

NURSE POCKET GUIDE FOR DANYELZA®

Infusion and Potential Adverse Reactions

INDICATION

DANYELZA® is indicated, in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF), for the treatment of pediatric patients 1 year of age and older and adult patients with relapsed or refractory high-risk neuroblastoma in the bone or bone marrow who have demonstrated a partial response, minor response, or stable disease to prior therapy.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS INFUSION-RELATED REACTIONS and NEUROTOXICITY

Serious Infusion-Related Reactions

- DANYELZA can cause serious infusion reactions, including cardiac arrest, anaphylaxis, hypotension, bronchospasm, and stridor. Infusion reactions of any Grade occurred in 94-100% of patients. Severe infusion reactions occurred in 32-68% and serious infusion reactions occurred in 4 - 18% of patients in DANYELZA clinical studies.
- Premedicate prior to each DANYELZA infusion as recommended and monitor patients for at least 2 hours following completion of each infusion. Reduce the rate, interrupt infusion, or permanently discontinue DANYELZA based on severity.

Neurotoxicity

- DANYELZA can cause severe neurotoxicity, including severe neuropathic pain, transverse myelitis and reversible posterior leukoencephalopathy syndrome (RPLS). Pain of any Grade occurred in 94-100% of patients in DANYELZA clinical studies.
- Premedicate to treat neuropathic pain as recommended. Permanently discontinue DANYELZA based on the adverse reaction and severity.





DANYELZA® (naxitamab-gqgk): A Humanized Immunotherapy

Indication

DANYELZA is indicated, in combination with GM-CSF, for the treatment of pediatric patients 1 year of age and older and adult patients with relapsed or refractory highrisk neuroblastoma in the bone or bone marrow who have demonstrated a partial response, minor response, or stable disease to prior therapy.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

Contraindication

DANYELZA is contraindicated in patients with a history of severe hypersensitivity reaction to naxitamab-gqgk. Reactions have included anaphylaxis.

Mechanism of action

DANYELZA is a humanized monoclonal antibody that targets GD2 and was shown to induce complement-dependent cytotoxicity (CDC) and antibody-dependent cellmediated cytotoxicity (ADCC) in vitro. GD2 is a disialoganglioside that is overexpressed on neuroblastoma cells and other cells of neuroectodermal origin, including the central nervous system and peripheral nerves.

Immunogenicity

As with all therapeutic proteins, there is a potential for immunogenicity with DANYELZA.

- In Study 201, 2 of 24 (8%) patients tested positive for ADA after treatment with DANYELZA
- In Study 12-230, 27 of 117 (23%) tested positive for ADA after treatment with DANYELZA by an assay that was not fully validated; therefore the incidence of ADA may not be reliable

ADA=anti-drug antibodies.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATION

DANYELZA is contraindicated in patients with a history of severe hypersensitivity reactions to naxitamab-gqgk. Reactions have included anaphylaxis.

WARNINGS AND PRECAUTIONS

Serious Infusion-Related Reactions

DANYELZA can cause serious infusion reactions requiring urgent intervention including fluid resuscitation, administration of bronchodilators and corticosteroids, intensive care unit admission, infusion rate reduction or interruption of DANYELZA infusion. Infusion-related reactions included hypotension, bronchospasm, hypoxia, and stridor.

Please see additional Important Safety Information inside. Please click for full Prescribing Information and Patient Information for DANYELZA including Boxed Warning on serious infusion-related reactions and neurotoxicity.

DANYELZA® in Combination With GM-CSF Safety Profile

Study 201 (N=25)

- Serious adverse reactions (ARs) were reported in 32% of patients; serious ARs in more than 1 patient included anaphylactic reaction (12%) and pain (8%)
- Permanent discontinuation of DANYELZA due to an AR was reported in 12% of patients; ARs resulting in permanent discontinuation of DANYELZA in 1 or more patients included anaphylactic reaction (8%) and respiratory depression (4%)
- —Dose interruptions due to an AR occurred in 84% of patients; ARs requiring dosage interruption in >10% of patients included hypotension and bronchospasm
- Infusion-related reactions and pain were reported in 100% of patients
- Clinically relevant ARs occurring in ≤10% of patients who received DANYELZA with GM-CSF included peripheral edema (8%)

Study 12-230 (N=72)

