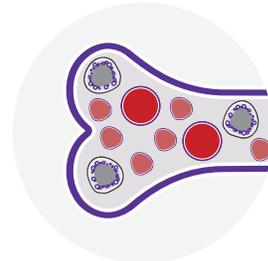
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Understanding your MDS

What is MDS?

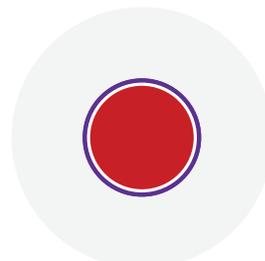
Myelodysplastic syndromes [my-el-odys-plastic sin-dromes] (MDS) is a group of disorders in which the **bone marrow** fails to make enough healthy **red blood cells (RBCs)**, **white blood cells (WBCs)**, or **platelets (PLTs)**. MDS is considered a blood cancer. Bone marrow is the soft tissue found in the center of most bones and is the main place where blood cells are made.



Bone Marrow

What causes MDS?

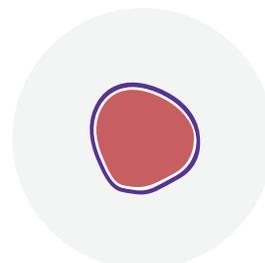
MDS may be caused by changes to **DNA** called **mutations**. These mutations change the way the cells grow and function. With MDS, newly formed blood cells become abnormal and do not grow (mature) correctly. These abnormal blood cells do not enter your bloodstream to do their jobs. They pile up in the bone marrow instead.



**Mature
Red Blood Cell**

The abnormal cells take up space needed for normal bone marrow function. This can lead to your body making too few mature blood cells.

The pileup in the bone marrow keeps immature RBCs from growing into mature RBCs. With fewer mature blood cells in your body, you can develop **anemia (low RBCs)**.



**Abnormal
Red Blood Cell**

What can anemia feel like?

There are many **symptoms** of **anemia**, and it can feel different from person to person.

Some common symptoms of anemia include:

- Problems with thinking or memory
- Feeling tired
- Feeling weak
- Dizziness
- Lightheadedness
- Headaches

Other symptoms can include:

- Chills or cold hands and feet
- Irregular heart rate
- Chest pain
- Pale or yellowish skin
- Shortness of breath
- Muscle cramps, bone pains, and body aches

Living with anemia symptoms can be frustrating and discouraging. These symptoms are often overlooked, some can be confused with normal signs of aging, and many can get in the way of your daily activities. It's important to track your symptoms and speak up with your healthcare team about them so that they can manage and treat your anemia.



Untreated anemia can also cause more health problems over time. For example, it may affect how well your brain, heart, and lungs work.

Common MDS treatments

What are some common treatments for MDS-related anemia?

Thinking about the road ahead can be overwhelming, but it is important to know what your treatment options are to help you navigate what comes next.



Red blood cell (RBC) transfusions

Red blood cell transfusions add donated **RBCs** to your body

- Your healthcare provider may recommend treating your **anemia** with RBC transfusions based on how severe your **symptoms** are and the amount of **hemoglobin (Hgb)** in your blood.
- RBC transfusions help with anemia by giving your body a fresh batch of mature, working RBCs with Hgb to carry the oxygen your cells need



What to expect over time with RBC transfusions

- You may feel relief from some of your anemia **symptoms** after a **transfusion**. This relief will likely wear off as time passes between transfusions
- As time passes, many people may need RBC transfusions more often
- When used over time, RBC transfusions can cause problems such as iron overload. Iron overload can damage organs like the heart and the liver. It is treatable, but make sure to discuss this with your healthcare team



Erythropoiesis-stimulating agents (ESAs)

Erythropoiesis-stimulating agents are man-made **hormones** sometimes called “growth factors.” These medicines are given intravenously or by injection and may help raise blood cell counts. A few examples of ESAs are Aranesp (darbepoetin alfa) and Epogen (epoetin alfa).

