Move Forward with Kyprolis™ (carfilzomib) for Injection

In the original concept, the patient image was reversed so that the patient faced the left side of the page and seemed to be looking to the past--a very negative connotation for a patient with cancer. I reversed the image so that the patient seemed to face the future with strength and courage.

Approved Uses

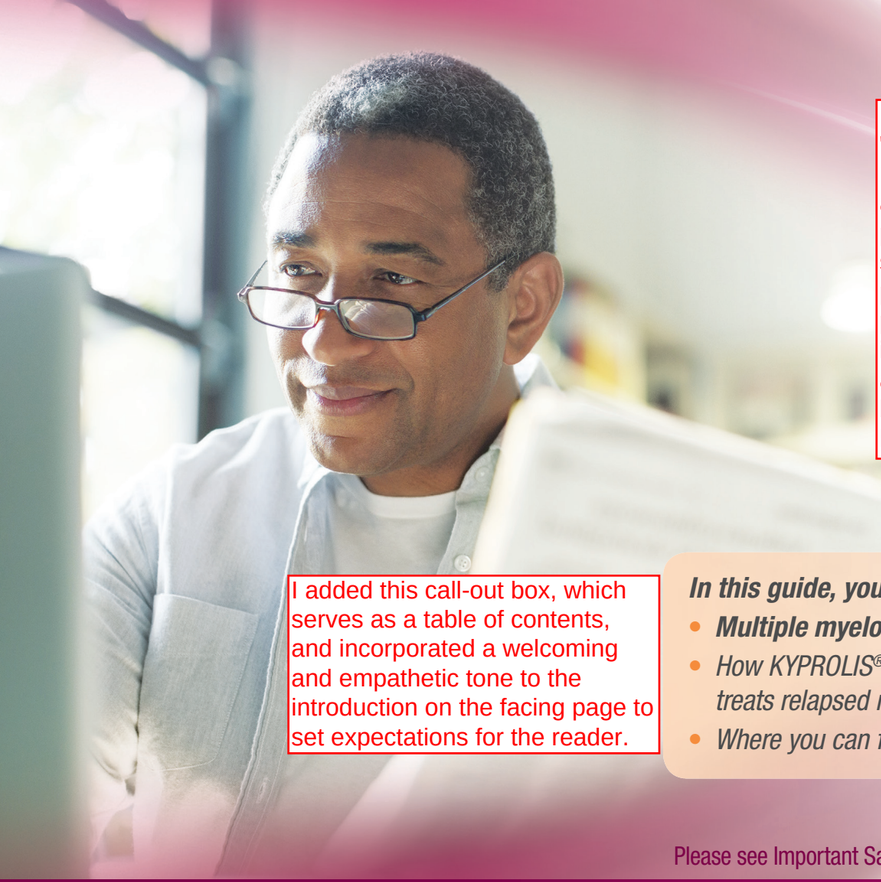
- KYPROLIS® (carfilzomib) is a prescription medication used to treat patients with relapsed or refractory multiple myeloma who have received one to three previous treatments for multiple myeloma. KYPROLIS is approved for use in combination with dexamethasone or with lenalidomide plus dexamethasone, which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

Please see additional Important Safety Information on pages 26-28.



I replaced terms such as "physician," "HCP," and "doctor" with "care team" 1) because most patients with cancer are under the care of many types of physicians and 2) to help patients feel supported. Also, as caregivers for patients with multiple myeloma often play a critical role in patient care, I introduced the term "care partner" to acknowledge the value that caregivers bring to their loved ones' care and to help patients feel supported.

I added this call-out box, which serves as a table of contents, and incorporated a welcoming and empathetic tone to the introduction on the facing page to set expectations for the reader.

In this guide, you'll learn about:

- ***Multiple myeloma*** *and relapse*
- *How KYPROLIS® (carfilzomib) for Injection treats relapsed multiple myeloma*
- *Where you can find support resources*

Please see Important Safety Information on pages 26-28.

This guide will help you understand relapsed multiple myeloma and a medication that may be right for you. It will help you learn how to take an active role in your treatment.

Along the way, you will be working closely with your healthcare team. This guide includes helpful tips for talking with your care team. Also use it to talk with your care partners—friends, family, and anyone else you might be turning to for support. Your care partners can find important information in the guide that will help them support you. And there's more information, plus helpful tips for your care partners, online at kyprolis.com.

Start reading this guide from the beginning. Or use the tabs on the sides of the pages so you can go right to the topics you want to find out about. Either way, inside you'll find the information you need to help you manage your health.

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 care team about any questions you have about your health or your treatment.