- Serious ARs were reported in 40% of patients; serious ARs in >5% of patients included hypertension (14%), hypotension (11%), and pyrexia (8%)
- Permanent discontinuation of DANYELZA due to an AR occurred in 8% of patients; 4 (6%) patients permanently discontinued DANYELZA due to hypertension and 1 (1.4%) patient discontinued due to reversible posterior leukoencephalopathy syndrome
- Infusion-related reactions and pain were reported in 94% of patients
- Clinically relevant ARs in ≤10% of patients who received DANYELZA with GM-CSF included apnea (4.2%), hypopnea (2.8%), generalized edema (2.8%), peripheral edema (8.3%), and device-related infection (4.2%)

Use in specific populations

Pregnancy: DANYELZA may cause fetal harm when administered to pregnant women. There are no available data on the use of DANYELZA in pregnant women and no animal reproduction studies have been conducted with DANYELZA.

Lactation: There are no data on the presence of naxitamab-gqgk in human milk or its effects on the breastfed child, or on milk production; however, human IgG is present in human milk. Because of the potential for serious ARs in a breastfed child from DANYELZA, advise women not to breastfeed during treatment and for 2 months after the final dose of DANYELZA.

Females and Males of Reproductive Potential:

DANYELZA may cause fetal harm when administered to a pregnant woman. Verify pregnancy status in females of reproductive potential prior to initiating DANYELZA and advise to use effective contraception during treatment and for 2 months after the final dose.

Pediatric and Geriatric Use: The safety and effectiveness of DANYELZA in combination with GM-CSF have been established in pediatric patients 1 year of age or older.

Clinical studies of DANYELZA in combination with GM-CSF did not include patients 65 years of age and older.





DANYELZA® With GM-CSF: Adverse Reactions Observed (>10%)

)Y 201 -25	STUDY 12-230 ¹ N=72		
Adverse Reaction System organ class/preferred term	All Grades %	Grade 3 or 4 %	All Grades %	Grade 3 or 4 %	
General disorders and administration	site conditions				
Pain ²	100%	72%	94%	2.8%	
Infusion-related reaction ³	100%	68%	94%	32%	
Edema	28%	0%	N/A	N/A	
Fatigue ⁴	28%	0%	44%	0%	
Pyrexia ⁵	28%	0%	11%	0%	
Injection site reaction	N/A	N/A	28%	0%	
Localized edema	N/A	N/A	25%	0%	
Respiratory, thoracic, and mediastinal	disorders				
Cough	60%	0%	57%	0%	
Rhinorrhea	24%	0%	15%	0%	
Oropharyngeal pain	N/A	N/A	15%	0%	
Vascular disorders	'			'	
Hypertension	44%	4%	28%	7%	
Gastrointestinal disorders	'				
Vomiting	60%	4%	63%	2.8%	
Diarrhea	56%	8%	50%	4.2%	
Nausea	56%	0%	57%	1.4%	
Constipation	N/A	N/A	15%	0%	
Skin and subcutaneous tissue disor	ders				
Urticaria ⁶	32%	4%	N/A	N/A	
Erythema multiforme	N/A	N/A	33%	0%	
Hyperhidrosis	N/A	N/A	17%	0%	
Erythema	N/A	N/A	11%	0%	
Cardiac disorders					
Tachycardia ⁷	84%	4%	N/A	N/A	
Sinus tachycardia	N/A	N/A	44%	1.4%	
Nervous system disorders					
Peripheral neuropathy ⁸	32%	0%	25%	0%	
Headache	28%	8%	18%	0%	

Adverse reactions were graded using CTCAE version 4.0.

CTCAE=Common Terminology Criteria for Adverse Events; N/A=not applicable.

Please see additional Important Safety Information inside. Please click for full <u>Prescribing Information and Patient Information</u> for DANYELZA including Boxed Warning on serious infusion-related reactions and neurotoxicity.

