

## Animated Banner

In a Real-World Study with nearly 11,000 patients

**31%**  
\*p = 0.01

**Pegfilgrastim PFS resulted in a significantly higher risk of FN<sup>†</sup> vs Onpro<sup>®</sup>¹**

Across all cycles of chemotherapy, the incidence of FN associated with prefilled syringe (PFS) was 1.7% (n = 455) vs 1.3% (n = 126) for Neulasta<sup>®</sup> Onpro<sup>®</sup>.<sup>¹</sup>  
FN = febrile neutropenia.

**Indication and Important Safety Information**

Neulasta<sup>®</sup> (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant

Prescribing Information    Instructions for Use

Graphic and type scrolls up from bottom of frame and fixes in place.

**31%**  
\*p = 0.01

**With PFS, FN incidence increased by 31% vs Onpro<sup>®</sup>¹**

†FN was defined as:  
• Inpatient: Diagnosis of neutropenia AND (fever OR inpatient diagnosis of infection)  
• Outpatient: Diagnosis of neutropenia AND (fever OR diagnosis of infection AND prescribed antimicrobials)

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First frame text fades out; new copy slides in from bottom of frame and fixes into place next to graphic.

**Choose Neulasta<sup>®</sup> Onpro<sup>®</sup>,**

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Graphic and type scroll out of the top of the frame as the logo and message slide in from the bottom and fix into place.

**Choose to help avoid next-day visits,**

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Previous frame text fades out and new text fades in below fixed logo.

**Choose to let patients stay home.**

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**Pivotal Trial Study Design and Results<sup>2</sup>**

Phase 3, multicenter, multinational, double-blind, placebo-controlled trial of patients with breast cancer (Neulasta<sup>®</sup> [n = 463] or placebo [n = 465]) receiving 100 mg/m<sup>2</sup> docetaxel Q3W for up to 4 cycles. The key endpoint was the percentage of patients who developed FN (Neulasta<sup>®</sup> 1% versus placebo 17%, P < 0.001). Also, secondary endpoints were lower for Neulasta<sup>®</sup>-treated patients as compared to placebo-treated patients (the incidence of hospitalization [1% versus 14%] and IV anti-infective use [2% versus 10%]). FN = temperature ≥ 38.2°C and absolute neutrophil count < 0.5 x 10<sup>9</sup>/L. Q3W = once every 3 weeks; IV = intravenous.

**Real-World Study Design<sup>1</sup>**

A retrospective study designed to compare the incidence of FN associated with Neulasta<sup>®</sup> Onpro<sup>®</sup> vs Neulasta<sup>®</sup> PFS among patients receiving

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myelosuppressive chemotherapy. The study included 35,856 cycles of chemotherapy in which Neulasta<sup>®</sup> was administered (9,395 Neulasta<sup>®</sup> Onpro<sup>®</sup> and 26,461 PFS administrations).<sup>1</sup>

• Patients were followed for 6 to 12 months following the start of the first chemotherapy cycle. The study period was 1/1/16-9/30/18<sup>1</sup>

• Data Source: MarketScan<sup>®</sup> Commercial Claims and Encounters/Medicare Supplemental and Coordination of Benefits Databases<sup>1</sup>

**Real-World Study Limitations<sup>1</sup>**

• Retrospective analysis that did not control for additional variables that may influence the incidence of FN

• Database was not sufficient to understand root causes for observed lower rate of FN for patients receiving Onpro<sup>®</sup>.

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Prescribing Information    Instructions for Use

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**LEARN MORE**

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Prescribing Information    Instructions for Use

## Full Scrolling ISI

**Indication and Important Safety Information**

Neulasta<sup>®</sup> (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

Neulasta<sup>®</sup> is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.

**Important Safety Information**

**Contraindication**

- Neulasta<sup>®</sup> is contraindicated in patients with a history of serious allergic reactions to pegfilgrastim or filgrastim
- Reactions have included anaphylaxis

**Splenic Rupture**

- Splenic rupture, including fatal cases, can occur following the administration of Neulasta<sup>®</sup>
- Evaluate for an enlarged or ruptured spleen in patients who report left upper abdominal or shoulder pain

**Acute Respiratory Distress Syndrome (ARDS)**

- ARDS has occurred in patients receiving Neulasta<sup>®</sup>
- Evaluate patients who develop a fever and lung infiltrates or respiratory distress after receiving Neulasta<sup>®</sup>
- Discontinue Neulasta<sup>®</sup> in patients with ARDS