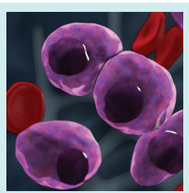
Kyprolis™ (carfilzomib) for Injection

Understanding multiple myeloma

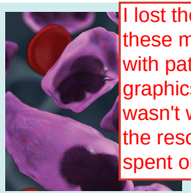
Multiple myeloma: a type of cancer that starts in blood cells

There are 3 main types of blood cells in the body:

- **White blood cells**, which help your body fight infection
- **Red blood cells**, which carry oxygen from your lungs to the rest of your body
- **Platelets**, which help your blood to clot when you bleed



Normal bone marrow growth



Myeloma cell growth

I lost the battle to replace these microscope images with patient-appropriate graphics, because the team wasn't willing to lose out on the resources that had spent on securing them.

! *When your M-protein levels go up, your multiple myeloma may be getting worse.*

Most blood cells are made in the **bone marrow**. When germs attack your body, some of your white blood cells change into **plasma cells**. Usually, plasma cells in the bone marrow help fight infection and keep your bones healthy.

But with **multiple myeloma**, plasma cells turn into myeloma cells. Soon there are too many 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 make tumors in bones

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 doing with treatment.

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 returns or does not respond to treatment, your doctor may discuss adding another medicine to your treatment plan.

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

! *When your multiple myeloma has relapsed, it can harm your bones and kidneys. That's why it's important to find and stay on a treatment that works 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 give 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 transplants use chemotherapy to kill myeloma cells and normal cells in the bone marrow. Then those cells are replaced with healthy blood cells called blood stem cells. The healthy blood cells make new bone marrow.

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.

*National Comprehensive Cancer Network Guidelines for Patients, Version 1.2015.

I felt that my doctor was telling us what to expect.

I sprinkled call-outs such as these throughout to highlight important information and to encourage patient and caregiver involvement in patient care.

Talk to your doctor about which treatment plan is right for you.

As each patient will be on only one of the infusion options, I incorporated this color-coding system to visually link the relevant information on the following pages to each option.

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:

K+Rd	Given in combination with lenalidomide and dexamethasone.	*Learn more about taking KYPROLIS with 2 other medicines (page 8).*
K+d	Given in **combination** with dexamethasone.	*Learn more about taking KYPROLIS with 1 other medicine (page 14).*
K	As a single agent. This is called **monotherapy.**	*Learn more about taking KYPROLIS by itself (page 18).*

K=KYPROLIS; R=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.

Kyprolis™ (carfilzomib) for Injection

Please see additional Important Safety Information on pages 26-28.

Results with KYPROLIS® (carfilzomib) + lenalidomide + dexamethasone (K+Rd)

Results with K+Rd were better than the results with the Rd combination alone[1]

K+Rd (KYPROLIS in combination with lenalidomide and dexamethasone) was studied in a phase 3, randomized trial in patients with relapsed or refractory multiple myeloma. In this study[1]:

- The main goal of the study was to measure the length of time living without the disease getting worse[1]
- 792 patients participated: half of the patients (396) received K+Rd; the other half (396) received a different combination treatment (lenalidomide + dexamethasone, also called Rd)[1]

Here are the details and results of the study:

- **K+Rd delayed multiple myeloma from getting worse by almost 9 months longer, compared to Rd[1]**
- **K+Rd helped lower M-protein numbers in more patients[1,2]**

K+Rd study results[1,2]	Rd study results[1,2]
K+Rd delayed multiple myeloma from getting worse by **26.3 months** in half of the patients	Rd delayed multiple myeloma from getting worse by **17.6 months** in half of the patients
7 out of 10 patients **(70%)** reduced their M-protein numbers by at least 90%	**4 out of 10** patients **(40%)** reduced their M-protein numbers by at least 90%

R=lenalidomide; d=dexamethasone

In addition to presenting concepts such as progression-free survival in language that is meaningful for patients, I presented it in a way that enabled simple side-by-side comparison.

What to expect with KYPROLIS + lenalidomide + 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)[1]
- Almost **9 out of 10** patients **(87%)** responded to treatment with K+Rd[1,2]

What happened to M-protein numbers?

7 out of 10 patients **(70%)** reduced their M-protein numbers by at least 90%.[1,2]

Talk with your doctor to see if KYPROLIS is right for you. Also talk about your M-protein and other treatment goals.

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.

Please see additional Important Safety Information on pages 26-28.

Kyprolis™ (carfilzomib) for Injection

How is KYPROLIS® (carfilzomib) given?

The original design involved a complicated schedule and an overwhelming amount of information. I simplified the calendar and eliminated unnecessary information to make each treatment schedule easily comprehensible.

KYPROLIS®+ Rd (K+Rd)

(KYPROLIS + lenalidomide + dexamethasone)

KYPROLIS is infused in your doctor's office or clinic. Lenalidomide is taken as a pill and dexamethasone can be infused or taken as a pill. This 4-week schedule is called a treatment cycle. See the calendars for the correct treatment days. The calendars also show you what your treatment schedule might be.