- ESAs may help your body produce more immature RBCs, possibly helping with your anemia and decreasing the number of transfusions you need
- Many patients start ESA injections as part of an anemia treatment plan that also includes some RBC transfusions



What to expect over time with ESAs

- ESAs work well for some people who receive them, but their effect can wear off over time
- The majority of people taking ESAs don't respond to them
- Depending on how your body is responding, your healthcare team may change your dose or even stop ESAs so you can try another treatment



Erythroid maturation agents (EMAs)

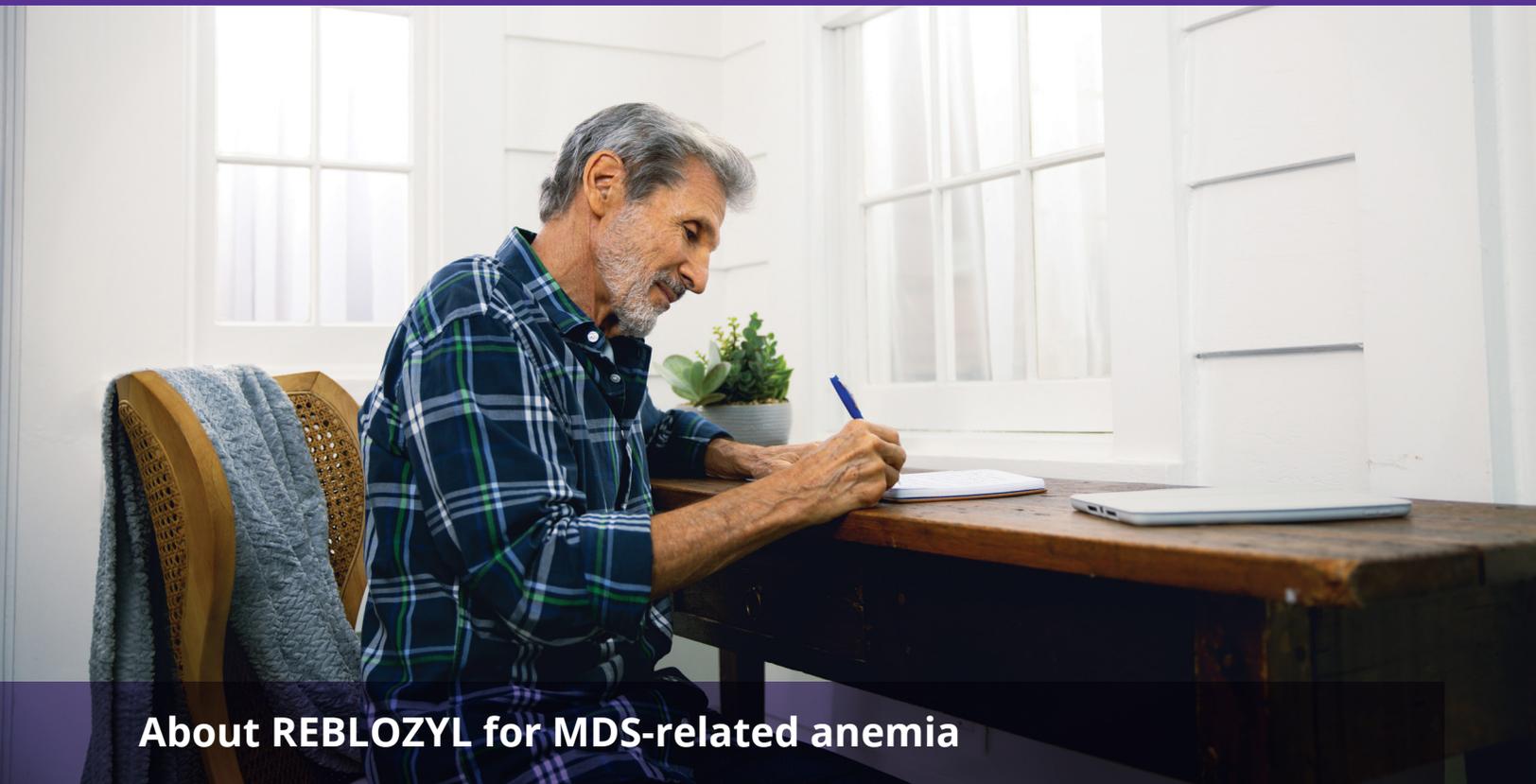
An **erythroid maturation agent** is a medicine that helps your body's RBCs to mature, which may lower or stop your need for transfusions

- **REBLOZYL is an example of an EMA**
- EMAs can be used as a first-line treatment for MDS-related anemia or after using an ESA
- EMAs are given as injections by a healthcare provider once every 3 weeks



For more information about clinical studies or how you may benefit from REBLOZYL, visit www.REBLOZYL.com

About REBLOZYL



About REBLOZYL for MDS-related anemia

What is REBLOZYL?