**Serious Allergic Reactions**

- Serious allergic reactions, including anaphylaxis can occur in patients receiving Neulasta<sup>®</sup>
- Majority of events occurred upon initial exposure and can recur within days after discontinuation of initial anti-allergic treatment
- Permanently discontinue Neulasta<sup>®</sup> in patients with serious allergic reactions

**Allergies to Acrylics**

- On-body injector (OBI) for Neulasta<sup>®</sup> uses acrylic adhesives
- Patients who are allergic to acrylic adhesives may have a significant reaction

**Use in Patients With Sickle Cell Disorders**

- In patients with sickle cell trait or disease, sickle cell crisis, in some cases fatal, can occur in patients receiving Neulasta<sup>®</sup>
- Discontinue Neulasta<sup>®</sup> if sickle cell crisis occurs

**Glomerulonephritis**

- Has occurred in patients receiving Neulasta<sup>®</sup>
- Diagnoses based on azotemia, hematuria, proteinuria, and renal biopsy
- Generally events resolved after dose reduction or discontinuation of Neulasta<sup>®</sup>
- If suspected, evaluate for cause and if cause is likely, consider dose-reduction or interruption of Neulasta<sup>®</sup>

**Leukocytosis**

- Increased white blood cell counts of 100 x 10<sup>9</sup>/L have been observed
- Monitoring CBCs is recommended

**Capillary Leak Syndrome (CLS)**

- CLS has been reported after G-CSF administration, including Neulasta<sup>®</sup>
- Characterized by hypotension, hypoalbuminemia, edema, and hemoconcentration
- Episodes vary in frequency, severity, and may be life-threatening if treatment is delayed
- Patients with symptoms should be closely monitored and receive standard symptomatic treatment, which may include intensive care

**Potential for Tumor Growth Stimulatory Effects on Malignant Cells**

- G-CSF receptor has been found on tumor cell lines
- The possibility that pegfilgrastim acts as a growth factor for any tumor type, including myeloid malignancies and myelodysplasia, cannot be excluded

**Potential Device Failures**

- Missed or partial doses have been reported in patients receiving pegfilgrastim via the on-body injector (OBI) due to the device not performing as intended
- In the event of a missed or partial dose, patients may be at increased risk of events such as neutropenia, febrile neutropenia and/or infection than if the dose had been correctly delivered
- Instruct patients to notify their healthcare professional immediately in order to determine the need for a replacement dose if they suspect that the device may not have performed as intended

**Aortitis**

- Aortitis has been reported in patients receiving Neulasta<sup>®</sup>. It may occur as early as the first week after start of therapy
- Manifestations may include generalized signs and symptoms such as fever, abdominal pain, malaise, back pain, and increased inflammatory markers (e.g., c-reactive protein and white blood cell count)
- Consider aortitis in patients who develop these signs and symptoms without known etiology. Discontinue Neulasta<sup>®</sup> if aortitis is suspected

## (continued)

**Nuclear Imaging**

- Increased hematopoietic activity of the bone marrow in response to growth factor therapy has been associated with transient positive bone imaging changes. This should be considered when interpreting bone imaging results

**Most common adverse reactions**

- Bone pain
- Pain in extremity

**Please see Neulasta<sup>®</sup> full Prescribing Information.**

**Special instructions for the on-body injector (OBI) for Neulasta<sup>®</sup>**

A healthcare provider must fill the on-body injector (OBI) with Neulasta<sup>®</sup> using the co-packaged prefilled syringe and then apply the OBI to the patient's skin (abdomen or back of arm). The back of the arm may only be used if there is a caregiver available to monitor the status of the OBI. Approximately 27 hours after the OBI is applied to the patient's skin, Neulasta<sup>®</sup> will be delivered over approximately 45 minutes. A healthcare provider may initiate administration with the OBI on the same day as the administration of cytotoxic chemotherapy, as long as the OBI delivers Neulasta<sup>®</sup> no less than 24 hours after the administration of cytotoxic chemotherapy.

The prefilled syringe co-packaged in the Neulasta<sup>®</sup> Onpro<sup>®</sup> kit contains additional solution to compensate for liquid loss during delivery through the OBI. If this syringe is used for manual subcutaneous injection, the patient will receive an overdose. If the prefilled syringe for manual use is used with the OBI, the patient may receive less than the recommended dose.

