APPROVED USES

• KYPROLIS® is a prescription medication used to treat patients with relapsed or refractory multiple myeloma who have received one to three previous treatments for multiple myeloma. KYPROLIS is approved for use in combination with dexamethasone or with lenalidomide plus dexamethasone, which are other medicines used to treat multiple myeloma.

• KYPROLIS® is a prescription medication used to treat patients with relapsed or refractory multiple myeloma who have received one or more previous treatments for multiple myeloma. KYPROLIS is approved for use alone to treat relapsed or refractory multiple myeloma.

IMPORTANT SAFETY INFORMATION

KYPROLIS® can cause serious side effects:

• Heart problems: KYPROLIS can cause heart problems or worsen pre-existing heart conditions. Death due to cardiac arrest has occurred within one day of KYPROLIS administration. Before starting KYPROLIS, you should have a full medical work-up (including blood pressure and fluid management). You should be closely monitored during treatment.

Fuel your determination to live longer with KYPROLIS®. Look inside to learn more.

In two clinical studies with patients with relapsed multiple myeloma, two KYPROLIS®-based combinations kept multiple myeloma from getting worse and helped patients live longer.

KYPROLIS® with Revlimid® and dexamethasone: kept the disease from getting worse longer than Revlimid and dexamethasone (median of 26.3 months compared with 17.6 months) and helped patients live longer (median of 48.3 months compared with 40.4 months).

KYPROLIS® and dexamethasone: kept the disease from getting worse longer than Velcade® and dexamethasone (median of 18.7 months compared with 9.4 months) and helped patients live longer (median of 47.6 months compared with 40 months).

Revlimid is a registered trademark of Celgene Corporation. Velcade is a registered trademark of Millennium Pharmaceuticals, Inc.

Please see additional Important Safety Information on pages 28-30.
In this guide, you’ll learn about:

- Multiple myeloma and relapse
- How KYPROLIS® (carfilzomib) may help you live longer
- How KYPROLIS® treatment is given 2 days in a row as back-to-back treatments, so it can work as effectively as possible
- Resources and support information so you can focus on your KYPROLIS® treatment

Learning all you can is an important part of making your treatment plan.

This brochure is not intended to provide medical advice or replace important conversations between you and your care team. Be sure to talk with your doctor about any questions you have about your health or your treatment.
Welcome to KYPROLIS®.
Whether you have relapsed multiple myeloma or care for someone who does, you are taking an important step in learning all you can about multiple myeloma and KYPROLIS®, a treatment option that may be right for you.

This guide gives you information you need so that you and your doctor can make the right decisions for you.
Along with helpful information about multiple myeloma, this guide helps you learn all you can about KYPROLIS®. It also explains how KYPROLIS® is given 2 days in a row, a treatment schedule that is critical to helping KYPROLIS® work as effectively as possible.

Talk with your doctor about your treatment plan.
Your doctor knows a lot about relapsed multiple myeloma and what treatments are available. However, he or she may not know what is important to you and what you expect from your treatment. It is important that you communicate these plans to your doctor so he or she can help you meet your treatment goals.

For even more helpful information and resources, visit KYPROLIS.com.

Please see Important Safety Information on pages 28-30.
Most blood cells are made in the bone marrow. These include a special type of white blood cells called plasma cells. Plasma cells help fight infection and keep your bones healthy.

But with multiple myeloma, plasma cells have become abnormal and grow uncontrollably. These plasma cells are called myeloma cells, so there’s not enough room in the bone marrow for healthy blood cells. This can:

• Prevent healthy plasma cells from working the way they should
• Make the bones weaker
• Spread and damage other organs

Myeloma cells also make monoclonal proteins, or M-proteins. Your doctor will monitor your M-protein level, because measuring the amount of M-protein in your blood is one way your doctor knows how you are responding to treatment.

When your M-protein levels go up, your multiple myeloma may be getting worse.
What does it mean to have relapsed multiple myeloma?

*Relapsed* means your multiple myeloma has come back. When you have *relapsed multiple myeloma*, your M-protein levels may increase. You may have the same symptoms you had when you first found out you had multiple myeloma.

If your multiple myeloma does not respond to treatment, it could mean you have *refractory multiple myeloma*.