REBLOZYL is a prescription medicine called an **erythroid maturation agent (EMA)**. An EMA helps immature RBCs (called erythroid cells) develop and become mature, working RBCs. This may result in more healthy RBCs and improved anemia.

REBLOZYL is used 2 ways:

FIRST-LINE TREATMENT



People who received REBLOZYL
as their first treatment

SECOND-LINE TREATMENT



People who switched
to REBLOZYL

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How does REBLOZYL work?

Before starting REBLOZYL for MDS-related anemia, it's important that you learn about how REBLOZYL works. This can help you better understand why your healthcare team prescribed REBLOZYL.

REBLOZYL works by developing more mature, working RBCs



Mature, **working RBCs have hemoglobin (Hgb)**, a molecule that carries oxygen to your bloodstream



REBLOZYL increases the level of Hgb by helping RBCs become mature and work the right way



With REBLOZYL, **the quality of RBCs improved and the amount of Hgb increased**



More Hgb means that the blood can carry more oxygen, **which can improve anemia**

What should I discuss with my healthcare team before starting treatment?



Talk to your healthcare team about all of your health problems and risk factors, including if you:

- have or have had blood clots
- take hormone replacement therapy or birth control pills (oral contraceptives)
- have had your spleen removed (splenectomy)
- smoke
- have or have had high blood pressure (hypertension)

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Results with REBLOZYL in first-line treatment

What's possible when REBLOZYL is used as a first-line treatment?

Starting with REBLOZYL proved to be a strong first step for people diagnosed with MDS-related **anemia**.



FIRST-LINE TREATMENT

In a clinical study that compared REBLOZYL and epoetin alfa, an **erythropoietin-stimulating agent (ESA)**, 356 people with very low- to intermediate-risk MDS who had not been treated with an ESA and required regular RBC transfusions were randomized to receive REBLOZYL (178) or epoetin alfa (178). People received 1 REBLOZYL injection every 3 weeks or 1 injection of ESA every week over 24 weeks. Dose increases and best supportive care that included RBC transfusions were allowed.

The main goals of the study were to:



Raise Hgb levels by at least 1.5 g/dL



Stop the need for red blood cell (RBC) transfusions for at least 12 weeks

First-line treatment results for REBLOZYL

With REBLOZYL

NEARLY 2X AS MANY PEOPLE RESPONDED
compared to an ESA

59%
REBLOZYL
(86/147 PEOPLE)

VS

31%
EPOETIN ALPHA
(48/154 PEOPLE)

For more information about the clinical study or how you may benefit, visit www.REBLOZYL.com

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When starting with REBLOZYL, people remained transfusion-free longer vs an ESA

Another goal of the study was to **see how well REBLOZYL could eliminate the need for transfusions.**

With REBLOZYL
**2/3 OF PEOPLE HAD
NO RBC TRANSFUSIONS**
for at least 12 weeks



People who achieved transfusion independence on REBLOZYL
**REMAINED
TRANSFUSION-FREE
FOR ALMOST 2.5 YEARS***



*The **median** time that people went without RBC transfusions after responding to REBLOZYL or epoetin alfa.

- This clinical study set out to find how likely it was for participants to be transfusion-free for at least 12 weeks.
- This study didn't set out to compare the most common length of time of transfusion independence.
- These were not the only goals and evaluations of the study.

What should I discuss with my healthcare team before starting treatment?



Talk to your healthcare team about all the medicines you are taking, including:

- prescription medicines
- over-the-counter medicines
- vitamins
- herbal supplements

These are not all the topics you should discuss with your healthcare team. Ask your healthcare team about anything you may be unsure about before starting treatment.

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Results with REBLOZYL in second-line treatment

What's possible when switching to REBLOZYL?

If you have tried an **ESA (erythropoiesis-stimulating agent)**, such as epoetin alfa, to help reduce your need for **red blood cell (RBC) transfusions**, but the results are less than you had hoped for, it might be time to consider a change.



SECOND-LINE TREATMENT

Second-line treatment results for REBLOZYL

In a clinical study done to determine the safety and effectiveness of REBLOZYL for people who tried an ESA as their first treatment, REBLOZYL helped lower the need for RBC transfusions.