Do not use the OBI to deliver any other drug product except the Neulasta<sup>®</sup> prefilled syringe co-packaged with the OBI. Use of the OBI has not been studied in pediatric patients.

The OBI should be applied to intact, non-irritated skin on the arm or abdomen.

A missed dose could occur due to an OBI failure or leakage. Instruct patients using the OBI to notify their healthcare professional immediately in order to determine the need for a replacement dose of pegfilgrastim if they suspect that the device may not have performed as intended. If the patient misses a dose, a new dose should be administered by single prefilled syringe for manual use as soon as possible after detection.

Review the Patient Information and Patient Instructions for Use with the patient and provide the instructions to the patient. Refer to the Healthcare Provider Instructions for Use for the OBI for full administration information.

For any OBI problems, call Amgen at 1-800-772-6436 or 1-844-MYNEULASTA (1-844-696-3852).

**References:** 1. Data on file, Amgen; 2019. 2. Vogel CL, et al. *J Clin Oncol.* 2005;23(6):1178-1184.

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|--|---|--|---|---|--|--|
| <p>In a Real-World Study with nearly 11,000 patients</p>  <p><b>31%*</b><br/>*p = 0.01</p> <p><b>Pegfilgrastim PFS resulted in a significantly higher risk of FN<sup>†</sup> vs Onpro®<sup>1</sup></b></p> <p>Across all cycles of chemotherapy, the incidence of FN associated with prefilled syringe (PFS) was 1.7% (n = 455) vs 1.3% (n = 126) for Neulasta® Onpro®.<sup>1</sup></p> <p>FN = febrile neutropenia.</p> <p><b>Indication and Important Safety Information</b></p> <p>Neulasta® (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.</p> <p>Prescribing Information   Instructions for Use</p> |  <p><b>31%*</b><br/>*p = 0.01</p> <p><b>With PFS, FN incidence increased by 31% vs Onpro®<sup>1</sup></b></p> <p>FN was defined as:<br/>• Inpatient: Diagnosis of neutropenia AND (fever OR inpatient diagnosis of infection)<br/>• Outpatient: Diagnosis of neutropenia AND (fever OR diagnosis of infection AND prescribed antimicrobials)</p> <p><b>Indication and Important Safety Information</b></p> <p>Neulasta® (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.</p> <p>Prescribing Information   Instructions for Use</p> |  <p><b>Choose Neulasta® Onpro®,</b></p> <p><b>Indication and Important Safety Information</b></p> <p>Neulasta® (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.</p> <p>Prescribing Information   Instructions for Use</p> |  <p><b>Choose to help avoid next-day visits,</b></p> <p><b>Indication and Important Safety Information</b></p> <p>Neulasta® (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.</p> <p>Prescribing Information   Instructions for Use</p> |  <p><b>Choose to let patients stay home.</b></p> <p><b>Indication and Important Safety Information</b></p> <p>Neulasta® (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.</p> <p>Prescribing Information   Instructions for Use</p> | <p><b>Pivotal Trial Study Design and Results<sup>2</sup></b></p> <p>Phase 3, multicenter, multinational, double-blind, placebo-controlled trial of patients with breast cancer (Neulasta® [n = 463] or placebo [n = 463]) receiving 100 mg/m<sup>2</sup> docetaxel Q3W for up to 4 cycles. The key endpoint was the percentage of patients who developed FN (Neulasta® 1% versus placebo 17%, P &lt; 0.001). Also, secondary endpoints were lower for Neulasta®-treated patients as compared to placebo-treated patients (the incidence of hospitalization [1% versus 14%] and IV antibiotic use [2% versus 10%]). FN = temperature ≥ 38.2°C and absolute neutrophil count &lt; 0.5 x 10<sup>9</sup>/L. Q3W = once every 3 weeks; IV = intravenous.</p> <p><b>Real-World Study Design<sup>1</sup></b></p> <p>A retrospective study designed to compare the incidence of FN associated with Neulasta® Onpro® vs Neulasta® PFS among patients receiving myelosuppressive chemotherapy. The study included 35,856 cycles of chemotherapy in which Neulasta® was administered (9395 Neulasta® Onpro® and 26,461 PFS administrations).<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Patients were followed for 6 to 12 months following the start of the first chemotherapy cycle. The study period was 1/1/16-9/30/18<sup>1</sup></li> <li>• Data Source: MarketScan® Commercial Claims and Encounters/Medicare Supplemental and Coordination of Benefits Databases<sup>1</sup></li> </ul> <p><b>Real-World Study Limitations<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>• Retrospective analysis that did not control for additional variables that may influence the incidence of FN</li> <li>• Database was not sufficient to understand root causes for observed lower rate of FN for patients receiving Onpro®</li> </ul> <p><b>Indication and Important Safety Information</b></p> <p>Neulasta® (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.</p> <p>Prescribing Information   Instructions for Use</p> | <p>anti-infective use [2% versus 10%]). FN = temperature ≥ 38.2°C and absolute neutrophil count &lt; 0.5 x 10<sup>9</sup>/L. Q3W = once every 3 weeks; IV = intravenous.</p> <p><b>Real-World Study Design<sup>1</sup></b></p> <p>A retrospective study designed to compare the incidence of FN associated with Neulasta® Onpro® vs Neulasta® PFS among patients receiving myelosuppressive chemotherapy. The study included 35,856 cycles of chemotherapy in which Neulasta® was administered (9395 Neulasta® Onpro® and 26,461 PFS administrations).<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Patients were followed for 6 to 12 months following the start of the first chemotherapy cycle. 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Graphic and type scrolls up from bottom of frame and fixes in place.