	STUD N=	9Y 201 =25	STUDY 12-230 ¹ N=72			
Adverse Reaction System organ class/preferred term	All Grades %	Grade 3 or 4 %	All Grades %	Grade 3 or 4 %		
Depressed level of consciousness	24%	16%	N/A	N/A		
Lethargy	N/A	N/A	14%	0%		
Eye disorders						
Neurological disorders of the eye ⁹	24%	0%	19%	0%		
Immune system disorders						
Anaphylactic reaction	12%	12%	N/A	N/A		
Metabolism and nutrition disorders						
Decreased appetite	16%	0%	53%	4.2%		
Infections and infestations						
Influenza	12%	0%	N/A	N/A		
Rhinovirus infection	12%	0%	14%	0%		
Upper respiratory tract infection	12%	0%	N/A	N/A		
Enterovirus infection	N/A	N/A	13%	0%		
Investigations						
Weight decreased	12%	0%	N/A	N/A		
Breath sounds abnormal	N/A	N/A	15%	0%		
Psychiatric disorders						
Anxiety	12%	0%	26%	0%		
Irritability	N/A	N/A	25%	0%		
Injury and procedural complication	s					
Contusion	N/A	N/A	15%	0%		

¹All adverse reactions occurring in Cycles 1 and 2, and adverse reactions of Grade ≥3 severity occurring in subsequent cycles were reported. In the dose-finding phase, Grade 2 unexpected adverse reactions were also reported for Cycles 3 and later.

²Pain includes pain, abdominal pain, pain in extremity, bone pain, neck pain, back pain, non-cardiac chest pain, flank pain, and musculoskeletal pain.

³Infusion-related reaction includes hypotension, bronchospasm, flushing, wheezing, stridor, urticaria, dyspnea, pyrexia, infusion-related reaction, face edema, edema mouth, periorbital edema, lip swelling, swollen tongue, tongue edema, lip edema, respiratory tract edema, chills, hypoxia, pruritus, rash, rash

maculopapular, and rash erythematous occurring on the day of infusion or the day following an infusion. ⁴Fatigue includes fatigue and asthenia.

⁵Pyrexia not occurring on the day of infusion or the day following an infusion.

⁶Urticaria, not occurring on the day of infusion or the day following an infusion.

⁷Tachycardia includes sinus tachycardia and tachycardia. ⁸Peripheral neuropathy includes peripheral sensory neuropathy, peripheral motor neuropathy, paresthesia, and neuralgia.

⁹Neurological disorders of the eye includes unequal pupils, blurred vision, accommodation disorder, visual impairment, photophobia, and mydriasis.



DANYELZA® With GM-CSF: Selected Laboratory Abnormalities Observed (>20%) Worsening From Baseline

	STUD N=		STUDY 12-230 ² N=72		
Laboratory Abnormality	All Grades %	Grade 3 or 4 %	All Grades %	Grade 3 or 4 %	
Chemistry					
Decreased potassium	63%	8%	47%	32%	
Decreased albumin	50%	0%	68%	7%	
Increased alanine aminotransferase	42%	8%	55%	9%	
Decreased sodium	29%	0%	38%	6%	
Increased glucose	N/A	N/A	74%	0%	
Decreased calcium	N/A	N/A	64%	8%	
Decreased magnesium	N/A	N/A	54%	0%	
Increased aspartate aminotransferase	N/A	N/A	49%	4%	
Decreased phosphate	N/A	N/A	47%	5%	
Decreased glucose	N/A	N/A	29%	8%	
Hematology					
Decreased lymphocytes	74%	30%	79%	56%	
Decreased platelet count	65%	17%	71%	40%	
Decreased neutrophils	61%	39%	72%	46%	
Decreased hemoglobin	48%	4%	76%	42%	

The table presents laboratory parameters with available grading according to Common Terminology Criteria for Adverse Events version 4.0. Baseline evaluation was the last non-missing value prior to first DANYELZA dosing. Each test incidence is based on the number of patients who had both a baseline value and at least 1 on-study laboratory measurement.

¹Range: 23 to 24 patients. ²Range: 19 to 72 patients.

N/A=not applicable.

Please see additional Important Safety Information inside. Please click for full Prescribing Information and Patient Information for DANYELZA including Boxed Warning on serious infusion-related reactions and neurotoxicity.

Administering DANYELZA® Infusion

Important administration information

DANYELZA is administered as an intravenous (IV) infusion after dilution at 3 mg/kg/day (up to 150 mg/day) on Days 1, 3, and 5 of each treatment cycle in combination with GM-CSF.