If you need help getting to and from your infusion appointments, see pages 24-25 for information that may be able to help.

10 MIN IV INFUSION

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*
- Lenalidomide once daily on Days 1-21

Week 4

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

R=lenalidomide; d=dexamethasone

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 26-28.

Treatment schedule **K+Rd** ☐

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

KYPROLIS treatment Cycles 1-12: example

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

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 10-minute IV infusion

KYPROLIS rest days

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.

Kyprolis™ (carfilzomib) for Injection

It was the client preference to present this information here and in a way that made it seem part of the brochure.

ONYX 360®
PHARMACEUTICALS

Onyx Pharmaceuticals 360® provides patient support across a wide range of areas, including:

- A single point of contact that can help you identify and address your needs
- Putting you in touch with independent, third-party organizations for transportation/lodging and co-pay assistance†
- Putting you in touch with independent third parties for emotional support†

To learn more, call an Onyx Oncology Nurse Ambassador at
1-855-ONYX-360 *(1-855-669-9360)*
Monday through Friday
9 AM to 8 PM Eastern Time.
Or you can enroll online at ***www.onyx360.com****.*

Onyx Pharmaceuticals 360® is not intended to provide medical advice or replace the medical advice of your doctor or other healthcare provider. Your treating physician should always be your first source of information about your health, diagnosis, and treatment.

†Provided through independent charitable patient assistance programs. Amgen has no control over independent, third-party programs and provides referrals as a courtesy only.

Kyprolis™ (carfilzomib) for Injection

Results with KYPROLIS® (carfilzomib) + dexamethasone (K+d)

Results with K+d were better than the results with the bortezomib combination[1]

K+d (KYPROLIS in combination with dexamethasone) was studied in a large phase 3, randomized trial in patients with relapsed or refractory multiple myeloma.[1] In this study:

- The main goal of the study was to measure the length of time living without the disease getting worse[1]
- 929 patients participated: 464 patients received K+d; 465 received a different combination treatment (bortezomib + dexamethasone)[1]

Here are the details and results of the study:

- **K+d delayed multiple myeloma progression twice as long, compared to bortezomib + d[1]**
- **K+d helped lower M-protein numbers in more patients[1,2]**

K+d study results[1,2]	Bortezomib + d study results[1,2]
K+d delayed multiple myeloma from getting worse by **18.7 months** in half of the patients	Bortezomib + d delayed multiple myeloma from getting worse by **9.4 months** in half of the patients
More than **5 out of 10** patients **(54%)** reduced their M-protein numbers by at least 90%	Almost **3 out of 10** patients **(29%)** reduced their M-protein numbers by at least 90%

d=dexamethasone

Talk with your care team about your M-protein and other treatment goals.

Please see additional Important Safety Information on pages 26-28.

What to expect with KYPROLIS + dexamethasone (K+d)

How did K+d affect multiple myeloma?

- K+d was proven to delay multiple myeloma from getting worse by more than a year and a half (18.7 months)[1]
- Almost **4 out of 5** patients **(77%)** responded to treatment with K+d[1,2]

What happened to M-protein numbers?

More than half of the patients (54%) reduced their M-protein numbers by at least 90%.[1,2]

Talk with your doctor to see if KYPROLIS is right for you.

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.

Kyprolis™ (carfilzomib) for Injection

Treatment schedule **K+d** ☐

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

KYPROLIS+d (K+d)

(KYPROLIS + dexamethasone)

KYPROLIS is infused in your doctor's office or clinic, and dexamethasone can be infused or taken as a pill. This 4-week schedule is called a treatment cycle. Look at the calendar to see what your treatment schedule might be.

30 MIN IV INFUSION

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.

If you need help getting to and from your infusion appointments, see pages 24-25 for information that may be able to help.

KYPROLIS treatment cycle: example

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 30-minute IV infusion

KYPROLIS rest days

Talk with your doctor about how many treatment cycles of KYPROLIS you should receive.

Also talk about the best day of the week to start your treatment with KYPROLIS.

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.

Please see additional Important Safety Information on pages 26-28.

Kyprolis™ (carfilzomib) for Injection

How is KYPROLIS® (carfilzomib) given?

KYPROLIS (K)

KYPROLIS as a single agent (called monotherapy), is infused in your doctor's office or clinic. This 4-week schedule is called a treatment cycle. Look at the calendars to see what your treatment schedule might be.

If you need help getting to and from your infusion appointments, see pages 24-25 for information that may be able to help.

30 MIN IV INFUSION

OR

10 MIN IV INFUSION

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 26-28.

