Actual patients living with multiple myeloma.

IN PATIENTS WITH RRMM WHO RECEIVED REVLIMID® (lenalidomide) AND A PI

Proceed to a POMALYST regimen

Pomalyst®
(pomalidomide) capsules
1 · 2 · 3 · 4 mg

Convenient once-daily oral dosing*

POMALYST Indication

POMALYST® (pomalidomide) is a thalidomide analogue indicated, in combination with dexamethasone, for adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor and have demonstrated disease progression on or within 60 days of completion of the last therapy.

POMALYST Selected Important Safety Information: Boxed WARNINGS

WARNING: EMBRYO-FETAL TOXICITY and VENOUS AND ARTERIAL THROMBOEMBOLISM

Embryo-Fetal Toxicity

- **POMALYST is contraindicated in pregnancy. POMALYST is a thalidomide analogue. Thalidomide is a known human teratogen that causes severe birth defects or embryo-fetal death. In females of reproductive potential, obtain 2 negative pregnancy tests before starting POMALYST treatment.**
- **Females of reproductive potential must use 2 forms of contraception or continuously abstain from heterosexual sex during and for 4 weeks after stopping POMALYST treatment.**

POMALYST is only available through a restricted distribution program called POMALYST REMS®.

Venous and Arterial Thromboembolism

- **Deep venous thrombosis (DVT), pulmonary embolism (PE), myocardial infarction, and stroke occur in patients with multiple myeloma treated with POMALYST. Prophylactic antithrombotic measures were employed in clinical trials. Thromboprophylaxis is recommended, and the choice of regimen should be based on assessment of the patient's underlying risk factors.**

*The recommended dosage of POMALYST is 4 mg once daily orally on Days 1-21 of repeated 28-day cycles.
PI, proteasome inhibitor; RRMM, relapsed/refractory multiple myeloma.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS, for POMALYST and REVLIMID.

Support your broad range of patients who have received REVLIMID® (lenalidomide) and a PI

Pomalyst® (pomalidomide) capsules 1 · 2 · 3 · 4 mg

Across POMALYST studies, the majority of patients were refractory to REVLIMID[1-4]

In a doublet study[1]*

In triplet studies[2-4]†

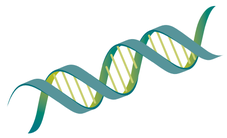
*From a Phase 3 study where 79% of patients were refractory to bortezomib and 74% were refractory to both REVLIMID and bortezomib. For details, please see page 4.

†In the POMALYST + dex + daratumumab study, 89% of patients were refractory to REVLIMID, 71% were refractory to bortezomib, and 64% were refractory to both. In the POMALYST + dex + EMPLICITI study, 87% of patients were refractory to REVLIMID, 80% were refractory to a PI, and 70% were refractory to both. In the POMALYST + dex + isatuximab-irfc study, 93% of patients were refractory to REVLIMID, 76% were refractory to a PI, and 73% were refractory to both an immunomodulatory drug and a PI. For details, please see pages 9, 13, and 17.

POMALYST + dex regimens were studied in a variety of patients including[1,5,6]:

Renal impairment‡

Hepatic impairment‡



Cytogenetic abnormalities§

Different risk classifications‖

Varying ages¶

CrCl, creatinine clearance; dex, dexamethasone; ECOG, Eastern Cooperative Oncology Group; ISS, International Staging System; ULN, upper limit of normal.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS, for POMALYST and REVLIMID.

POMALYST Selected Important Safety Information

CONTRAINDICATIONS

- **Pregnancy:** POMALYST can cause fetal harm and is contraindicated in females who are pregnant. If the patient becomes pregnant while taking this drug, the patient should be apprised of the potential risk to a fetus.
- **Hypersensitivity:** POMALYST is contraindicated in patients who have demonstrated severe hypersensitivity (e.g., angioedema, anaphylaxis) to pomalidomide or any of the excipients.

‡Patients in the POMALYST + dex study were excluded with CrCl <45 mL/min (according to the Cockroft-Gault formula or 24-hour urine collection); total bilirubin >34.2 µmol/L; and liver enzyme concentrations >3x ULN.

§In the POMALYST + dex study, 41% of patients had del13q14, del17p13, t(4;14), or t(14;16).

‖The POMALYST + dex study included a variety of risk classifications, such as ECOG performance status and ISS staging. ECOG status was 0 in 32%, 1 in 49%, 2 in 17%, and 3 in <1% of patients; ISS Stage was I-II in 64%, and III in 32% of patients.