- Treatment cycles are repeated every 4 weeks until complete response or partial response, followed by 5 additional cycles every 4 weeks. Subsequent cycles may be repeated every 8 weeks. Discontinue DANYELZA and GM-CSF for disease progression or unacceptable toxicity
- For the first infusion (Cycle 1, Day 1), administer DANYELZA intravenously over 60 minutes. For subsequent infusions, administer over 30 to 60 minutes, as tolerated
- Do not administer DANYELZA as an IV push or bolus
- Administer GM-CSF at least 1 hour prior to DANYELZA administration
- If a DANYELZA dose is missed, administer the missed dose the following week by Day 10. Administer GM-CSF 500 μg/m²/day on the first day of the DANYELZA infusion, and on the day before and on the day of the second and third infusion, respectively (i.e. a total of 5 days with 500 μg/m²/day)

Administer preinfusion medications and supportive treatment, as appropriate, during infusion.

IMPORTANT SAFETY INFORMATION

Serious Infusion-Related Reactions (cont'd)

Serious infusion-related reactions occurred in 4% of patients in Study 201 and in 18% of patients in Study 12-230. Infusion-related reactions of any Grade occurred in 100% of patients in Study 201 and 94% of patients in Study 12-230. Hypotension of any grade occurred in 100% of patients in Study 201 and 89% of patients in Study 12-230.

In Study 201, 68% of patients experienced Grade 3 or 4 infusion reactions; and in Study 12-230, 32% of patients experienced Grade 3 or 4 infusion reactions. Anaphylaxis occurred in 12% of patients and two patients (8%) permanently discontinued DANYELZA due to anaphylaxis in Study 201. One patient in Study 12-230 (1.4%) experienced a Grade 4 cardiac arrest 1.5 hours following completion of DANYELZA infusion.

In Study 201, infusion reactions generally occurred within 24 hours of completing a DANYELZA infusion, most often within 30 minutes of initiation. Infusion reactions were most frequent during the first infusion of DANYELZA in each cycle. Eighty percent of patients required reduction in infusion rate and 80% of patients had an infusion interrupted for at least one infusion-related reaction.



Starting Prior to Infusion Day

Pain management

Five days prior to the first infusion of DANYELZA® in each cycle, initiate a 12-day course (Day -4 through Day 7) of prophylactic medication for neuropathic pain such as gabapentin.

GM-CSF

GM-CSF is administered by subcutaneous injection beginning 5 days prior to DANYELZA infusion.

- On Days -4 to 0: administer GM-CSF 250 μg/m²/day by subcutaneous injection
- On Days 1 to 5: administer GM-CSF 500 μg/m²/day by subcutaneous injection
- Refer to the GM-CSF Prescribing Information for additional GM-CSF recommended dosing information

		PR	EST/	ART		START				
Day	-4	-3	-2	-1	0		2		4	5
Subcutaneous GM-CSF	250 μg/m²/day			500 μg/m²/day						
Intravenous DANYELZA						3 mg/kg/day		3 mg/kg/day		3 mg/kg/day

IMPORTANT SAFETY INFORMATION

Serious Infusion-Related Reactions (cont'd)

Premedicate with an antihistamine, acetaminophen, an H2 antagonist and corticosteroid as recommended. Monitor patients closely for signs and symptoms of infusion reactions during and for at least 2 hours following completion of each DANYELZA infusion in a setting where cardiopulmonary resuscitation medication and equipment are available.

Reduce the rate, interrupt infusion, or permanently discontinue DANYELZA based on severity and institute appropriate medical management as needed.

Please see additional Important Safety Information inside. Please click for full Prescribing Information and Patient Information for DANYELZA including Boxed Warning on serious infusion-related reactions and neurotoxicity.

Required Premedication on Infusion Days

Premedication for infusion-related reactions and nausea/vomiting

In clinical studies, DANYELZA® has been shown to cause serious infusion reactions, including cardiac arrest, anaphylaxis, hypotension, bronchospasm, and stridor.

Corticosteroids	Antihistamine, H2 antagonist, acetaminophen, and antiemetic
30-120 minutes prior to DANYELZA	30 minutes prior to DANYELZA
For the first infusion: Administer IV corticosteroids (e.g. methylprednisolone 2 mg/kg with maximum dose of 80 mg or equivalent corticosteroid dose) prior to first DANYELZA infusion	 Administer an antihistamine Administer an H2 antagonist Administer acetaminophen Administer an antiemetic
 Administer for subsequent infusions if a severe reaction occurred with the previous infusion or during the previous cycle 	

Pain management before and during infusion

In clinical studies, DANYELZA has been shown to cause pain, including severe neuropathic pain. Pain typically began during the infusion and lasted for a median of less than 1 day (range less than 1 day and up to 62 days) in Study 201.