*If your multiple myeloma returns, your doctor may change your treatment plan. It’s important that you and your doctor find a treatment that’s right for you.*
Treating multiple myeloma

According to the National Comprehensive Cancer Network (NCCN) Guidelines for Patients®, there are many kinds of treatments for multiple myeloma. Here are some of them:

**Chemotherapy** is the use of medicines to kill cancer cells. Some chemotherapy medicines are given orally (by mouth). Others are given intravenously (through an IV) as an infusion directly into your blood.

**Steroids** are medicines that are usually used to treat swelling. They are also used to treat multiple myeloma.

**Stem cell transplant** is a type of treatment that injects stem cells into the body to make healthy blood cells.

**Radiation therapy** is a type of therapy that treats cancer cells in one small, specific area of the body. It uses high-energy rays to either kill cancer cells or stop new ones from being made.

**Targeted therapy** uses medicines that are designed to kill only a specific type of cancer cells.

**Immunomodulators** are medicines that use the body’s immune system to fight cancer. The immune system protects the body from disease and illness.

*Referenced with permission: NCCN Guidelines for Patients®: Multiple Myeloma V.2.2018. © National Comprehensive Cancer Network, Inc. 2017. All rights reserved. Accessed January 29, 2018. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their applications or use in any way. To view the most recent and complete version of the guideline, go online to NCCN.org. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, NCCN GUIDELINES®, and all other NCCN Content are trademarks owned by the National Comprehensive Cancer Network, Inc.*
Talk to your doctor about which treatment plan is right for you.

Please see additional Important Safety Information on pages 28-30.
About KYPROLIS® (carfilzomib)

- KYPROLIS® is a prescription medicine for people with relapsed or refractory multiple myeloma who have already received 1 to 3 other previous treatments for multiple myeloma.
- Your doctor may prescribe KYPROLIS® as part of your treatment plan to fight multiple myeloma. KYPROLIS® is given as an infusion directly into your blood. This means that you’ll receive the medicine intravenously (through an IV).

There are 3 ways KYPROLIS® may be given:

<table>
<thead>
<tr>
<th>K+Rd</th>
<th>Given in combination with Revlimid® and dexamethasone.</th>
</tr>
</thead>
<tbody>
<tr>
<td>K+d</td>
<td>Given in combination with dexamethasone.</td>
</tr>
<tr>
<td>K</td>
<td>As a single agent. This is called monotherapy.</td>
</tr>
</tbody>
</table>

K=KYPROLIS®; R=Revlimid (lenalidomide); d=dexamethasone.

Important Safety Information

- **Kidney problems:** There have been reports of sudden kidney failure in patients receiving KYPROLIS. Your kidney function should be closely monitored during treatment.
- **Tumor lysis syndrome (TLS):** Cases of TLS have been reported in patients receiving KYPROLIS, including fatalities. You should be closely monitored during treatment for any signs of TLS.

Learn more about taking KYPROLIS® with 2 other medicines (page 12).

Learn more about taking KYPROLIS® with 1 other medicine (page 16).

Learn more about taking KYPROLIS® by itself (page 18).
Survival results with KYPROLIS® with Revlimid and dexamethasone were better than with Revlimid and dexamethasone in a clinical study.*

**Median 48.3 months**

**Median 40.4 months**

In a clinical study, patients getting KYPROLIS® with Revlimid and dexamethasone lived 26.3 months without their disease getting worse.

(Median 26.3 months compared with 17.6 months)

*Based on a clinical study of 792 patients with relapsed or refractory multiple myeloma who had failed 1-3 prior therapies, in which 396 patients received KYPROLIS® in combination with Revlimid and dexamethasone, and 396 received Revlimid in combination with dexamethasone. The study compared how long patients lived without their disease getting worse as well as overall survival.

Please see additional Important Safety Information on pages 28-30.
What to expect with KYPROLIS® + Revlimid® + dexamethasone (K+Rd)

How did K+Rd affect multiple myeloma?

- K+Rd was proven to delay multiple myeloma from getting worse by more than 2 years (26.3 months)
- Almost 9 out of 10 patients (87%) responded to treatment with K+Rd

What happened to M-protein numbers?

7 out of 10 patients (70%) had a reduction in their M-protein numbers by at least 90%.