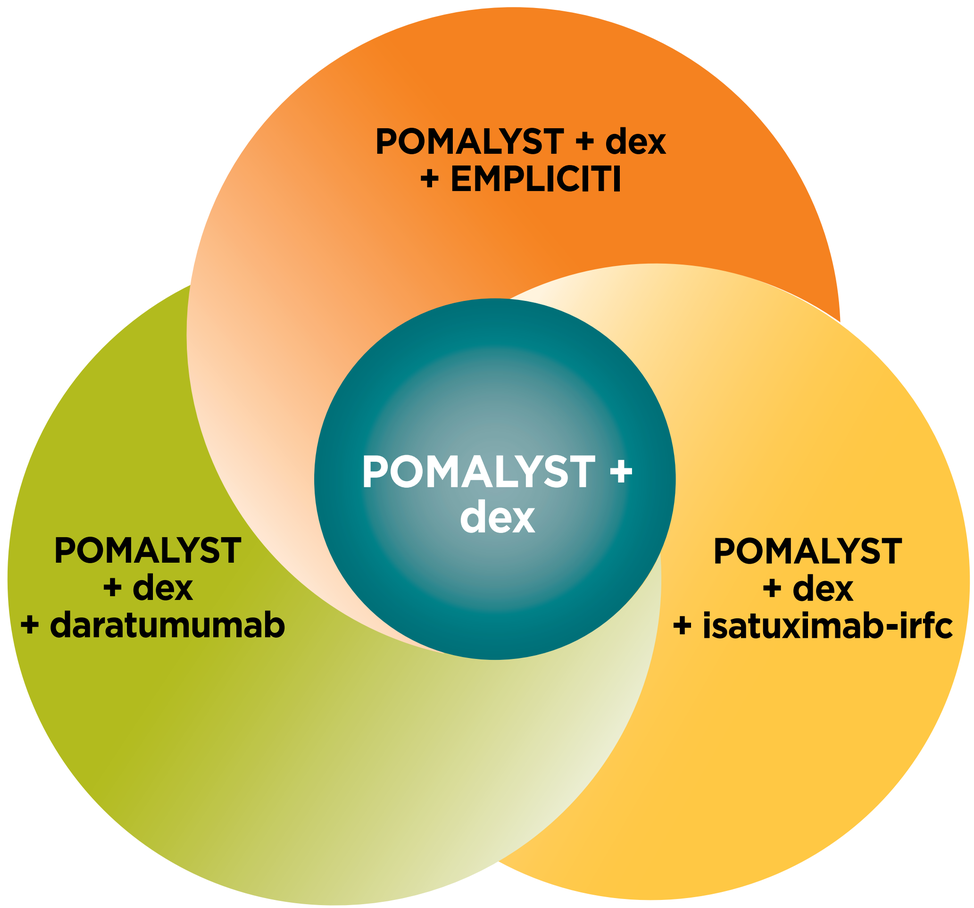
¶Median age of patients in the POMALYST + dex study was 64 years (range: 35-87).

Please see pages 4, 9, 13, and 17 for study demographic information for POMALYST + dex, POMALYST + dex + daratumumab, POMALYST + dex + EMPLICITI® (elotuzumab), and POMALYST + dex + isatuximab-irfc.

IN PATIENTS WITH RRMM WHO RECEIVED REVLIMID® (lenalidomide) AND A PI

Build on POMALYST + dex

Pomalyst® (pomalidomide) capsules 1 · 2 · 3 · 4 mg | Empliciti® (elotuzumab) FOR INJECTION FOR INTRAVENOUS USE 300 MG & 400 MG VIALS



Approved in a doublet and multiple triplet regimens[1-4]

POMALYST + dexamethasone + EMPLICITI Indication

EMPLICITI is indicated in combination with POMALYST and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor.

POMALYST + dexamethasone + daratumumab Indication

POMALYST + dexamethasone + daratumumab is indicated for the treatment of adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor.

POMALYST + dexamethasone + isatuximab-irfc Indication

POMALYST + dexamethasone + isatuximab-irfc is indicated for the treatment of adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor.

EMPLICITI with POMALYST and dexamethasone is associated with Warnings and Precautions related to:
Infusion Reactions, Infections, Second Primary Malignancies, Hepatotoxicity, and Interference With Determination of Complete Response.

CONTRAINDICATIONS FOR DARATUMUMAB

- Daratumumab is contraindicated in patients with a history of severe hypersensitivity (e.g. anaphylactic reactions) to daratumumab or any of the components of the formulation.

CONTRAINDICATIONS FOR ISATUXIMAB-IRFC

- Isatuximab-irfc is contraindicated in patients with severe hypersensitivity to isatuximab-irfc or to any of its excipients.

Information about POMALYST + dexamethasone + daratumumab and POMALYST + dexamethasone + isatuximab-irfc does not appear in the POMALYST Prescribing Information (PI). Please see the daratumumab and the isatuximab-irfc full PIs for a complete discussion of Important Safety Information at www.darzalex.com and www.sarclisa.com, respectively.

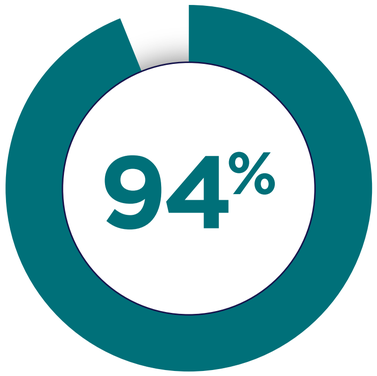
Please see detailed Important Safety Information on pages 21-23 and full Prescribing Information for POMALYST, including Boxed WARNINGS, full Prescribing Information for REVLIMID, including Boxed WARNINGS, and full Prescribing Information for EMPLICITI.

IN PATIENTS WITH RRMM WHO RECEIVED REVLIMID® (lenalidomide) AND A PI

POMALYST + dex: A doublet therapy built on a FOUNDATION of POMALYST[1]

Pomalyst® (pomalidomide) capsules 1 · 2 · 3 · 4 mg

THE MAJORITY OF PATIENTS STUDIED WERE REFRACTORY TO REVLIMID



Refractory to REVLIMID

Refractory to bortezomib

Refractory to both

Patients had received a median of 5 prior therapies

- Median patient age was 64 years (range: 35-87)[6]
- 59% of patients were male
- 78% of patients were white, 1.5% black or African American, <1% were Asian, and <1% were other race
- The ECOG performance status was 0 in 32%, 1 in 49%, 2 in 17%, and 3 in <1% of patients; ISS Stage was I-II in 64%, and III in 32% of patients[1,5]
- 41% of patients had del13q14, del17p13, t(4;14), or t(14;16)[6]

Please see full baseline characteristics in the POMALYST **Prescribing Information**.

Trial Design[1,5]

POMALYST was studied in a Phase 3, multicenter, randomized, open-label trial of POMALYST + low-dose dex vs high-dose dex in patients with relapsed/refractory multiple myeloma who had received at least 2 prior treatment regimens, including REVLIMID and bortezomib, and demonstrated disease progression on or within 60 days of last therapy (ITT population, N=455). Some key exclusion criteria included serum bilirubin >2.0 mg/dL, AST/ALT >3x ULN, and CrCl <45 mL/min.