Opioids	Ketamine		
45-60 minutes prior to DANYELZA	During infusion		
Administer oral opioids	Consider use of ketamine for pain not		
During infusion	adequately controlled by opioids		
Administer additional IV opioids as needed for breakthrough pain			

IV=intravenous.

Please see additional Important Safety Information inside. Please click for full Prescribing Information and Patient Information for DANYELZA including Boxed Warning on serious infusion-related reactions and neurotoxicity.



8



Managing Adverse Reactions With DANYELZA® During Infusion

Dosage modifications for adverse reactions

DANYELZA can cause serious infusion reactions requiring urgent intervention, including fluid resuscitation, administration of bronchodilators and corticosteroids, intensive care unit admission, infusion rate reduction, or interruption of DANYELZA infusion.

- Reduce the rate of infusion, interrupt infusion, or permanently discontinue DANYELZA based on severity and institute appropriate medical management as needed. Please see Table 2: Recommended DANYELZA Dosage Modifications for Adverse Reactions in the full Prescribing Information
- In Study 201, infusion reactions generally occurred within 24 hours of completing a DANYELZA infusion, most often within 30 minutes of initiation. Infusion reactions were most frequent during the first infusion of DANYELZA in each cycle
- Monitor patients closely for signs and symptoms of infusion-related reactions during and for at least 2 hours following completion of each DANYELZA infusion in a setting where cardiopulmonary resucitation medication and equipment are available

Advise patients and caregivers that DANYELZA can cause serious infusion-related reactions that require immediate medical attention, and to report any signs or symptoms.

To report suspected adverse reactions, contact Y-mAbs Therapeutics, Inc. at 1-833-339-6227 (1-833-33YMABS), or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

IMPORTANT SAFETY INFORMATION

Neurotoxicity

DANYELZA can cause severe neurotoxicity, including severe neuropathic pain, transverse myelitis, and reversible posterior leukoencephalopathy syndrome.

Pain

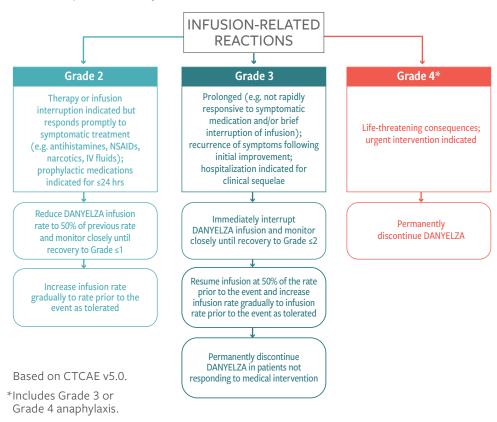
Pain, including abdominal pain, bone pain, neck pain, and extremity pain, occurred in 100% of patients in Study 201 and 94% of patients in Study 12-230. Grade 3 pain occurred in 72% of patients in Study 201. One patient in Study 201 (4%) required interruption of an infusion due to pain. Pain typically began during the infusion of DANYELZA and lasted a median of less than one day in Study 201 (range less than one day and up to 62 days).

Premedicate with drugs that treat neuropathic pain (e.g., gabapentin) and oral opioids. Administer intravenous opioids as needed for breakthrough pain. Permanently discontinue DANYELZA based on severity.

Please see additional Important Safety Information inside. Please click for full Prescribing Information and Patient Information for DANYELZA including Boxed Warning on serious infusion-related reactions and neurotoxicity.

Recommended DANYELZA® Dosage Modifications for Infusion-Related Reactions

Serious infusion-related reactions occurred in 4% of patients in Study 201 and in 18% of patients in Study 12-230. Infusion-related reactions of any grade occurred in 100% of patients in Study 201 and 94% of patients in Study 12-230.



CTCAE=Common Terminology Criteria for Adverse Events; IV=intravenous; NSAID=nonsteroidal anti-inflammatory drug.