Important Safety Information

- Lung damage: Cases of lung damage have been reported in patients receiving KYPROLIS, including fatal cases.
- Pulmonary hypertension (high blood pressure in the lungs): There have been reports of pulmonary hypertension in patients receiving KYPROLIS.
How is KYPROLIS® (carfilzomib) given?

KYPROLIS®+ Rd (K+Rd)

(KYPROLIS® + Revlimid® + dexamethasone)

KYPROLIS® is infused in your doctor’s office or clinic. Revlimid is taken as a pill and dexamethasone can be infused or taken as a pill. Chemotherapy is given in cycles. The length of each treatment cycle is 28 days. See the calendars for the correct treatment days. The calendars also show you what your treatment schedule might be.

Cycles 1-12

On Weeks 1-3, you should receive:

- Dexamethasone on the first day, 30 minutes to 4 hours before you receive your infusion of KYPROLIS®
- KYPROLIS® for 2 days in a row. Each infusion of KYPROLIS® should last 10 minutes*
- Revlimid once daily on Days 1-21

Week 4

- You should not have an infusion of KYPROLIS®
- You should receive dexamethasone on Day 22

Cycles 13-18

- These cycles will be almost the same as Cycles 1-12. The only difference is that you will receive KYPROLIS® only on Weeks 1 and 3 of your treatment cycle
- Your doctor should stop your treatment with KYPROLIS® after Cycle 18, or it may be stopped earlier if you experience side effects that cannot be managed

*Your doctor should give you a lower dose on Days 1 and 2 of your first treatment cycle. If you tolerate that dose, your doctor may increase the dose of your other infusions of KYPROLIS®. Your doctor will determine the right dose for you.

Please see additional Important Safety Information on pages 28-30.
Your doctor should give you a lower dose on days 1 and 2 of your first KYPROLIS (KYPROLIS + dexamethasone + lenalidomide) the right dose for you. Your doctor will determine the right dose for you.

Your doctor may increase the treatment cycle. If you tolerate that dose, your doctor may increase the dose of your other infusions of KYPROLIS. Your doctor will determine the right dose for you.

You should receive:

**Cycles 1-12**

- **Week 1**: 1 2 3 4 5 6 7
- **Week 2**: 8 9 10 11 12 13 14
- **Week 3**: 15 16 17 18 19 20 21
- **Week 4**: 22 23 24 25 26 27 28

KYPROLIS® treatment Cycles 1-12: example

You should not have an infusion of KYPROLIS. These cycles will be almost the same as cycles 1-12.

You should receive:

**Cycles 13-18**

- **Week 1**: 1 2 3 4 5 6 7
- **Week 2**: 8 9 10 11 12 13 14
- **Week 3**: 15 16 17 18 19 20 21
- **Week 4**: 22 23 24 25 26 27 28

KYPROLIS® treatment Cycles 13-18: example

The only difference is that you will receive KYPROLIS every day.

Important Safety Information

- **Lung complications**: Shortness of breath was reported in patients receiving KYPROLIS. Your lung function should be closely monitored during treatment.
- **High blood pressure**: Cases of high blood pressure, including fatal cases, have been reported in patients receiving KYPROLIS. Your blood pressure should be closely monitored during treatment.

Talk with your doctor about the best day of the week to start your treatment with KYPROLIS®.
Survival results with KYPROLIS® and dexamethasone were better than with Velcade and dexamethasone in a clinical study.*

In a clinical study, patients getting KYPROLIS® and dexamethasone lived twice as long without their disease getting worse.

(Median 18.7 months compared with 9.4 months)

*Based on a clinical study of 929 patients with relapsed or refractory multiple myeloma who had failed 1-3 prior therapies, in which 464 patients received KYPROLIS® in combination with dexamethasone, and 465 received Velcade in combination with dexamethasone. The study compared how long patients lived without their disease getting worse as well as overall survival.

Please see additional Important Safety Information on pages 28-30.
Important Safety Information

- Blood clots: There have been reports of blood clots in patients receiving KYPROLIS. If you are at high risk for blood clots, your doctor can recommend ways to lower the risk.

- If you are using KYPROLIS in combination with dexamethasone or with lenalidomide plus dexamethasone, your doctor should assess and may prescribe another medicine to help lower your risk for blood clots.