Patients in the POMALYST + low-dose dex arm (n=302) received 4 mg of POMALYST orally on Days 1-21 of 28-day cycles with 40 mg of low-dose dex once daily on Days 1, 8, 15, and 22 of 28-day cycles. Patients in the high-dose dex arm (n=153) received 40 mg of dex once daily on Days 1-4, 9-12, and 17-20 of 28-day cycles. Patients >75 years received 20 mg of dex in the same respective dosing schedules. Patients receiving POMALYST + low-dose dex were required to receive prophylaxis or anti-thrombotic treatment, as well as any other patient with a history of DVT or PE. The primary endpoint was PFS, and a key secondary efficacy endpoint was OS. Treatment continued until disease progression.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS, for POMALYST and REVLIMID.

POMALYST Selected Important Safety Information

WARNINGS AND PRECAUTIONS

- **Embryo-Fetal Toxicity & Females of Reproductive Potential: See Boxed WARNINGS for POMALYST**
  - Males: Pomalidomide is present in the semen of patients receiving the drug. Males must always use a latex or synthetic condom during any sexual contact with females of reproductive potential while taking POMALYST and for up to 4 weeks after discontinuing POMALYST, even if they have undergone a successful vasectomy. Males must not donate sperm.
  - Blood Donation: Patients must not donate blood during treatment with POMALYST and for 4 weeks following discontinuation of POMALYST therapy because the blood might be given to a pregnant female patient whose fetus must not be exposed to POMALYST.

ALT, alanine aminotransferase; AST, aspartate aminotransferase; DVT, deep vein thrombosis; ITT, intent-to-treat; OS, overall survival; PE, pulmonary embolism; PFS, progression-free survival.

IN PATIENTS WITH RRMM WHO RECEIVED REVLIMID® (lenalidomide) AND A PI

Improved median survival vs high-dose dex[1]

OVERALL SURVIVAL (KEY SECONDARY EFFICACY ENDPOINT; ITT POPULATION, N=455)

30%

POMALYST + low-dose dex reduced risk of death vs high-dose dex

Median OS: **12.4 months** (95% CI 10.4, 15.3) vs **8.0 months** (95% CI 6.9, 9.0)
(HR 0.70; 95% CI 0.54, 0.92; *P*=0.009)

OS Data cutoff: March 1, 2013.

POMALYST + low-dose dex doubled the median PFS of high-dose dex (primary endpoint)[1,5]

- Median PFS was significantly longer with POMALYST + low-dose dex (3.6 months [95% CI 3.0, 4.6]) vs high-dose dex (1.8 months [95% CI 1.6, 2.1]) (HR 0.45; 95% CI 0.35, 0.59; *P*<0.001)

PFS Data cutoff: September 7, 2012.

In the Phase 3 trial, PFS and OS were based on the assessment by the Independent Review Adjudication Committee (IRAC) review at the final PFS and OS analyses.

CI, confidence interval; HR, hazard ratio.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS, for POMALYST and REVLIMID.

POMALYST Selected Important Safety Information

WARNINGS AND PRECAUTIONS (continued)

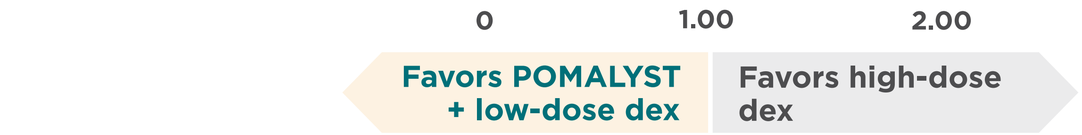
- **POMALYST REMS® Program: See Boxed WARNINGS**
  - Prescribers and pharmacies must be certified with the **POMALYST REMS** program by enrolling and complying with the REMS requirements; pharmacies must only dispense to patients who are authorized to receive POMALYST. Patients must sign a Patient-Physician Agreement Form and comply with REMS requirements; female patients of reproductive potential who are not pregnant must comply with the pregnancy testing and contraception requirements and males must comply with contraception requirements.
  - Further information about the **POMALYST REMS** program is available at www.CelgeneRiskManagement.com or by telephone at 1-888-423-5436.

OS subgroup analysis included POMALYST + dex immediately after REVLIMID® (lenalidomide)[6]

Pomalyst® (pomalidomide) capsules 1 · 2 · 3 · 4 mg

OVERALL SURVIVAL (EXPLORATORY SUBGROUP ANALYSES)

	POMALYST + low-dose dex	High-dose dex	HR (95% CI)
Prespecified exploratory subgroup analysis of OS in patients by refractory therapy			
ITT population	**147/302**	86/153	0.70 (0.54-0.92)
Refractory to REVLIMID	**142/286**	80/141	0.69 (0.53-0.91)
Refractory to bortezomib	**118/238**	68/121	0.74 (0.55-0.99)
Refractory to REVLIMID and bortezomib	**114/225**	63/113	0.76 (0.56-1.03)
Post hoc exploratory subgroup analysis of OS in patients by immediate prior therapy			
REVLIMID immediate prior treatment	**42/87**	31/49	0.50 (0.31-0.79)
Bortezomib immediate prior treatment	**60/135**	31/67	0.88 (0.57-1.35)



Analysis limitations

- **These exploratory analyses should not be interpreted to determine a treatment difference between arms in these select subgroups because of potential selection bias, insufficient sample size, and a higher probability of making a false-positive finding**

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS, for POMALYST and REVLIMID.

POMALYST Selected Important Safety Information

WARNINGS AND PRECAUTIONS (continued)

- **Venous and Arterial Thromboembolism: See Boxed WARNINGS for POMALYST.** Patients with known risk factors, including prior thrombosis, may be at greater risk, and actions should be taken to try to minimize all modifiable factors (e.g., hyperlipidemia, hypertension, smoking). Thromboprophylaxis is recommended, and the choice of regimen should be based on assessment of the patient's underlying risk factors.
- **Increased Mortality With Pembrolizumab:** In clinical trials in patients with multiple myeloma, the addition of pembrolizumab to a thalidomide analogue plus dexamethasone resulted in increased mortality. Treatment of patients with multiple myeloma with a PD-1 or PD-L1 blocking antibody in combination with a thalidomide analogue plus dexamethasone is not recommended outside of controlled clinical trials.