Treatment schedule **K** ☐

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

KYPROLIS treatment Cycles 1-12: example

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+: example

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 30-minute or 10-minute IV infusion

KYPROLIS rest days

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*

Important Safety Information

- **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.

Kyprolis™ (carfilzomib) for Injection

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

Important Safety Information

- **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.

Please see additional Important Safety Information on pages 26-28.

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 you may have.

In clinical trials, these are the most common side effects (side effects that happened in at least 1 out of 5 (20%) patients).

K+Rd **K+d**

In patients taking KYPROLIS + lenalidomide + 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

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

K=KYPROLIS; R=lenalidomide; d=dexamethasone

Kyprolis™ (carfilzomib) for Injection

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 right away if you have symptoms of low blood pressure.[3]

Symptoms of low blood pressure include:

- Dizziness
- Tiredness
- Fainting spells

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

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:

- Fever, chills, shivering, chest pain, cough, or swelling of the feet or legs, bleeding, bruising, weakness, headaches, confusion, seizures, or loss of sight
- Shortness of breath (trouble breathing)
- Dizziness, light-headedness, or fainting spells
- Pregnancy (women should not receive KYPROLIS if they are pregnant or breastfeeding)
- Any other side effect that bothers you or does not go away

- **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 on pages 26-28.

Onyx Pharmaceuticals 360® is a resource for patients who are prescribed KYPROLIS® (carfilzomib).

We're here to help—whether it's helping you figure out your co-pay; helping you identify your assistance needs; or connecting you to independent, third-party organizations that can help with a broad range of services, such as emotional, financial, and transportation support, or connections to other patients.

Onyx Pharmaceuticals 360® provides patient support across a wide range of areas, including:

- A single point of contact that helps you to identify and address your short- and long-term needs
- Connections to independent, third-party organizations for transportation/lodging and co-pay assistance†
- Connections to independent third parties for emotional support†

*To learn more, call an Onyx Oncology Nurse Ambassador at **1-855-ONYX-360** (1-855-669-9360) Monday through Friday, 9 AM to 8 PM Eastern Time. Or you can enroll online at **www.onyx360.com**.*

Let us introduce you to an Oncology Nurse Ambassador.

Your Oncology Nurse Ambassador will take the time to help you find the support you need most.

ONYX 360® PHARMACEUTICALS

For more information about this patient support program, call 1-855-ONYX-360 (1-855-669-9360) Monday through Friday, 9 AM to 8 PM Eastern Time.

†Onyx Pharmaceuticals 360® is not intended to provide medical advice or replace the medical advice of your doctor or other healthcare provider. Your treating physician should always be your first source of information about your health, diagnosis, and treatment. 501(c)(3) tax-exempt nonprofit organization. Onyx Pharmaceuticals 360® has no control over independent third-party programs and provides information or referrals as a courtesy only.

Kyprolis™ (carfilzomib) for Injection

Approved Uses and Important Safety Information

Approved Uses

- KYPROLIS® (carfilzomib) 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® (carfilzomib) 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® (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.
- **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 the accompanying full Product Information for more information about KYPROLIS®.

Kyprolis™ (carfilzomib) for Injection

Important Safety Information (continued)

- **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:

- Fever, chills, shivering, chest pain, cough, or swelling of the feet or legs, bleeding, bruising, weakness, headaches, confusion, seizures, or loss of sight
- Shortness of breath
- Dizziness, light-headedness, or fainting spells
- 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 Product Information.

Notes

Use this space to write down questions before doctor visits. You can also use it to take notes during your visit.

Kyprolis™ (carfilzomib) for Injection

Glossary

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 turns 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

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

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

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

References

1. KYPROLIS® [prescribing information]. Thousand Oaks, CA: Onyx Pharmaceuticals Inc., an Amgen Inc. subsidiary. 2016.
2. Multiple Myeloma Treatment Overview 2015. Multiple Myeloma Research Foundation.

Kyprolis™ (carfilzomib) for Injection

Contact an Oncology Nurse Ambassador for more information about this assistance program. Call 1-855-ONYX-360 (1-855-669-9360)

Onyx Pharmaceuticals 360® provides patient support across a wide range of areas, including

- A single point of contact that helps you to identify and address your short- and long-term needs
- Connections to independent, third-party organizations for transportation/lodging and co-pay assistance*
- Referrals to independent third parties for emotional support*

ONYX 360® PHARMACEUTICALS

*It is not intended to provide medical advice or replace the medical advice of your doctor or other healthcare provider. Your treating physician should always be your first source of information about your health, diagnosis, and treatment. 501(c)(3) tax-exempt nonprofit organization. Onyx Pharmaceuticals 360® has no control over independent third-party programs and provides information or referrals as a courtesy only.

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

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