- If you are using birth control pills or other medical forms of birth control associated with a risk of blood clots, talk to your doctor and consider a different method of birth control during treatment with KYPROLIS in combination with dexamethasone or with lenalidomide plus dexamethasone.

Talk with your doctor to see if KYPROLIS® is right for you.
How is KYPROLIS® (carfilzomib) given?

KYPROLIS® + d (K+d)

KYPROLIS® is infused in your doctor’s office or clinic, and dexamethasone can be infused or taken as a pill. Chemotherapy is given in cycles. The length of each treatment cycle is 28 days. Look at the calendar to see what your treatment schedule might be.

**Weeks 1, 2, and 3**
- Each week, for 2 days in a row, you should receive dexamethasone
- Then, 30 minutes to 4 hours later, you should receive your infusion of KYPROLIS®
- Your infusion of KYPROLIS® should last 30 minutes*

**Week 4**
- You should not have an infusion of KYPROLIS®
- You should receive dexamethasone 2 days in a row, on the same days of the week as your infusion schedule

*Your doctor should give you a lower dose on Days 1 and 2 of your first treatment cycle. If you tolerate that dose, your doctor may increase the dose of your other infusions of KYPROLIS®. Your doctor will determine the right dose for you.

Please see additional Important Safety Information on pages 28-30.
Treatment schedule \texttt{K+d} □

Check this box if this is the KYPROLIS® treatment your doctor has prescribed for you.

**KYPROLIS® treatment cycle: example**

<table>
<thead>
<tr>
<th>Week 1</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
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<tr>
<td>Week 3</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Week 4</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
</tr>
</tbody>
</table>

- **KYPROLIS® 30-minute IV infusion**
- **KYPROLIS® rest days**

**Important Safety Information**

- **Infusion reactions**: Symptoms of infusion reactions included fever, chills, joint pain, muscle pain, facial flushing and/or swelling, vomiting, weakness, shortness of breath, low blood pressure, fainting, chest tightness, and chest pain. These symptoms can occur immediately following infusion or up to 24 hours after administration of KYPROLIS. If you experience any of these symptoms, contact your doctor immediately.
How is KYPROLIS® (carfilzomib) given?

KYPROLIS® (K)

KYPROLIS® as a single agent (called monotherapy), is infused in your doctor’s office or clinic. Chemotherapy is given in cycles. The length of each treatment cycle is 28 days. Look at the calendars to see what your treatment schedule might be.

Cycles 1-12
Weeks 1, 2, and 3
- KYPROLIS®* for 2 days in a row, each week
- You should receive dexamethasone 30 minutes to 4 hours before each KYPROLIS® infusion in Cycle 1, and as needed thereafter

Week 4
- You should not have an infusion of KYPROLIS®

Cycles 13+
- These cycles will be almost the same as Cycles 1-12
- The only difference is that you should receive KYPROLIS® only on Weeks 1 and 3 of your treatment cycle

*Your doctor should give you a lower dose on Days 1 and 2 of your first treatment cycle. If you tolerate that dose, your doctor may increase the dose of your other infusions of KYPROLIS®. Your doctor will determine the right dose for you.

Please see additional Important Safety Information on pages 28-30.
Check this box if this is the KYPROLIS® treatment your doctor has prescribed for you.

**KYPROLIS® treatment Cycles 1-12: example**

<table>
<thead>
<tr>
<th>Week 1</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tbody>
<tr>
<td>Week 2</td>
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<td>14</td>
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<tr>
<td>Week 3</td>
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<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
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<td>21</td>
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<tr>
<td>Week 4</td>
<td>22</td>
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<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
</tr>
</tbody>
</table>

**Talk with your doctor about:**
- How many treatment cycles of KYPROLIS® you should receive
- How long your infusions with KYPROLIS® should last
- The best day of the week for you to start your treatment

**KYPROLIS® treatment Cycles 13+: example**

<table>
<thead>
<tr>
<th>Week 1</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tr>
<td>Week 2</td>
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<td>13</td>
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<td>Week 3</td>
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<td>Week 4</td>
<td>22</td>
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<td>26</td>
<td>27</td>
<td>28</td>
</tr>
</tbody>
</table>

**Important Safety Information**
- **Severe bleeding problems:** Fatal or serious cases of bleeding problems have been reported in patients receiving KYPROLIS. Your doctor should monitor your signs and symptoms of blood loss.
What to expect with your treatment

Starting treatment with KYPROLIS® (carfilzomib)

As with many prescription medicines, some people have side effects with KYPROLIS®. Talk with your care team if you experience any of the following side effects or if you notice any side effects not listed here. Also talk with your care team about how you can manage some of these side effects.