A well-established safety profile[1]

8% of patients discontinued POMALYST + dex due to adverse reactions

MOST COMMON ADVERSE REACTIONS OF ANY GRADE (≥20% IN THE POMALYST + LOW-DOSE DEX ARM AND ≥2% HIGHER THAN THE HIGH-DOSE DEX ARM), n (%)

	POMALYST + low-dose dex (n=300)	High-dose dex (n=150)
Neutropenia*	154 (51)	31 (21)
Fatigue and asthenia	140 (47)	64 (43)
Upper respiratory tract infection*	93 (31)	19 (13)
Thrombocytopenia	89 (30)	44 (29)
Pyrexia*	80 (27)	35 (23)
Dyspnea*	76 (25)	25 (17)
Diarrhea	66 (22)	28 (19)
Constipation	65 (22)	22 (15)
Cough	60 (20)	15 (10)
Back pain*	59 (20)	24 (16)

*Serious adverse reactions were reported in at least 3 patients in the POMALYST + low-dose dex arm, AND at least 1% higher than the high-dose dex arm percentage.
Data cutoff: March 1, 2013.

- **Grade 3 or 4 adverse reactions** (≥15% in the POMALYST + low-dose dex arm and ≥1% higher than the high-dose dex arm) included neutropenia (48%), thrombocytopenia (22%), and pneumonia (16%)

Dose modifications due to adverse reaction(s)[1,6]

- 67% of trial patients experienced at least one dose interruption of POMALYST, while 27% of patients experienced at least one dose reduction of POMALYST and 8% discontinued treatment with POMALYST
- The median time to first dose interruption and first dose reduction of POMALYST was 4.1 weeks and 4.5 weeks, respectively

The majority of patients remained on POMALYST + dex until disease progression or unacceptable toxicities with dose modifications.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS.

POMALYST Selected Important Safety Information

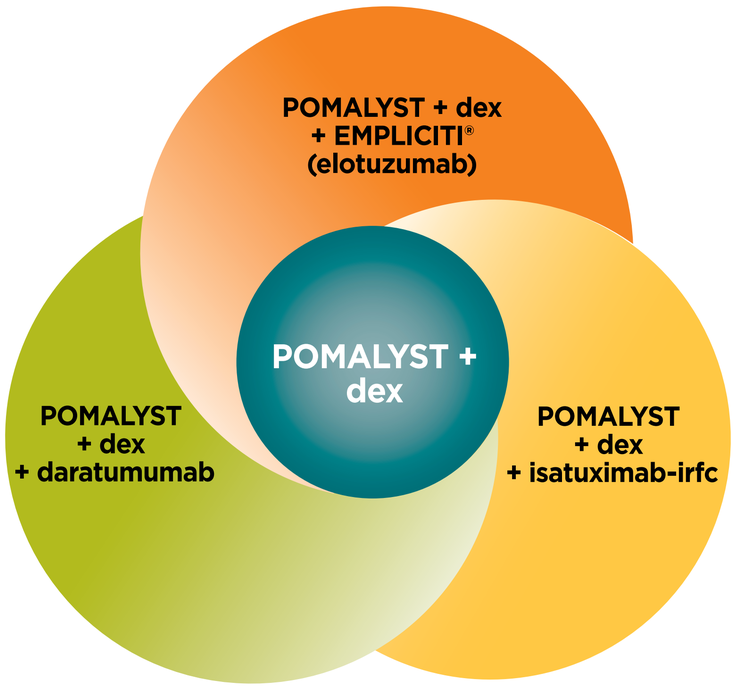
WARNINGS AND PRECAUTIONS (continued)

- **Hematologic Toxicity:** Neutropenia (46%) was the most frequently reported Grade 3 or 4 adverse reaction in patients taking POMALYST in clinical trials, followed by anemia and thrombocytopenia. Monitor complete blood counts weekly for the first 8 weeks and monthly thereafter. Patients may require dose interruption and/or modification.

IN PATIENTS WITH RRMM WHO RECEIVED REVLIMID® (lenalidomide) AND A PI

Choose a proven triplet regimen with POMALYST

Multiple approved pomalidomide (POMALYST) triplet regimens are recommended options in the NCCN Clinical Practice Guidelines In Oncology (NCCN Guidelines®) for previously treated MM[7]*



NCCN Guidelines® for Multiple Myeloma recommend triplet regimens over doublet regimens for appropriate patients[7]*

A patient's tolerance for increased toxicity should be considered.[8]

*To view the most recent and complete version of the guidelines, go online to NCCN.org.

MM, multiple myeloma; NCCN®, National Comprehensive Cancer Network®.

Information about POMALYST + dexamethasone + daratumumab and POMALYST + dexamethasone + isatuximab-irfc does not appear in the POMALYST Prescribing Information (PI). Please see the daratumumab and the isatuximab-irfc full PIs for a complete discussion of Important Safety Information at www.darzalex.com and www.sarclisa.com, respectively.

Please see additional Important Safety Information on pages 21-23 and full Prescribing Information for POMALYST, including Boxed WARNINGS, full Prescribing Information for REVLIMID, including Boxed WARNINGS, and full Prescribing Information for EMPLICITI.