IMPORTANT SAFETY INFORMATION

Transverse Myelitis

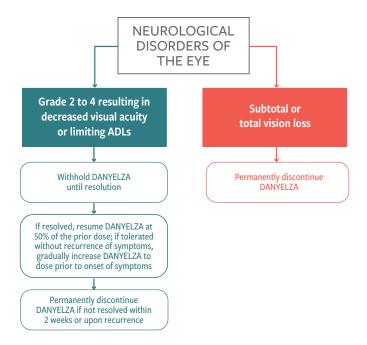
Transverse myelitis has occurred with DANYELZA. Permanently discontinue DANYELZA in patients who develop transverse myelitis.





Recommended DANYELZA® Dosage Modifications for Neurotoxicity

Neurological disorders of the eye, including unequal pupils, blurred vision, accommodation disorder, mydriasis, visual impairment, and photophobia, occurred in 24% of patients in Study 201 and 19% of patients in Study 12-230.



Based on CTCAE v5.0.

ADLs=activities of daily living; CTCAE=Common Terminology Criteria for Adverse Events.

IMPORTANT SAFETY INFORMATION

Reversible Posterior Leukoencephalopathy Syndrome (RPLS)

Reversible posterior leukoencephalopathy syndrome (RPLS) (also known as posterior reversible encephalopathy syndrome or PRES) occurred in 2 (2.8%) patients in Study 12-230. Events occurred 2 and 7 days following completion of the first cycle of DANYELZA. Monitor blood pressure during and following DANYELZA infusion and assess for neurologic symptoms. Permanently discontinue DANYELZA in case of symptomatic RPLS.

Please see additional Important Safety Information inside. Please click for full Prescribing Information and Patient Information for DANYELZA including Boxed Warning on serious infusion-related reactions and neurotoxicity.

Permanently discontinue DANYELZA in cases of the following adverse reactions related to neurotoxicity:

Pain: Grade 3 unresponsive to maximum supportive measures

 Pain, including abdominal pain, bone pain, neck pain, and extremity pain, occurred in 100% of patients in Study 201 and 94% of patients in Study 12-230. Grade 3 pain occurred in 72% of patients in Study 201. One patient in Study 201 (4%) required interruption of an infusion due to pain

Peripheral neuropathy: Grade ≥2 motor neuropathy or Grade 3-4 sensory neuropathy

 Peripheral neuropathy, including peripheral sensory neuropathy, peripheral motor neuropathy, paresthesia, and neuralgia, occurred in 32% of patients in Study 201 and in 25% of patients in Study 12-230. Most signs and symptoms of neuropathy began on the day of the infusion

Prolonged urinary retention: persisting following discontinuation of opioids

• Urinary retention occurred in 1 (4%) patient in Study 201 and 3 patients (4%) in Study 12-230. All events in both studies occurred on the day of an infusion of DANYELZA

RPLS: All grades

• RPLS occurred in 2 (2.8%) patients in Study 12-230. Events occurred 2 and 7 days following completion of the first cycle of DANYELZA. Monitor blood pressure during and following DANYELZA infusion and assess for neurologic symptoms

Transverse myelitis: All grades

 Transverse myelitis has occurred with DANYELZA as reported in postmarketing experience/spontaneous reports

Based on CTCAE v5.0.

RPLS=reversible posterior leukoencephalopathy syndrome.

IMPORTANT SAFETY INFORMATION

Peripheral Neuropathy

Peripheral neuropathy, including peripheral sensory neuropathy, peripheral motor neuropathy, paresthesia, and neuralgia, occurred in 32% of patients in Study 201 and in 25% of patients in Study 12-230. Most signs and symptoms of neuropathy began on the day of the infusion and neuropathy lasted a median of 5.5 days (range 0 to 22 days) in Study 201 and 0 days (range 0 to 22 days) in Study 12-230.

Permanently discontinue DANYELZA based on severity.

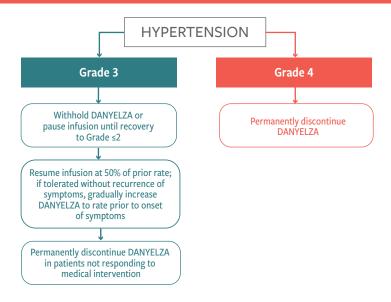




Recommended DANYELZA® Dosage Modifications for Hypertension

Hypertension occurred in 44% of patients in Study 201 and 28% of patients in Study 12-230. Do not initiate DANYELZA in patients with uncontrolled hypertension. Monitor blood pressure during infusion, and daily on Days 1 to 8 of each cycle and evaluate for complications of hypertension, including RPLS.

