FDA APPROVED FOR ANEMIA

IN β-THAL

Reblozyl®

(luspatercept-aamt)

for injection 25mg • 75mg

For adults with β-thalassemia who require regular RBC transfusions

HOW TO DOSE REBLOZYL

FDA=Food and Drug Administration; RBC=red blood cell.

INDICATION

REBLOZYL is indicated for the treatment of anemia in adult patients with beta thalassemia who require regular red blood cell (RBC) transfusions.

REBLOZYL is not indicated for use as a substitute for RBC transfusions in patients who require immediate correction of anemia.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Thrombosis/Thromboembolism

In adult patients with beta thalassemia, thromboembolic events (TEE) were reported in 8/223 (3.6%) REBLOZYL-treated patients. TEEs included deep vein thrombosis, pulmonary embolus, portal vein thrombosis, and ischemic stroke. Patients with known risk factors for thromboembolism (splenectomy or concomitant use of hormone replacement therapy) may be at further increased risk of thromboembolic conditions. Consider thromboprophylaxis in patients at increased risk of TEE. Monitor patients for signs and symptoms of thromboembolic events and institute treatment promptly.

Please see additional Important Safety Information throughout and click here for full Prescribing Information for REBLOZYL.

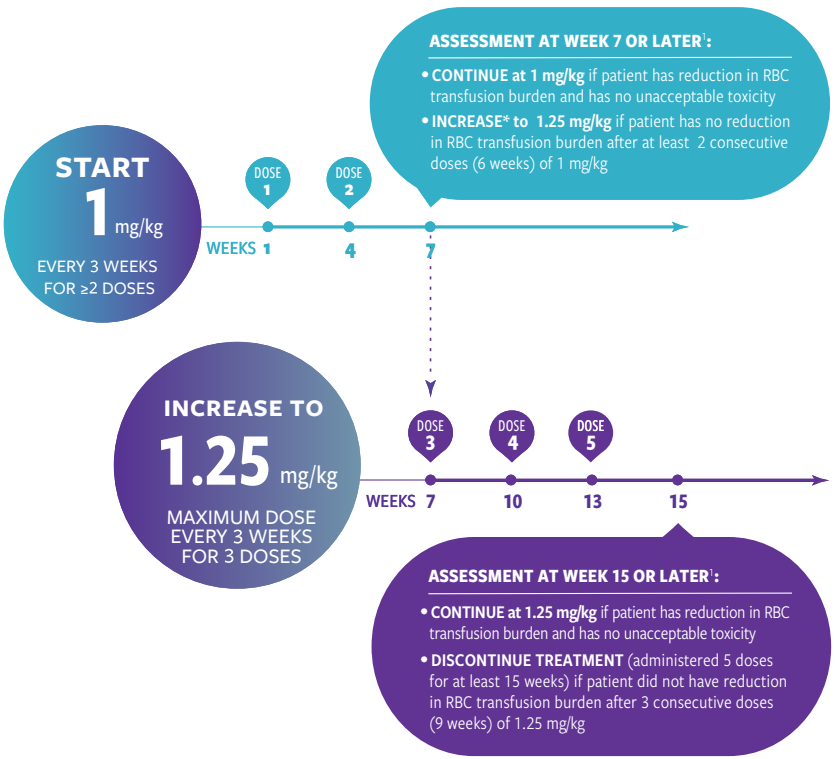
ADJUST DOSING TO MAXIMIZE CLINICAL BENEFIT AND OPTIMIZE PATIENT RESPONSE

Assess and review patients' Hgb and transfusion record prior to each administration

- If an RBC transfusion occurred prior to dosing, use the pretransfusion Hgb for dose evaluation[1]
- If a patient experiences a dose delay due to Hgb increase, measure Hgb every week[1]

Treatment should continue as long as patients experience clinical benefit

- Increase REBLOZYL dose with the goal of reducing transfusion burden, but do not increase if patient is experiencing adverse reactions. Discontinue REBLOZYL after 3 doses at the maximum dose if no transfusion burden reduction or if unacceptable toxicity occurs[1]



*Do not increase the dose if the patient is experiencing an adverse reaction as described in the Dose Modifications for Adverse Reactions table.[1]

Hgb=hemoglobin.

Please see additional Important Safety Information throughout and click here for full Prescribing Information for REBLOZYL.