Pomalyst® (pomalidomide) capsules
1 · 2 · 3 · 4 mg

POMALYST and EMPLICITI Important Selected Safety Information

WARNINGS AND PRECAUTIONS (continued)

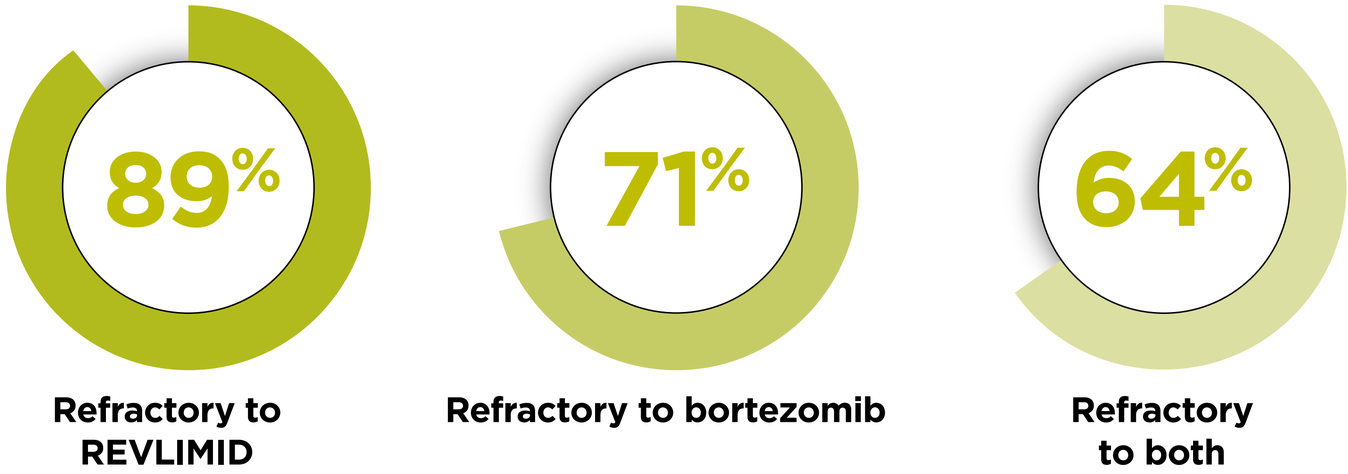
- **Hepatotoxicity:**
  - Hepatic failure, including fatal cases, has occurred in patients treated with POMALYST. Elevated levels of alanine aminotransferase and bilirubin have also been observed in patients treated with POMALYST. Monitor liver function tests monthly. Stop POMALYST upon elevation of liver enzymes. After return to baseline values, treatment at a lower dose may be considered.
  - In the ELOQUENT-2 trial (EMPLICITI + lenalidomide + dexamethasone vs lenalidomide + dexamethasone) (N=635), AST/ALT >3X the upper limit, total bilirubin >2X the upper limit, and alkaline phosphatase <2X the upper limit were 2.5% (EMPLICITI arm) vs 0.6% (control arm). Of 8 patients experiencing hepatotoxicity, 2 patients discontinued treatment while 6 patients had resolution and continued. Stop EMPLICITI upon ≥Grade 3 elevation of liver enzymes. Continuation of treatment may be considered after return to baseline values.
- **Infusion Reactions:**
  - Infusion reactions were reported in 3.3% of patients treated with EMPLICITI in the ELOQUENT-3 trial [EMPLICITI + pomalidomide + dexamethasone (EPd) vs pomalidomide + dexamethasone (Pd)].
  - The only infusion reaction symptom was chest discomfort (2%), which was Grade 1. All the patients who experienced an infusion reaction had them during the first treatment cycle.
  - If a Grade 2 or higher infusion reaction occurs, interrupt the EMPLICITI infusion and institute appropriate medical and supportive measures. If the infusion reaction recurs, stop the EMPLICITI infusion and do not restart it on that day. Severe infusion reactions may require permanent discontinuation of EMPLICITI therapy and emergency treatment.
  - Premedicate with dexamethasone, H1 blocker, H2 blocker, and acetaminophen prior to EMPLICITI infusion.

IN PATIENTS WITH RRMM WHO RECEIVED REVLIMID® (lenalidomide) AND A PI

POMALYST + dex + dara: An approved triplet in RRMM[2]

Pomalyst® (pomalidomide) capsules 1 · 2 · 3 · 4 mg

THE MAJORITY OF PATIENTS STUDIED WERE REFRACTORY TO REVLIMID



Patients had received a median of 4 prior lines of therapy

- Prior therapies included: ASCT (74%), bortezomib (98%), and carfilzomib (33%); 98% were previously treated with the combination of bortezomib and lenalidomide
- Median patient age was 64 years (range: 35-86)
- The ECOG performance status was 0 in 27%, 1 in 61%, and 2 in 12% of patients[9]
- 87 out of 103 patients had available cytogenetic data: 18% were del17p, 7% were t(4;14), and 1% were t(14;16)[9]

Trial Design[2,9]

POMALYST + dex + dara was studied in an open-label trial (without a comparator arm) of 103 patients who received a prior proteasome inhibitor and REVLIMID. Patients were required to have calculated CrCl ≥45 mL/min/1.73 m^2, AST/ALT ≤2.5x ULN, and total bilirubin ≤2 mg/dL. Patients received 16 mg/kg of dara as an intravenous infusion weekly (Weeks 1-8), every 2 weeks (Weeks 9-24), and every 4 weeks from Week 25 until disease progression in combination with 4 mg of POMALYST once daily orally on Days 1-21 of repeated 28-day cycles and 40 mg/week low-dose oral or intravenous dex.* On dara infusion days, 20 mg of the dex dose was given as a pre-infusion medication between 1 and 3 hours before dara and the remainder given the following day. For patients on a reduced dex dose, the entire 20-mg dose was given as a pre-infusion medication prior to dara.

*Reduced dose of 20 mg/week for patients >75 years or body mass index <18.5.

Information about POMALYST + dexamethasone + daratumumab does not appear in the POMALYST Prescribing Information (PI). Please see the daratumumab full PI for a complete discussion of Important Safety Information at www.darzalex.com.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS, for POMALYST and REVLIMID.

POMALYST + dexamethasone + daratumumab Indication

POMALYST + dexamethasone + daratumumab is indicated for the treatment of adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor.

CONTRAINDICATIONS FOR DARATUMUMAB

- Daratumumab is contraindicated in patients with a history of severe hypersensitivity (e.g. anaphylactic reactions) to daratumumab or any of the components of the formulation.