First frame text fades out; graphic shifts up slightly as new copy slides in from bottom of frame and fixes into place.

Graphic and type scroll out of the top of the frame as the logo and message slide in from the bottom and fix into place.

Previous frame text fades out and new text fades in below fixed logo.

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Full Scrolling ISI

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Neulasta® is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.

**Important Safety Information**

- Neulasta® is contraindicated in patients with a history of serious allergic reactions to pegfilgrastim or filgrastim
- Reactions have included anaphylaxis

**Splenic Rupture**

- Splenic rupture, including fatal cases, can occur following the administration of Neulasta®
- Evaluate for an enlarged or ruptured spleen in patients who report left upper abdominal or shoulder pain

**Acute Respiratory Distress Syndrome (ARDS)**

- ARDS has occurred in patients receiving Neulasta®
- Evaluate patients who develop a fever and lung infiltrates or respiratory distress after receiving Neulasta®
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**Allergies to Acrylics**

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- G-CSF receptor has been found on tumor cell lines
- The possibility that pegfilgrastim acts as a growth factor for any tumor type, including myeloid malignancies and myelodysplasia, cannot be excluded

**Potential Device Failures**

- Missed or partial doses have been reported in patients receiving pegfilgrastim via the on-body injector (OBI) due to the device not performing as intended
- In the event of a missed or partial dose, patients may be at increased risk of events such as neutropenia, febrile neutropenia and/or infection than if the dose had been correctly delivered
- Instruct patients to notify their healthcare professional immediately in order to determine the need for a replacement dose if they suspect that the device may not have performed as intended

**Aortitis**

- Aortitis has been reported in patients receiving Neulasta®. It may occur as early as the first week after start of therapy
- Manifestations may include generalized signs and symptoms such as fever, abdominal pain, malaise, back pain, and increased inflammatory markers (e.g., c-reactive protein and white blood cell count)
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**Nuclear Imaging**

- Increased hematopoietic activity of the bone marrow in response to growth factor therapy has been associated with transient positive bone imaging changes. This should be considered when interpreting bone imaging results

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- Bone pain
- Pain in extremity

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(continued)

OBI delivers Neulasta® no less than 24 hours after the administration of cytotoxic chemotherapy.

The prefilled syringe co-packaged in the Neulasta® Onpro® kit contains additional solution to compensate for liquid loss during delivery through the OBI. If this syringe is used for manual subcutaneous injection, the patient will receive an overdose. If the prefilled syringe for manual use is used with the OBI, the patient may receive less than the recommended dose.

Do not use the OBI to deliver any other drug product except the Neulasta® prefilled syringe co-packaged with the OBI. Use of the OBI has not been studied in pediatric patients.

The OBI should be applied to intact, non-irritated skin on the arm or abdomen.

A missed dose could occur due to an OBI failure or leakage. Instruct patients using the OBI to notify their healthcare professional immediately in order to determine the need for a replacement dose of pegfilgrastim if they suspect that the device may not have performed as intended. If the patient misses a dose, a new dose should be administered by single prefilled syringe for manual use as soon as possible after detection.