In this study, 229 people with very low- to intermediate-risk myelodysplastic syndromes with ring sideroblasts (MDS-RS) and myelodysplastic/myeloproliferative neoplasms with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T) who did not respond well to an ESA and required regular red blood cell (RBC) transfusions were randomized to receive REBLOZYL (153) or placebo (76).

People received 1 REBLOZYL injection every 3 weeks or 1 injection of a placebo every 3 weeks over 24 weeks. Dose increases and best supportive care that included RBC transfusions were allowed.

The main goal of the study was to:



Stop the need for RBC transfusions for at least 8 weeks during the first 24 weeks of treatment.

For more information about the clinical study or how you may benefit from REBLOZYL, visit www.REBLOZYL.com



With REBLOZYL
**NEARLY 3X AS MANY
PEOPLE HAD NO RBC
TRANSFUSIONS**
for at least 8 weeks compared to placebo

38%
REBLOZYL

VS

13%
PLACEBO

What should I discuss with my healthcare team before starting treatment?



Talk to your healthcare team about all the medicines you are taking including:

- prescription medicines
- over-the-counter medicines
- vitamins
- herbal supplements

These are not all the topics you should discuss with your healthcare team. Ask your healthcare team about anything you may be unsure about before starting treatment.

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What are the serious side effects of REBLOZYL?



A serious side effect is a side effect that can sometimes become life-threatening and can lead to death. They may happen any time during treatment or even after your treatment has ended. You may experience more than 1 side effect at the same time.

Blood clots (sometimes called thrombosis or thromboembolism)



Blood clots in the arteries, veins, brain, and lungs have happened in people with beta-thalassemia during treatment with REBLOZYL. The risk of blood clots may be higher in people who have had their spleen removed or who take **hormone** replacement therapy or birth control pills.

Call your healthcare provider or get medical help right away if you get any of these symptoms:

- Chest pain
- Trouble breathing or shortness of breath
- Pain in your leg, with or without swelling
- A cold or pale arm or leg
- Sudden numbness or weakness that are both short-term or continue to happen over a long period of time, especially on one side of the body
- Severe headache or confusion
- Sudden problems with vision, speech, or balance (such as trouble speaking, difficulty walking, or dizziness)

High blood pressure (sometimes called hypertension)



REBLOZYL may cause an increase in your **blood pressure**. Your healthcare provider will check your blood pressure before you receive your REBLOZYL dose. Your healthcare provider may prescribe you medicine to treat high blood pressure or increase the dose of medicine you already take to treat high blood pressure, if you develop high blood pressure during treatment with REBLOZYL.

What are the most common side effects of REBLOZYL?

- Tiredness
- Headache
- Back, joint, muscle, or bone pain
- Joint pain
- Dizziness
- Nausea
- Diarrhea
- Cough
- Stomach (abdominal) pain
- Trouble breathing
- Swelling of your hands, legs, or feet
- High blood pressure
- Allergic reactions

REBLOZYL may cause fertility problems in females. This could affect your ability to become pregnant. Talk to your healthcare provider if this is a concern for you.

These are not all of the possible side effects of REBLOZYL.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.



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Starting and staying on REBLOZYL

What should I know before starting REBLOZYL?

How will I receive REBLOZYL?



You will receive a REBLOZYL injection once every 3 weeks by your healthcare team at their office

- REBLOZYL is an injection given under your skin, in your upper arm, thigh, or stomach
- Needles used for injections that go under your skin are smaller than those used for injections that go into your muscle, such as those used for most vaccines

Before each REBLOZYL injection, your healthcare team will:



Do a blood test to check your **hemoglobin (Hgb)** levels

Hgb levels can be connected to your **anemia symptoms**. Testing Hgb levels can help your healthcare team understand the severity of your anemia and whether your current REBLOZYL dose is working or if an adjustment is needed.

If your Hgb level jumps too high, your dose may be paused for a period of time.



Ask if you have had any **RBC transfusions** since your last REBLOZYL injection

It is important to share with your healthcare team how often you need RBC transfusions and any changes in their frequency. This will help them understand how well your current REBLOZYL dose is working or if you might need an adjustment.

Knowing about your Hgb levels and RBC transfusions helps your healthcare team see the full picture and understand how you're responding to REBLOZYL and how your dose may be adjusted.

Moving forward and staying with REBLOZYL

Can dose adjustments help with long term goals?