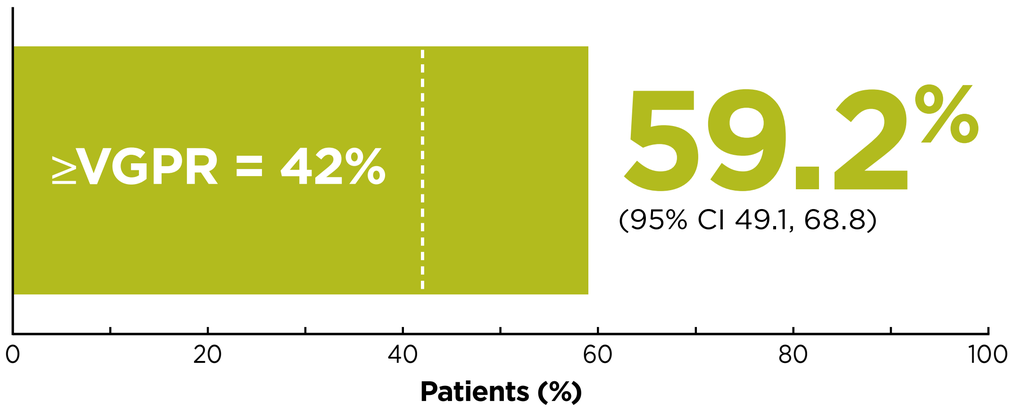
ASCT, autologous stem cell transplant; dara, daratumumab.

IN A PIVOTAL TRIAL IN WHICH 89% OF PATIENTS WERE REFRACTORY TO REVLIMID® (lenalidomide)

Nearly 60% ORR and >1 year median DoR with POMALYST + dex + dara[2]

Pomalyst® (pomalidomide) capsules
1 · 2 · 3 · 4 mg

OVERALL RESPONSE RATE (N=103)



ORR = sCR (7.8%) + CR (5.8%) + VGPR (28.2%) + PR (17.5%)

MEDIAN DURATION OF RESPONSE

13.6
MONTHS
(range: 0.9+ to 14.6+)

Median time to response:
1 month (range: 0.9-2.8)

Efficacy results were based on overall response rate as determined by Independent Review Committee using IMWG criteria.

CR, complete response; DoR, duration of response; IMWG, International Myeloma Working Group; ORR, overall response rate; PR, partial response; sCR, stringent complete response; VGPR, very good partial response.

Information about POMALYST + dexamethasone + daratumumab does not appear in the POMALYST Prescribing Information (PI). Please see the daratumumab full PI for a complete discussion of Important Safety Information at www.darzalex.com.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS, for POMALYST and REVLIMID.

Daratumumab Selected Important Safety Information

WARNINGS AND PRECAUTIONS

- **Infusion Reactions:** Interrupt daratumumab infusion for infusion-related reactions of any severity. Permanently discontinue the infusion in case of anaphylactic reactions or life-threatening infusion reactions and institute appropriate emergency care.
- **Interference With Cross-Matching and Red Blood Cell Antibody Screening:** Daratumumab binds to CD38 on red blood cells (RBCs) and results in a positive Indirect Antiglobulin Test (Indirect Coombs test), which may persist for up to 6 months after the last daratumumab infusion. Type and screen patients prior to starting treatment. Inform blood banks that a patient has received daratumumab.
- **Neutropenia:** Monitor complete blood cell counts periodically during treatment. Monitor patients with neutropenia for signs of infection. Consider withholding daratumumab until recovery of neutrophils.
- **Thrombocytopenia:** Monitor complete blood cell counts periodically during treatment. Consider withholding daratumumab until recovery of platelets.
- **Interference With Determination of Complete Response:** Daratumumab can interfere with the determination of complete response and of disease progression in some patients with IgG kappa myeloma protein.
- **Embryo-Fetal Toxicity:** Can cause fetal harm. Advise pregnant women of the potential risk to a fetus and advise females of reproductive potential to use effective contraception.

13% of patients on POMALYST + dex + dara discontinued treatment due to adverse reaction(s)[2]

MOST FREQUENT (≥20%) ADVERSE REACTIONS OF ANY GRADE (N=103)	
POMALYST + dex + dara	
Neutropenia (95%)	Dyspnea (33%)[§]
Lymphopenia (94%)	Nausea (30%)
Thrombocytopenia (75%)	Muscle spasms (26%)
Anemia (57%)	Pyrexia (25%)
Infusion-related reactions (50%)*	Back pain (25%)
Fatigue (50%)	Insomnia (23%)
Upper respiratory tract infection (50%)[†]	Arthralgia (22%)
Cough (43%)[‡]	Vomiting (21%)
Diarrhea (38%)	Dizziness (21%)
Constipation (33%)	Chills (20%)

*Infusion-related reaction includes terms determined by investigators to be related to infusion. Severe infusion reactions included bronchospasm, dyspnea, laryngeal edema, pulmonary edema, hypoxia, and hypertension. Other adverse infusion reactions were nasal congestion, cough, chills, throat irritation, vomiting, and nausea.
[†]Acute tonsillitis, bronchitis, laryngitis, nasopharyngitis, pharyngitis, respiratory syncytial virus infection, rhinitis, sinusitis, tonsillitis, upper respiratory tract infection.
[‡]Cough, productive cough, allergic cough.
[§]Dyspnea, dyspnea exertional.

- Median treatment duration: 6 months (range: 0.03-16.9)
- Neutropenia (95%) was the most commonly reported adverse reaction[2,9]
  - 44% of patients presented with Grade 1 or 2 neutropenia at baseline
- The overall incidence of serious adverse reactions was 49%
  - Serious adverse reactions reported in ≥5% of patients included pneumonia (7%)

Information about POMALYST + dexamethasone + daratumumab does not appear in the POMALYST Prescribing Information (PI). Please see the daratumumab full PI for a complete discussion of Important Safety Information at www.darzalex.com.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS.