Dose modifications for high pre-dose Hgb or rapid Hgb rise[1]

SCENARIO Hgb	REBLOZYL Dosing recommendation
Pre-dose Hgb is **≥11.5 g/dL** in the absence of transfusions	• Interrupt treatment • Restart when the Hgb is no more than **11 g/dL**
If there is an increase in Hgb **>2 g/dL** within 3 weeks in the absence of transfusions, reduce the dose as follows:	
• Current dose is **1.25 mg/kg**	• Reduce dose to **1 mg/kg**
• Current dose is **1 mg/kg**	• Reduce dose to **0.8 mg/kg**
• Current dose is **0.8 mg/kg**	• Reduce dose to **0.6 mg/kg**
• Current dose is **0.6 mg/kg**	• Discontinue treatment

Dose modifications for adverse reactions[1]

SCENARIO Adverse reaction†	REBLOZYL Dosing recommendation
• Grade 3 or 4 hypersensitivity reactions	• Discontinue treatment
• Other Grade 3 or 4 adverse reactions	• Interrupt treatment • Restart when the adverse reaction resolves to no more than Grade 1

†Grade 1 is mild, Grade 2 is moderate, Grade 3 is severe, and Grade 4 is life-threatening.[1]

46.2% of patients (103/223) who received REBLOZYL in the BELIEVE trial had their dose increased to the maximum dose of 1.25 mg/kg[1,2]

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Hypertension

Hypertension was reported in 10.7% (61/571) of REBLOZYL-treated patients. Across clinical studies, the incidence of Grade 3 to 4 hypertension ranged from 1.8% to 8.6%. In adult patients with beta thalassemia with normal baseline blood pressure, 13 (6.2%) patients developed systolic blood pressure (SBP) ≥130 mm Hg and 33 (16.6%) patients developed diastolic blood pressure (DBP) ≥80 mm Hg. In adult patients with MDS with normal baseline blood pressure, 26 (29.9%) patients developed SBP ≥130 mm Hg and 23 (16.4%) patients developed DBP ≥80 mm Hg. Monitor blood pressure prior to each administration. Manage new or exacerbations of preexisting hypertension using anti-hypertensive agents.

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Adjust REBLOZYL dosing to maximize clinical benefit and optimize patient response

Click here for additional dosing resources.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Embryo-Fetal Toxicity

REBLOZYL may cause fetal harm when administered to a pregnant woman. REBLOZYL caused increased post-implantation loss, decreased litter size, and an increased incidence of skeletal variations in pregnant rat and rabbit studies. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment and for at least 3 months after the final dose.

ADVERSE REACTIONS

Serious adverse reactions occurred in 3.6% of patients on REBLOZYL. Serious adverse reactions occurring in 1% of patients included cerebrovascular accident and deep vein thrombosis. A fatal adverse reaction occurred in 1 patient treated with REBLOZYL who died due to an unconfirmed case of acute myeloid leukemia (AML).

Most common adverse reactions (at least 10% for REBLOZYL and 1% more than placebo) were headache (26% vs 24%), bone pain (20% vs 8%), arthralgia (19% vs 12%), fatigue (14% vs 13%), cough (14% vs 11%), abdominal pain (14% vs 12%), diarrhea (12% vs 10%) and dizziness (11% vs 5%).

LACTATION

It is not known whether REBLOZYL is excreted into human milk or absorbed systemically after ingestion by a nursing infant. REBLOZYL was detected in milk of lactating rats. When a drug is present in animal milk, it is likely that the drug will be present in human milk. Because many drugs are excreted in human milk, and because of the unknown effects of REBLOZYL in infants, a decision should be made whether to discontinue nursing or to discontinue treatment. Because of the potential for serious adverse reactions in the breastfed child, breastfeeding is not recommended during treatment and for 3 months after the last dose.

Please see additional Important Safety Information throughout and click here for full Prescribing Information for REBLOZYL.

References: 1. REBLOZYL [Prescribing Information]. Summit, NJ: Celgene Corporation; 2021. **2.** Cappellini MD, Viprakasit V, Taher AT, et al. A phase 3 trial of luspatercept in patients with transfusion-dependent ß-thalassemia. *N Engl J Med*. 2020;382(13):1219-1231.

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