You can expect changes to your REBLOZYL dose over time to help meet your individual needs. It might help to think of dosing like driving a car. As the road changes, you may need to apply more or less pressure on the gas pedal to maintain speed, or on the brake pedal to slow or stop. With REBLOZYL, your healthcare team has that same flexibility to meet your treatment needs.

How will I know if I need to pause or stop receiving REBLOZYL?



Your dose may be adjusted, paused, or discontinued based on how you are responding to REBLOZYL treatment, including side effects.



Your healthcare team will continue to monitor your Hgb levels to see what next steps make the most sense. Based on ongoing blood test results and checking your Hgb levels, your healthcare team may decide to restart REBLOZYL treatment at some point in the future.



If there is no increase in Hgb levels or a reduction in RBC transfusions after at least 3 doses on the maximum dosage of 1.75 **mg/kg**, your healthcare team will stop REBLOZYL treatment.

How long will I take REBLOZYL?

Length of treatment with REBLOZYL may vary from person to person because everyone responds differently. Your healthcare team can adjust your dose based on how your body is responding. **You can stay on treatment with REBLOZYL for as long as it's helping you and your side effects stay manageable.**

Setting and tracking your goals

How can I set goals as I start treatment?



Talking with your healthcare team about your goals during each appointment can help make sure you're getting the most out of your REBLOZYL treatment.

Here are a few questions that can help you start the conversation with your healthcare team:

- Is REBLOZYL right for me?
- What are the goals of my REBLOZYL treatment?
- What should I expect during my REBLOZYL treatment?
- What side effects might I experience?
- What are the most important things I need to know about REBLOZYL?
- How long will it take to know REBLOZYL is working? How will I know it's working?
- Will my dose of REBLOZYL stay the same?

By speaking up and being honest with your healthcare team, you will have a better chance of getting the treatment that works for you. Download the REBLOZYL Treatment Tracker at www.REBLOZYL.com

How can I track treatment with REBLOZYL?



Talk to your healthcare team about what you should write down and track between REBLOZYL injections. This may include:

- Your goals for treatment with REBLOZYL
- Upcoming appointments and injection schedule
- New or changing **symptoms**
- Blood work results, including **hemoglobin (Hgb)** levels
- **Transfusion** history, including date of last transfusion and how many units received
- Any side effects noticed in between appointments
- Any questions/concerns that come up between appointments

Your REBLOZYL dose may change over time to help you achieve your treatment goals. Write down and keep track of:

- Your REBLOZYL dose
- Your Hgb level
- How often you are receiving **red blood cell (RBC) transfusions**
- How many RBC units you are receiving in each transfusion

It may also help to keep track of how you feel over time, including changes in:

- How often or how long you need to rest
- Ability to do daily tasks and activities, such as driving
- Feeling dizzy
- Feeling out of breath
- Feeling weak

Improvement in any of these areas may be a sign your **anemia** is getting better. Talk to your healthcare team about how your dose may change to support your treatment goals.

What financial support exists for REBLOZYL?

Patient Access, Reimbursement, and Co-Pay Support

Available Through



Bristol Myers Squibb is committed to helping patients gain access to their prescribed BMS medications. That's why we offer the BMS Access Support® program, which provides resources to help patients understand their insurance coverage and find information on sources of financial support, including co-pay assistance for eligible, commercially insured patients. For more information, ask your doctor, visit [BMSAccessSupport.com](https://www.BMSAccessSupport.com), or call BMS Access Support® at 1-800-861-0048, 8 AM to 8 PM ET, Monday-Friday.



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Are there other resources I can explore for more information about MDS?

The following organizations provide disease education, additional support, and expert opinions. This list of independent organizations is provided as an additional resource for obtaining information related to MDS. This list does not indicate endorsement by Bristol Myers Squibb of an organization or its communications.



aamds.org



cancersupportcommunity.org



cancer.gov



healthtree.org



cancer.org



mds-foundation.org

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Common words used with MDS

Below is a list of words and phrases from this guide and their definitions. You can use this list as search terms to learn more about these topics online, to talk to your support groups, or ask your healthcare team about them.