Some of the side effects patients experienced were:

- In patients taking KYPROLIS® + Revlimid® + dexamethasone (K+Rd)
- and in patients taking KYPROLIS® + dexamethasone (K+d):

  - Low red blood cell count
  - Low white blood cell count
  - Diarrhea
  - Trouble breathing
  - Tiredness (fatigue)
  - Low platelets
  - Fever
  - Sleeplessness (insomnia)
  - Muscle spasm
  - Cough
  - Upper airway (respiratory tract) infection
  - Decreased potassium levels

K=KYPROLIS®; R=Revlimid (lenalidomide); d=dexamethasone.

Please see additional Important Safety Information on pages 28-30.
In patients taking KYPROLIS® as a single agent (monotherapy):

- Low red blood cell count
- Tiredness (fatigue)
- Low platelets
- Nausea
- Fever
- Trouble breathing
- Diarrhea
- Headache
- Cough
- Swelling of the lower legs or hands

*Before you start your treatment with KYPROLIS®, be sure to talk with your doctor about any other medicines you are taking.*
Possible infusion reactions with KYPROLIS® (carfilzomib)

Infusion reactions have occurred in people taking KYPROLIS®. These are serious side effects, which may occur within 24 hours after receiving KYPROLIS® for the first time. **It is important to talk to your doctor** immediately if you notice any of these side effects or any other symptoms you think might be related to your treatment. The symptoms are:
- Fever or chills
- Pain in the joints or muscles
- Redness and feeling of warmth in the face
- Facial swelling
- Vomiting (throwing up)
- Weakness
- Trouble breathing
- Symptoms of low blood pressure (dizziness, lightheadedness, or fainting)
- A feeling of tightness or pain in the chest

Be sure to talk with your doctor about how much water you should drink before your first KYPROLIS® infusion.

Call your doctor

Call your doctor if you have symptoms of low blood pressure.

Symptoms of low blood pressure include:
- Dizziness
- Tiredness
- Fainting spells

Do not drive or operate machinery if you experience any of these symptoms.

Please see additional Important Safety Information on pages 28-30.
You may have shortness of breath (trouble breathing) during your treatment with KYPROLIS®. This usually happens within a day of taking KYPROLIS®. Be sure to contact your doctor if you have shortness of breath.

Also, you should contact your doctor right away if you have any of the following:

- Shortness of breath (trouble breathing)
- Prolonged, unusual, or excessive bleeding
- Yellowing of the skin and/or eyes (jaundice)
- Headaches, confusion, seizures, or loss of sight
- Pregnancy (women should not receive KYPROLIS® if they are pregnant or breastfeeding)
- Any other side effect that bothers you or does not go away
We’re Here for You
Discover how Amgen Assist 360™ can help refer you to resources* most important to you

*Resources include referrals to independent nonprofit patient assistance programs. Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofits’ criteria. Amgen has no control over these programs and provides referrals as a courtesy only.
**Amgen Assist 360™ Nurse Ambassadors**

Amgen Nurse Ambassadors are a single point of contact who takes the time to help you and your caregiver identify which types of assistance are most important to you.

They will assist you in finding resources, so that you and your caregiver can focus on your treatment. They do not, however, provide medical advice or case management services.*

See all that the Amgen Nurse Ambassadors can assist you with on pages 26 and 27.

*Patients should always talk to their healthcare provider about any medical decisions or concerns they may have.