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## Animated Banner

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|--|--|---|--|---------------------------------------|------------------------------------|
|  | <p>In a Real-World Study with nearly 11,000 patients</p> <p><b>Pegfilgrastim PFS resulted in a significantly higher risk of FN<sup>1</sup> vs Onpro<sup>®1</sup></b></p> | <p>Across all cycles of chemotherapy, the incidence of FN associated with prefilled syringe (PFS) was 1.7% (n = 455) vs 1.3% (n = 126) for Neulasta<sup>®</sup> Onpro<sup>®1</sup>.<br/>FN = febrile neutropenia.</p> | <p><b>Indication and Important Safety Information</b></p> <p>Neulasta<sup>®</sup> (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically</p> | <p><b>Prescribing Information</b></p> | <p><b>Instructions for Use</b></p> |
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|---|--|--|---------------------------------------|------------------------------------|
|  | <p><b>Choose Neulasta<sup>®</sup> Onpro<sup>®</sup>,</b></p> | <p><b>Indication and Important Safety Information</b></p> <p>Neulasta<sup>®</sup> (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically</p> | <p><b>Prescribing Information</b></p> | <p><b>Instructions for Use</b></p> |
|   | <p><b>Choose Neulasta<sup>®</sup> Onpro<sup>®</sup>,</b></p> |  |                                       |                                    |

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|  | <p><b>Choose to help avoid next-day visits,</b></p> | <p><b>Indication and Important Safety Information</b></p> <p>Neulasta<sup>®</sup> (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically</p> | <p><b>Prescribing Information</b></p> | <p><b>Instructions for Use</b></p> |
|   | <p><b>Choose to help avoid next-day visits,</b></p> |  |                                       |                                    |

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|  | <p><b>Choose to let patients stay home.</b></p> | <p><b>Indication and Important Safety Information</b></p> <p>Neulasta<sup>®</sup> (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically</p> | <p><b>Prescribing Information</b></p> | <p><b>Instructions for Use</b></p> |
|   | <p><b>Choose to let patients stay home.</b></p> |  |                                       |                                    |

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| <p><b>Pivotal Trial Study Design and Results<sup>2</sup></b></p> <p>Phase 3, multicenter, multinational, double-blind, placebo-controlled trial of patients with breast cancer (Neulasta<sup>®</sup> [n = 463] or placebo [n = 465]) receiving 100 mg/m<sup>2</sup> docetaxel Q3W for up to 4 cycles. The key endpoint was the percentage of patients who developed FN (Neulasta<sup>®</sup> 1% versus placebo 17%, P &lt; 0.001). Also, secondary endpoints were lower for Neulasta<sup>®</sup>-treated patients as compared to placebo-treated patients (the incidence of hospitalization [1% versus 14%] and IV anti-infective use [2% versus 10%]).<br/>FN = temperature ≥ 38.2°C and absolute neutrophil count &lt; 0.5 x 10<sup>9</sup>/L.<br/>Q3W = once every 3 weeks; IV = intravenous.</p> | <p><b>Indication and Important Safety Information</b></p> <p>Neulasta<sup>®</sup> (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically</p> | <p><b>Prescribing Information</b></p> | <p><b>Instructions for Use</b></p> |
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| <p><b>Real-World Study Design<sup>1</sup></b></p> <p>A retrospective study designed to compare the incidence of FN associated with Neulasta<sup>®</sup> Onpro<sup>®</sup> vs Neulasta<sup>®</sup> PFS among patients receiving myelosuppressive chemotherapy. The study included 35,856 cycles of chemotherapy in which Neulasta<sup>®</sup> was administered (9,395 Neulasta<sup>®</sup> Onpro<sup>®</sup> and 26,461 PFS administrations).<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Patients were followed for 6 to 12 months following the start of the first chemotherapy cycle. The study period was 1/1/16-9/30/18<sup>1</sup></li> <li>• Data Source: MarketScan<sup>®</sup> Commercial Claims and Encounters/Medicare Supplemental and Coordination of Benefits Databases<sup>1</sup></li> </ul> | <p><b>Indication and Important Safety Information</b></p> <p>Neulasta<sup>®</sup> (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically</p> | <p><b>Prescribing Information</b></p> | <p><b>Instructions for Use</b></p> |
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| <p><b>Real-World Study Limitations<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>• Retrospective analysis that did not control for additional variables that may influence the incidence of FN</li> <li>• Database was not sufficient to understand root causes for observed lower rate of FN for patients receiving Onpro<sup>®</sup></li> </ul> | <p><b>Indication and Important Safety Information</b></p> <p>Neulasta<sup>®</sup> (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically</p> | <p><b>Prescribing Information</b></p> | <p><b>Instructions for Use</b></p> |
|  | <p><b>LEARN MORE</b></p>   |                                       |                                    |

Graphic and type scrolls up from bottom of frame and fixes in place.