Anemia: Low red blood cell (RBC) count

Blood cells: Blood cells begin as stem cells in the bone marrow. Stem cells grow and mature into different types of cells: red blood cells, white blood cells, and platelets. After the cells have matured in the bone marrow, the red blood cells, white blood cells, and platelets enter the bloodstream

Blood pressure: The force of circulating blood on the walls of blood vessels

Bone marrow: The soft interior of the bones where new blood cells are created

DNA: The information inside your cells that is responsible for how you look and behave

Erythroid cells: An immature red blood cell

Erythroid maturation agent (EMA): A treatment that helps red blood cells to mature

Erythropoiesis-stimulating agent (ESA): A manufactured hormone given to people to help with anemia

Erythropoietin: A natural growth hormone produced by the kidneys that tells the body to make more immature red blood cells

First-line treatment: The first treatment given for a disease

Hemoglobin (Hgb): Oxygen-carrying protein found in red blood cells

Hormone: A chemical made by your body that travels in the bloodstream to send messages throughout your body

Kilogram (kg): A unit for measuring weight. One kg is 2.2 pounds

Median: The middle number in a set of numbers

Milligram (mg): A unit for measuring weight

mg/kg: The dose of your medication based on your body weight

Mutation: An abnormal change within a gene

MDS/MPN-RS-T: Abbreviation for myelodysplastic/myeloproliferative neoplasms with ring sideroblasts and thrombocytosis. It is a rare form of MDS in which there are a high number of platelets in the blood and the immature red blood cells contain ring sideroblasts

Myelodysplastic syndromes (MDS): A group of disorders in which the bone marrow does not make enough healthy blood cells

Myelodysplastic syndromes with ring sideroblasts (MDS-RS): A type of MDS where a certain number of immature red blood cells in your bone marrow contain ring sideroblasts

Placebo: An inactive substance that looks the same as, and is given the same way as, an active drug or treatment being tested

Platelet: A type of blood cell that helps with clotting

Red blood cells (RBCs): Blood cells that carry oxygen from the lungs to all cells in the body

Red blood cell transfusion: A process that adds red blood cells into the bloodstream

Ring sideroblasts (RS): Cells containing rings of iron deposits

Second-line treatment: A treatment that is given when an initial treatment (first-line) doesn't work or stops working

Symptom: A physical or mental sign of a condition or disease

Transfusions: Procedures that add parts of blood or whole blood into the bloodstream

White blood cells (WBCs): Blood cells that help the body fight infection as part of the body's immune system

Important Facts About REBLOZYL® (luspatercept-aamt)

This is a summary of important information that you need to know about REBLOZYL. Your healthcare team can work with you to help answer any questions you may have about this medication. **Keep this information 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

What is REBLOZYL?



REBLOZYL is a prescription medicine for injection, and is used to treat anemia (low red blood cells) in adults with:

MDS who may need regular red blood cell (RBC) transfusions and have never received another type of medicine called an erythropoiesis stimulating agent (ESA).

MDS: **m**yelod**ys**plastic **s**yndromes

MDS-RS or MDS/MPN-RS-T who need 2 or more RBC units over 8 weeks and have not responded well to an ESA.

MDS-RS: **m**yelod**ys**plastic **s**yndromes with **r**ing **s**ideroblasts

MDS/MPN-RS-T: **m**yelod**ys**plastic or **m**yelop**ro**liferative **n**eoplasms with **r**ing **s**ideroblasts and **t**hrombocytosis

- ✗ REBLOZYL is not a substitute for RBC transfusions in people who need immediate treatment for anemia.
- ✗ It is not known if REBLOZYL is safe or effective in children under 18 years of age.

What should I discuss with my healthcare team before starting treatment?



Talk to your healthcare team about all of your health problems and risk factors, including if you:

- have or have had blood clots
- take hormone replacement therapy or birth control pills (oral contraceptives)
- have had your spleen removed (splenectomy)
- smoke
- have or have had high blood pressure (hypertension)



Talk to your healthcare team about all the medicines you are taking, including:

- prescription medicines
- over-the-counter medicines
- vitamins
- herbal supplements

These are not all the topics you should discuss with your healthcare team. Ask your healthcare team about anything you may be unsure about before starting treatment.

What should I discuss with my healthcare team about pregnancy, birth control, and breastfeeding?

 **Talk to your healthcare team** if:



You are pregnant or plan to become pregnant — REBLOZYL may harm your unborn baby

If you are able to become pregnant, your healthcare team should do a pregnancy test before you start receiving REBLOZYL. You should use an effective method of birth control during treatment and for at least 3 months after your last dose of REBLOZYL. Talk to your healthcare team about birth control methods that you can use with REBLOZYL.