Safety profile of POMALYST + dex + dara (continued)[2]

GRADE 3/4 HEMATOLOGY LABORATORY ABNORMALITIES (N=103)		
	Grade 3	**Grade 4**
Lymphopenia	45%	26%
Neutropenia	36%	46%
Anemia	30%	0%
Thrombocytopenia	10%	10%

Information about POMALYST + dexamethasone + daratumumab does not appear in the POMALYST Prescribing Information (PI). Please see the daratumumab full PI for a complete discussion of Important Safety Information at www.darzalex.com.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS.

Daratumumab Selected Important Safety Information

ADVERSE REACTIONS FOR POMALYST + dexamethasone + daratumumab

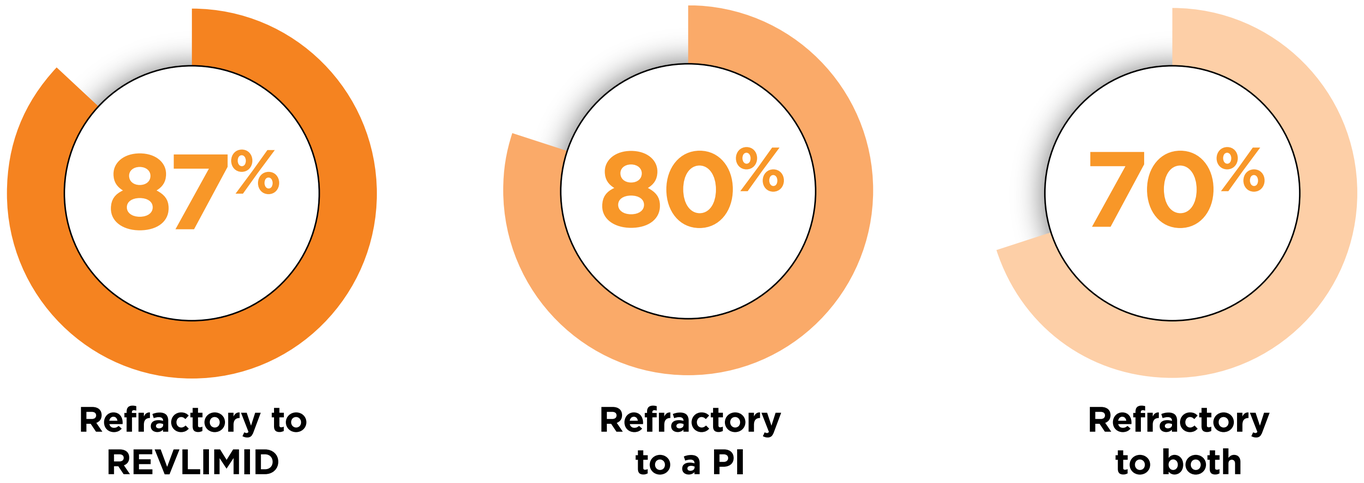
The most common adverse reactions (≥20%) included neutropenia (95%), lymphopenia (94%), thrombocytopenia (75%), anemia (57%), infusion reactions (50%), fatigue (50%), upper respiratory tract infection (50%), cough (43%), diarrhea (38%), constipation (33%), dyspnea (33%), nausea (30%), muscle spasms (26%), pyrexia (25%), back pain (25%), insomnia (23%), arthralgia (22%), vomiting (21%), dizziness (21%), and chills (20%). Grade 3 or 4 hematology laboratory abnormalities included: neutropenia (82%), lymphopenia (71%), anemia (30%), and thrombocytopenia (20%).

IN PATIENTS WITH RRMM WHO RECEIVED REVLIMID® (lenalidomide) AND A PI

POMALYST + dex + EMPLICITI: An approved triplet in RRMM[3]

Pomalyst® (pomalidomide) capsules 1 · 2 · 3 · 4 mg | Empliciti® (elotuzumab) FOR INJECTION FOR INTRAVENOUS USE 300 MG & 400 MG VIALS

THE MAJORITY OF PATIENTS STUDIED WERE REFRACTORY TO REVLIMID



Patients had received a median of 3 prior therapies

- Median patient age was 67 years (range: 36-81)
- 57% of patients were male; 77% of patients were white, while Asians comprised 21% and blacks, 1%
- The ECOG performance status was 0 in 44%, 1 in 46%, and 2 in 10% of patients, and ISS Stage was I in 50%, II in 38%, and III in 12% of patients
- 5% of patients had del(17)p and 11% had t(4;14) chromosomal lab abnormalities (as determined by FISH)

Please see full baseline characteristics in the EMPLICITI Prescribing Information.

Trial Design[3,10,11]

POMALYST + dex + EMPLICITI was studied in a Phase 2, randomized, open-label study in patients with RRMM who have received at least 2 prior lines of therapy, including REVLIMID and a PI, and were refractory to the most recent therapy (N=117). Some key exclusion criteria included CrCl <45 mL/min and bilirubin ≥2x ULN or AST/ALT ≥3x ULN. Patients were randomized to receive either POMALYST + dex + EMPLICITI (n=60) or POMALYST + dex (n=57). In the triplet arm, patients received 4 mg of POMALYST orally once daily on Days 1-21 of a repeated 28-day cycle. In Cycles 1 and 2, patients received 10 mg/kg of EMPLICITI IV weekly and dex weekly. From Cycle 3 onward, patients received EMPLICITI 20 mg/kg IV every 4 weeks and dex weekly. In the doublet arm, patients received POMALYST + 40 mg of dex weekly, taken orally (20 mg in patients ≥75 years of age). The primary endpoint was PFS, and a secondary endpoint was ORR.

On days that EMPLICITI was administered, dex 28 mg was given orally between 3 and 24 hours before EMPLICITI plus 8 mg IV between 45 and 90 minutes before EMPLICITI. For patients >75 years, an oral dose of 8 mg and an IV dose of 8 mg were administered. Premedication with dex, H1 blocker diphenhydramine (25-50 mg orally or IV) or equivalent, H2 blocker, and 650-1000 mg oral acetaminophen prior to EMPLICITI infusion was required. On weeks without an EMPLICITI infusion, dex was given as an oral, 40-mg dose (20 mg in patients >75 years).