First frame text scrolls out top of frame; new copy slides in from bottom of frame and fixes into place next to graphic.

Graphic and type scroll out of the top of the frame as the logo and message slide in from the bottom and fix into place.

Previous frame text scrolls out of the top of the frame and new text scrolls in from bottom and fixes in place next to logo.

Previous frame text scrolls out of the top of the frame and new text scrolls in from bottom and fixes in place next to logo.

Logo and text scroll out of top of frame as footnote copy scrolls in from the bottom, and these next four frames will start to scroll/slide left to right at the 27th second. They will continue to scroll past the 30th second point till the material has run through. And there will be a bar at the right for a user to go back on the blue content on these four frames.

## Full Scrolling ISI

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| <p><b>Indication and Important Safety Information</b></p> <p>Neulasta<sup>®</sup> (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.</p> <p>Neulasta<sup>®</sup> is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.</p> <p><b>Important Safety Information</b></p> <p><b>Contraindication</b></p> <ul style="list-style-type: none"> <li>• Neulasta<sup>®</sup> is contraindicated in patients with a history of serious allergic reactions to pegfilgrastim or filgrastim</li> <li>• Reactions have included anaphylaxis</li> </ul> <p><b>Splenic Rupture</b></p> <ul style="list-style-type: none"> <li>• Splenic rupture, including fatal cases, can occur following the administration of Neulasta<sup>®</sup></li> <li>• Evaluate for an enlarged or ruptured spleen in patients who report left upper abdominal or shoulder pain</li> </ul> <p><b>Acute Respiratory Distress Syndrome (ARDS)</b></p> <ul style="list-style-type: none"> <li>• ARDS has occurred in patients receiving Neulasta<sup>®</sup></li> <li>• Evaluate patients who develop a fever and lung infiltrates or respiratory distress after receiving Neulasta<sup>®</sup></li> <li>• Discontinue Neulasta<sup>®</sup> in patients with ARDS</li> </ul> <p><b>Serious Allergic Reactions</b></p> <ul style="list-style-type: none"> <li>• Serious allergic reactions, including anaphylaxis can occur in patients receiving Neulasta<sup>®</sup></li> <li>• Majority of events occurred upon initial exposure and can recur within days after discontinuation of initial anti-allergic treatment</li> <li>• Permanently discontinue Neulasta<sup>®</sup> in patients with serious allergic reactions</li> </ul> <p><b>Allergies to Acrylics</b></p> <ul style="list-style-type: none"> <li>• On-body injector (OBI) for Neulasta<sup>®</sup> uses acrylic adhesives</li> <li>• Patients who are allergic to acrylic adhesives may have a significant reaction</li> </ul> <p><b>Use in Patients With Sickle Cell Disorders</b></p> <ul style="list-style-type: none"> <li>• In patients with sickle cell trait or disease, sickle cell crisis, in some cases fatal, can occur in patients receiving Neulasta<sup>®</sup></li> <li>• Discontinue Neulasta<sup>®</sup> if sickle cell crisis occurs</li> </ul> <p><b>Glomerulonephritis</b></p> <ul style="list-style-type: none"> <li>• Has occurred in patients receiving Neulasta<sup>®</sup></li> <li>• Diagnoses based on azotemia, hematuria, proteinuria, and renal biopsy</li> <li>• Generally events resolved after dose reduction or discontinuation of Neulasta<sup>®</sup></li> <li>• If suspected, evaluate for cause and if cause is likely, consider dose-reduction or interruption of Neulasta<sup>®</sup></li> </ul> <p><b>Leukocytosis</b></p> <ul style="list-style-type: none"> <li>• Increased white blood cell counts of 100 x 10<sup>9</sup>/L have been observed</li> <li>• Monitoring CBCs is recommended</li> </ul> <p><b>Capillary Leak Syndrome (CLS)</b></p> <ul style="list-style-type: none"> <li>• CLS has been reported after G-CSF administration, including Neulasta<sup>®</sup></li> <li>• Characterized by hypotension, hypoalbuminemia, edema, and hemoconcentration</li> <li>• Episodes vary in frequency, severity, and may be life-threatening if treatment is delayed</li> <li>• Patients with symptoms should be closely monitored and receive standard symptomatic treatment, which may include intensive care</li> </ul> <p><b>Potential for Tumor Growth Stimulatory Effects on Malignant Cells</b></p> <ul style="list-style-type: none"> <li>• G-CSF receptor has been found on tumor cell lines</li> <li>• The possibility that pegfilgrastim acts as a growth factor for any tumor type, including myeloid malignancies and myelodysplasia, cannot be excluded</li> </ul> <p><b>Potential Device Failures</b></p> <ul style="list-style-type: none"> <li>• Missed or partial doses have been reported in patients receiving pegfilgrastim via the on-body injector (OBI) due to the device not performing as intended</li> <li>• In the event of a missed or partial dose, patients may be at increased risk of events such as neutropenia, febrile neutropenia and/or infection than if the dose had been correctly delivered</li> <li>• Instruct patients to notify their healthcare professional immediately in order to determine the need for a replacement dose if they suspect that the device may not have performed as intended</li> </ul> <p><b>Aortitis</b></p> <ul style="list-style-type: none"> <li>• Aortitis has been reported in patients receiving Neulasta<sup>®</sup>. It may occur as early as the first week after start of therapy</li> <li>• Manifestations may include generalized signs and symptoms such as fever, abdominal pain, malaise, back pain, and increased inflammatory markers (e.g., c-reactive protein and white blood cell count)</li> <li>• Consider aortitis in patients who develop these signs and symptoms without known etiology. Discontinue Neulasta<sup>®</sup> if aortitis is suspected</li> </ul> |
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## (continued)