**CALL 888.4ASSIST**
(888.427.7478)

**MONDAY TO FRIDAY**
**9 AM TO 8 PM EST**
Finding resources

CO-PAY AND REIMBURSEMENT RESOURCES
Whatever insurance you have—even if you have none—the Nurse Ambassador can help you understand how your Amgen medicine may be covered and refer you to programs that may be able to help you afford it, such as Amgen FIRST STEP™ or other independent nonprofit organizations*

REFERRALS TO RESOURCES FOR DAY-TO-DAY LIVING*
Sometimes you need someone who knows what you’re going through. The Nurse Ambassador can refer you to independent nonprofit organizations* that may provide you with community resources, one-on-one counseling services, and local support groups

CALL 888.4ASSIST
(888.427.7478)

*Resources include referrals to independent nonprofit patient assistance programs. Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofits’ criteria. Amgen has no control over these programs and provides referrals as a courtesy only.
HELP FINDING TRANSPORTATION AND LODGING ASSISTANCE*
If you need assistance with travel that’s connected to your therapy, the Nurse Ambassador can put you in touch with independent nonprofit organizations that may provide you help with gas, tolls, parking, airfare, and lodging.

MEDICATION ANSWERS
If you have any questions about your Amgen medicine, the Nurse Ambassador may help you find the answers.

CALL 888.4ASSIST
(888.427.7478)
MONDAY TO FRIDAY
9 AM TO 8 PM EST

*Resources include referrals to independent nonprofit patient assistance programs. Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofits’ criteria. Amgen has no control over these programs and provides referrals as a courtesy only.
Important Safety Information

KYPROLIS® (carfilzomib) can cause serious side effects:

- **Heart problems:** KYPROLIS can cause heart problems or worsen pre-existing heart conditions. Death due to cardiac arrest has occurred within one day of KYPROLIS administration. Before starting KYPROLIS, you should have a full medical work-up (including blood pressure and fluid management). You should be closely monitored during treatment.

- **Kidney problems:** There have been reports of sudden kidney failure in patients receiving KYPROLIS. Your kidney function should be closely monitored during treatment.

- **Tumor lysis syndrome (TLS):** Cases of TLS have been reported in patients receiving KYPROLIS, including fatalities. You should be closely monitored during treatment for any signs of TLS.

- **Lung damage:** Cases of lung damage have been reported in patients receiving KYPROLIS, including fatal cases.

- **Pulmonary hypertension (high blood pressure in the lungs):** There have been reports of pulmonary hypertension in patients receiving KYPROLIS.

- **Lung complications:** Shortness of breath was reported in patients receiving KYPROLIS. Your lung function should be closely monitored during treatment.

- **High blood pressure:** Cases of high blood pressure, including fatal cases, have been reported in patients receiving KYPROLIS. Your blood pressure should be closely monitored during treatment.

- **Blood clots:** There have been reports of blood clots in patients receiving KYPROLIS. If you are at high risk for blood clots, your doctor can recommend ways to lower the risk.

- If you are using KYPROLIS in combination with dexamethasone or with lenalidomide plus dexamethasone, your doctor should assess and may prescribe another medicine to help lower your risk for blood clots.
• If you are using birth control pills or other medical forms of birth control associated with a risk of blood clots, talk to your doctor and consider a different method of birth control during treatment with KYPROLIS in combination with dexamethasone or with lenalidomide plus dexamethasone.

• **Infusion reactions:** Symptoms of infusion reactions included fever, chills, joint pain, muscle pain, facial flushing and/or swelling, vomiting, weakness, shortness of breath, low blood pressure, fainting, chest tightness, and chest pain. These symptoms can occur immediately following infusion or up to 24 hours after administration of KYPROLIS. If you experience any of these symptoms, contact your doctor immediately.

• **Severe bleeding problems:** Fatal or serious cases of bleeding problems have been reported in patients receiving KYPROLIS. Your doctor should monitor your signs and symptoms of blood loss.

• **Very low platelet count:** Low platelet levels can cause unusual bruising and bleeding. You should have regular blood tests to check your platelet count during treatment.

• **Liver problems:** Cases of liver failure, including fatal cases, have been reported in patients receiving KYPROLIS. Your liver function should be closely monitored during treatment.

• **Blood problems:** Cases of a blood disease called thrombotic microangiopathy, including thrombotic thrombocytopenic purpura/hemolytic uremic syndrome (TTP/HUS), including fatal cases, have been reported in patients who received KYPROLIS. Your doctor should monitor your signs and symptoms.