Call your healthcare provider right away if you become pregnant or think you are pregnant during treatment with REBLOZYL.

REBLOZYL may affect your ability to become pregnant. Talk to your healthcare team if fertility problems are a concern for you.



You are breastfeeding or plan to breastfeed

Do not breastfeed during treatment and for 3 months after the last dose of REBLOZYL. It is not known if REBLOZYL passes into your breast milk. Talk to your healthcare team about the best way to feed your baby during this time.

What are the serious side effects of REBLOZYL?

A **serious side effect** is a side effect that can sometimes become life-threatening and can lead to death. They may happen any time during treatment or even after your treatment has ended. You may experience more than one side effect at the same time.

Blood clots (thrombosis/thromboembolism) — Blood clots in the arteries, veins, brain, and lungs have happened in people with β -thalassemia during treatment with REBLOZYL. The risk of blood clots may be higher in people who have had their spleen removed or who take hormone replacement therapy or birth control pills.



Call your healthcare provider or get medical help right away if you have any of these symptoms:

- chest pain
- trouble breathing or shortness of breath
- pain in your leg, with or without swelling
- a cold or pale arm or leg
- sudden numbness or weakness that is short-term or continues to happen over a long period of time, especially on one side of the body
- severe headache or confusion
- sudden problems with vision, speech, or balance (such as trouble speaking, difficulty walking, or dizziness)

High blood pressure (hypertension) — REBLOZYL may cause an increase in your blood pressure. Your healthcare provider will check your blood pressure before you receive your REBLOZYL dose. Your healthcare provider may prescribe you medicine to treat high blood pressure or increase the dose of medicine you already take to treat high blood pressure, if you develop high blood pressure during treatment with REBLOZYL.

What are the most common side effects of REBLOZYL?

The most common side effects of REBLOZYL include:

- tiredness
- headache
- back, joint, muscle, or bone pain
- joint pain
- dizziness
- nausea
- diarrhea
- cough
- stomach (abdominal)
- trouble breathing
- swelling of your hands, legs, or feet
- high blood pressure
- allergic reactions

These are not all of the possible side effects.



Talk to your healthcare team for more information about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA by visiting www.fda.gov/medwatch or calling 1-800-FDA-1088.

How will I receive REBLOZYL?



REBLOZYL is given as a subcutaneous injection (under your skin) in the upper arm, thigh, or stomach by your healthcare provider. The recommended starting dose of REBLOZYL is 1 mg/kg, once every 3 weeks. Work with your healthcare team to determine the right treatment plan for you.

REBLOZYL is a type of medicine called an erythroid maturation agent (EMA), and comes in single-dose vials that need to be prepared for injection by a healthcare professional.

Active ingredients: luspatercept-aamt

Inactive ingredients: citric acid monohydrate, polysorbate 80, sucrose, and tri-sodium citrate dihydrate



Before each REBLOZYL injection, your healthcare provider will do a blood test to check your hemoglobin and review your transfusion record to see how your anemia is responding to REBLOZYL. Your healthcare provider may adjust your dose or stop treatment depending on how you respond to REBLOZYL.

What if I delayed or missed a dose?



Call your healthcare provider as soon as possible to reschedule your next appointment if you delayed or missed a dose. Your healthcare provider will give your dose of REBLOZYL as soon as possible. Your treatment with REBLOZYL will continue as prescribed, with at least 3 weeks between doses.



For more information, please see [accompanying Full Prescribing Information](#) and [Medication Guide](#) for REBLOZYL. Talk to your healthcare team for more information about this medication.

Getting the most out of treatment with REBLOZYL

Your Reblozyl[®] Connection[™] (luspatercept-aamt) for injection 25mg • 75mg

Whether you're starting with REBLOZYL or switching to REBLOZYL, *Your REBLOZYL Connection[™]* is available to give you timely information and resources along your treatment journey, including details on dosing and dose adjustments.

When you sign up to connect, you'll receive a REBLOZYL Welcome Kit as well as ongoing resources that allow you to play a more active role in your care.

Want to learn more?

Your REBLOZYL Connection is here to help. For more information, visit www.REBLOZYL.com



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Please see Important Safety Information throughout and full [Prescribing Information](#) and [Patient Information](#) for REBLOZYL.

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(luspatercept-aamt)
for injection 25mg • 75mg