Advise patients and caregivers that DANYELZA can cause hypertension and to immediately report signs or symptoms of hypertension.



Based on CTCAE v5.0.

CTCAE=Common Terminology Criteria for Adverse Events; RPLS=reversible posterior leukoencephalopathy syndrome.

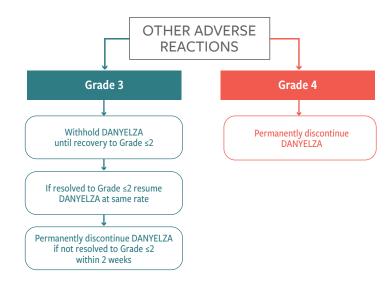
IMPORTANT SAFETY INFORMATION

Neurological Disorders of the Eye

Neurological disorders of the eye including unequal pupils, blurred vision, accommodation disorder, mydriasis, visual impairment, and photophobia occurred in 24% of patients in Study 201 and 19% of patients in Study 12-230. Neurological disorders of the eye lasted a median of 17 days (range 0 to 84 days) in Study 201 with two patients (8%) experiencing an event that had not resolved at the time of data cutoff, and a median of 1 day (range less than one day to 21 days) in Study 12-230. Permanently discontinue DANYELZA based on severity.

Please see additional Important Safety Information inside. Please click for full Prescribing Information and Patient Information for DANYELZA including Boxed Warning on serious infusion-related reactions and neurotoxicity.

Recommended DANYELZA® Dosage Modifications for Other Adverse Reactions



Based on CTCAE v5.0.

IMPORTANT SAFETY INFORMATION

Prolonged Urinary Retention

Urinary retention occurred in 1 (4%) patient in Study 201 and in 3 patients (4%) in Study 12-230. All events in both studies occurred on the day of an infusion of DANYELZA and lasted between 0 and 24 days. Permanently discontinue DANYELZA in patients with urinary retention that does not resolve following discontinuation of opioids.

Hypertension

Hypertension occurred in 44% of patients in Study 201 and 28% of patients in Study 12-230 who received DANYELZA. Grade 3 or 4 hypertension occurred in 4% of patients in Study 201 and 7% of patients in Study 12-230. Four patients (6%) in Study 12-230 permanently discontinued DANYELZA due to hypertension. In both studies, most events occurred on the day of DANYELZA infusion and occurred up to 9 days following an infusion of DANYELZA.

Do not initiate DANYELZA in patients with uncontrolled hypertension. Monitor blood pressure during infusion, and at least daily on Days 1 to 8 of each cycle of DANYELZA and evaluate for complications of hypertension including RPLS. Interrupt DANYELZA infusion and resume at a reduced rate, or permanently discontinue DANYELZA based on the severity.

Embryo-Fetal Toxicity

Based on its mechanism of action, DANYELZA may cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential, including pregnant women, of the potential risk to a fetus. Advise females of reproductive potential to use effective contraceptive during treatment with DANYELZA and for two months after the final dose.

Please see additional Important Safety Information inside. Please click for full Prescribing Information and Patient Information for **DANYELZA including Boxed Warning on serious infusion-related** reactions and neurotoxicity.



15





Postinfusion communications: Following DANYELZA® infusion, continue to closely monitor the patient for at least 2 hours in a setting where cardiopulmonary resuscitation medication and equipment are available.

IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS

The most common adverse reactions in Studies 201 and 12-230 (≥25% in either study) were infusion-related reaction, pain, tachycardia, vomiting, cough, nausea, diarrhea, decreased appetite, hypertension, fatigue, erythema multiforme, peripheral neuropathy, urticaria, pyrexia, headache, injection site reaction, edema, anxiety, localized edema and irritability. The most common Grade 3 or 4 laboratory abnormalities (≥5% in either study) were decreased lymphocytes, decreased neutrophils, decreased hemoglobin, decreased platelet count, decreased potassium, increased alanine aminotransferase, decreased glucose, decreased calcium, decreased albumin, decreased sodium and decreased phosphate.

Please see additional Important Safety Information inside. Please click for full <u>Prescribing Information and Patient Information</u> for DANYELZA including Boxed Warning on serious infusion-related reactions and neurotoxicity.

Reference: DANYELZA Prescribing Information.



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