• **Brain problems:** A nerve disease called Posterior Reversible Encephalopathy Syndrome (PRES), formerly called Reversible Posterior Leukoencephalopathy Syndrome (RPLS), has been reported in patients receiving KYPROLIS. It can cause seizure, headache, lack of energy, confusion, blindness, altered consciousness, and other visual and nerve disturbances, along with high blood pressure. Your doctor should monitor your signs and symptoms.

Please see additional Important Safety Information continued on page 30.
KYPROLIS should not be combined with melphalan and prednisone: Newly diagnosed transplant ineligible multiple myeloma patients have shown an increased risk of serious and fatal side effects when using KYPROLIS in combination with melphalan and prednisone.

Possible fetal harm: KYPROLIS can cause harm to a fetus (unborn baby) when given to a pregnant woman. Women should avoid becoming pregnant during treatment with KYPROLIS. Men should avoid fathering a child during treatment with KYPROLIS. KYPROLIS can cause harm to a fetus if used during pregnancy or if you or your partner become pregnant during treatment with KYPROLIS.

You should contact your doctor immediately if you experience any of the following:

- Shortness of breath
- Prolonged, unusual, or excessive bleeding
- Yellowing of the skin and/or eyes (jaundice)
- Headaches, confusion, seizures, or loss of sight
- Pregnancy (women should not receive KYPROLIS if they are pregnant or breastfeeding)
- Any other side effect that bothers you or does not go away

What are the possible side effects of KYPROLIS?

- The most common side effects occurring in at least 20% of patients receiving KYPROLIS in the combination therapy trials are: low red blood cell count, low white blood cell count, diarrhea, difficulty breathing, tiredness (fatigue), low platelets, fever, sleeplessness (insomnia), muscle spasm, cough, upper airway (respiratory tract) infection, and decreased potassium levels.

- The most common side effects occurring in at least 20% of patients receiving KYPROLIS when used alone (monotherapy) in trials are: low red blood cell count, tiredness (fatigue), low platelets, nausea, fever, difficulty breathing, diarrhea, headache, cough, swelling of the lower legs or hands.

These are not all the possible side effects of KYPROLIS. For more information, ask your doctor or pharmacist. Call your doctor for medical advice about side effects.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see accompanying Full Product Information.
Bone marrow: the soft, spongy tissue in the center of most bones. Bone marrow produces white blood cells, red blood cells, and platelets.

Chemotherapy: the treatment of cancer by the use of chemicals or drugs.

Combination therapy: a type of treatment that combines 2 or more types of medicines.

Immunomodulators: medicines that use the body’s immune system to fight cancer. The immune system protects the body from disease and illness.

M-proteins (monoclonal proteins): an antibody found in unusually large amounts in the blood or urine of people with multiple myeloma.

Monotherapy: a type of therapy that uses one type of medicine by itself, as a single agent.

Multiple myeloma: a cancer of the plasma cells found in the bone marrow.

Plasma cell: a type of white blood cell that fights infection. With multiple myeloma, plasma cells turn into myeloma cells.

Platelet: a type of blood cell that helps blood to clot.

Radiation therapy: a type of therapy that treats cancer cells in one specific area of the body. It uses high-energy rays to either kill cancer cells or stop new ones from being made.

Red blood cell: a type of blood cell that carries oxygen from the lungs to the rest of the body.

Refractory multiple myeloma: multiple myeloma that does not respond to treatment.

Relapsed multiple myeloma: multiple myeloma that comes back after it has been gone.

Side effect: a problem that happens when a treatment affects healthy tissues or organs.

Stem cell: a cell from which other types of cells develop.

Stem cell transplants: a type of treatment that injects stem cells into the body to make healthy blood cells.

Steroids: medicines that are usually used to treat swelling. Sometimes they are used to treat multiple myeloma.

Symptom: a sign of the existence of a disease or a condition.

Targeted therapy: a treatment that uses medicines that are designed to target only a specific feature of cancer cells.

White blood cell: a type of blood cell that helps the body fight infection.
Notes

Use this space to write down questions before doctor visits. You can also use it to take notes during your visit.
Talk to your doctor about your treatment plan, and look inside to learn more about KYPROLIS®.

For more information about KYPROLIS®, visit KYPROLIS.com.