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| <p><b>Nuclear Imaging</b></p> <ul style="list-style-type: none"> <li>• Increased hematopoietic activity of the bone marrow in response to growth factor therapy has been associated with transient positive bone imaging changes. This should be considered when interpreting bone imaging results</li> </ul> <p><b>Most common adverse reactions</b></p> <ul style="list-style-type: none"> <li>• Bone pain</li> <li>• Pain in extremity</li> </ul> <p><b>Please see Neulasta<sup>®</sup> full Prescribing Information.</b></p> <p><b>Special instructions for the on-body injector (OBI) for Neulasta<sup>®</sup></b></p> <p>A healthcare provider must fill the on-body injector (OBI) with Neulasta<sup>®</sup> using the co-packaged prefilled syringe and then apply the OBI to the patient's skin (abdomen or back of arm). The back of the arm may only be used if there is a caregiver available to monitor the status of the OBI. Approximately 27 hours after the OBI is applied to the patient's skin, Neulasta<sup>®</sup> will be delivered over approximately 45 minutes. A healthcare provider may initiate administration with the OBI on the same day as the administration of cytotoxic chemotherapy, as long as the OBI delivers Neulasta<sup>®</sup> no less than 24 hours after the administration of cytotoxic chemotherapy.</p> <p>The prefilled syringe co-packaged in the Neulasta<sup>®</sup> Onpro<sup>®</sup> kit contains additional solution to compensate for liquid loss during delivery through the OBI. If this syringe is used for manual subcutaneous injection, the patient will receive an overdose. If the prefilled syringe for manual use is used with the OBI, the patient may receive less than the recommended dose.</p> <p>Do not use the OBI to deliver any other drug product except the Neulasta<sup>®</sup> prefilled syringe co-packaged with the OBI. Use of the OBI has not been studied in pediatric patients.</p> <p>The OBI should be applied to intact, non-irritated skin on the arm or abdomen.</p> <p>A missed dose could occur due to an OBI failure or leakage. Instruct patients using the OBI to notify their healthcare professional immediately in order to determine the need for a replacement dose of pegfilgrastim if they suspect that the device may not have performed as intended. If the patient misses a dose, a new dose should be administered by single prefilled syringe for manual use as soon as possible after detection.</p> <p>Review the Patient Information and Patient Instructions for Use with the patient and provide the instructions to the patient.</p> <p>Refer to the Healthcare Provider Instructions for Use for the OBI for full administration information.</p> <p>For any OBI problems, call Amgen at 1-800-772-6436 or 1-844-MYNEULASTA (1-844-696-3852).</p> <p><b>References:</b> 1. Data on file, Amgen; 2019. 2. Vogel CL, et al. <i>J Clin Oncol</i>. 2005;23(6):1178-1184.</p> |
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