Please see additional Important Safety Information on pages 21-23 and full Prescribing Information for POMALYST, including Boxed WARNINGS, full Prescribing Information for REVLIMID, including Boxed WARNINGS, and full Prescribing Information for EMPLICITI.

POMALYST and EMPLICITI Selected Important Safety Information

WARNINGS AND PRECAUTIONS (continued)

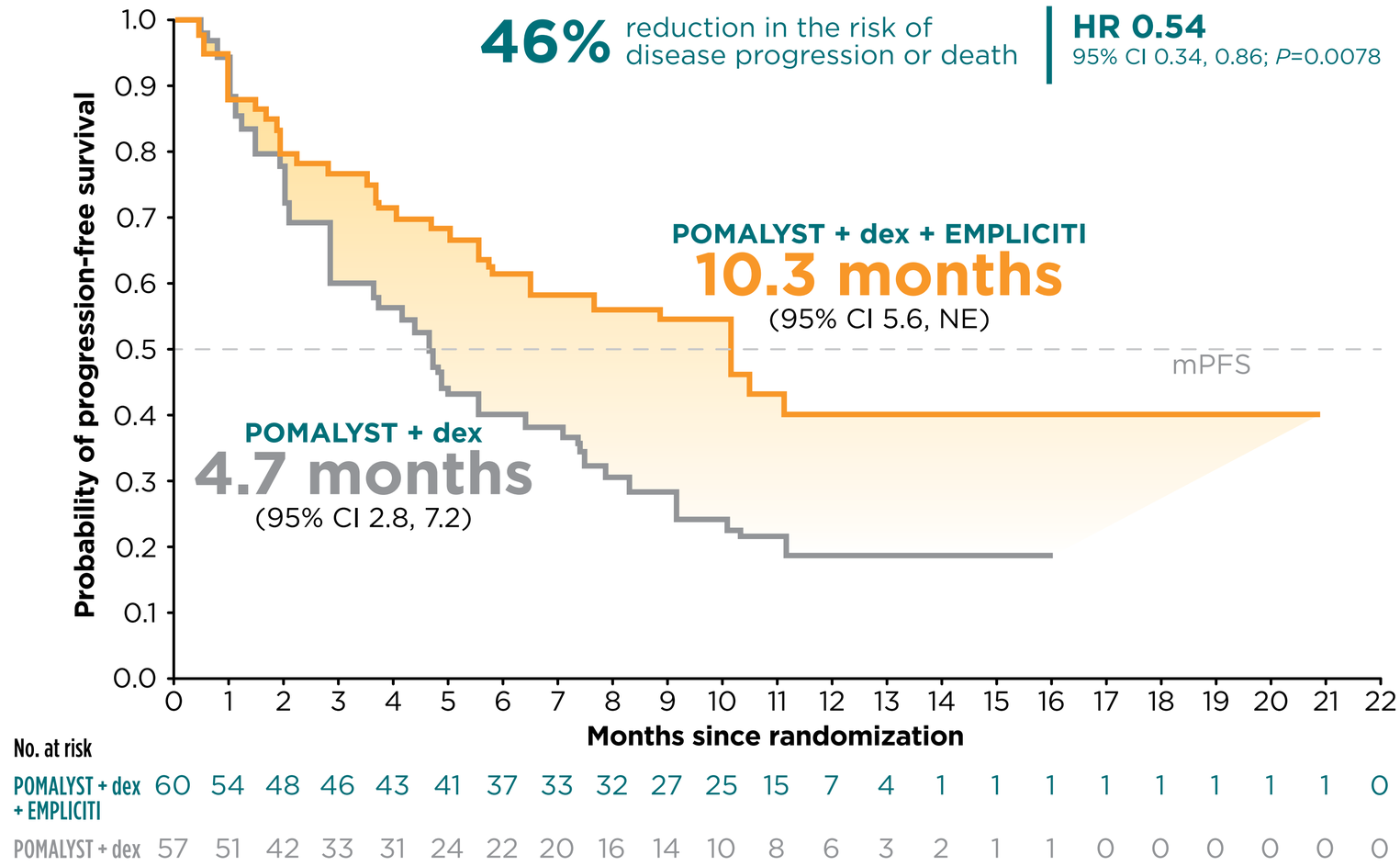
- **Infections:**
  - In the ELOQUENT-3 trial (N=115), infections were reported in 65% of patients in both the EPd arm and the Pd arm. Grade 3-4 infections were reported in 13% (EPd) and 22% (Pd). Discontinuations due to infections were 7% (EPd) and 5% (Pd). Fatal infections were 5% (EPd) and 3.6% (Pd). Opportunistic infections were reported in 10% (EPd) and 9% (Pd). Herpes zoster was reported in 5% (EPd) and 1.8% (Pd).
  - Monitor patients for development of infections and treat promptly.

FISH, fluorescence in situ hybridization; IV, intravenous.

IN A STUDY IN WHICH 87% OF PATIENTS WERE REFRACTORY TO REVLIMID® (lenalidomide)

POMALYST + dex + EMPLICITI doubled the median PFS vs POMALYST + dex[3]

PFS (PRIMARY ENDPOINT, N=117, MINIMUM FOLLOW-UP OF 9.1 MONTHS)*



*Efficacy was evaluated by PFS and ORR as determined by the investigator.

mPFS, median PFS; NE, not estimable.

Please see additional Important Safety Information on pages 21-23 and full Prescribing Information for POMALYST, including Boxed WARNINGS, full Prescribing Information for REVLIMID, including Boxed WARNINGS, and full Prescribing Information for EMPLICITI.

Pomalyst® (pomalidomide) capsules 1 · 2 · 3 · 4 mg | Empliciti® (elotuzumab) FOR INJECTION FOR INTRAVENOUS USE 300 MG & 400 MG VIALS

POMALYST Selected Important Safety Information

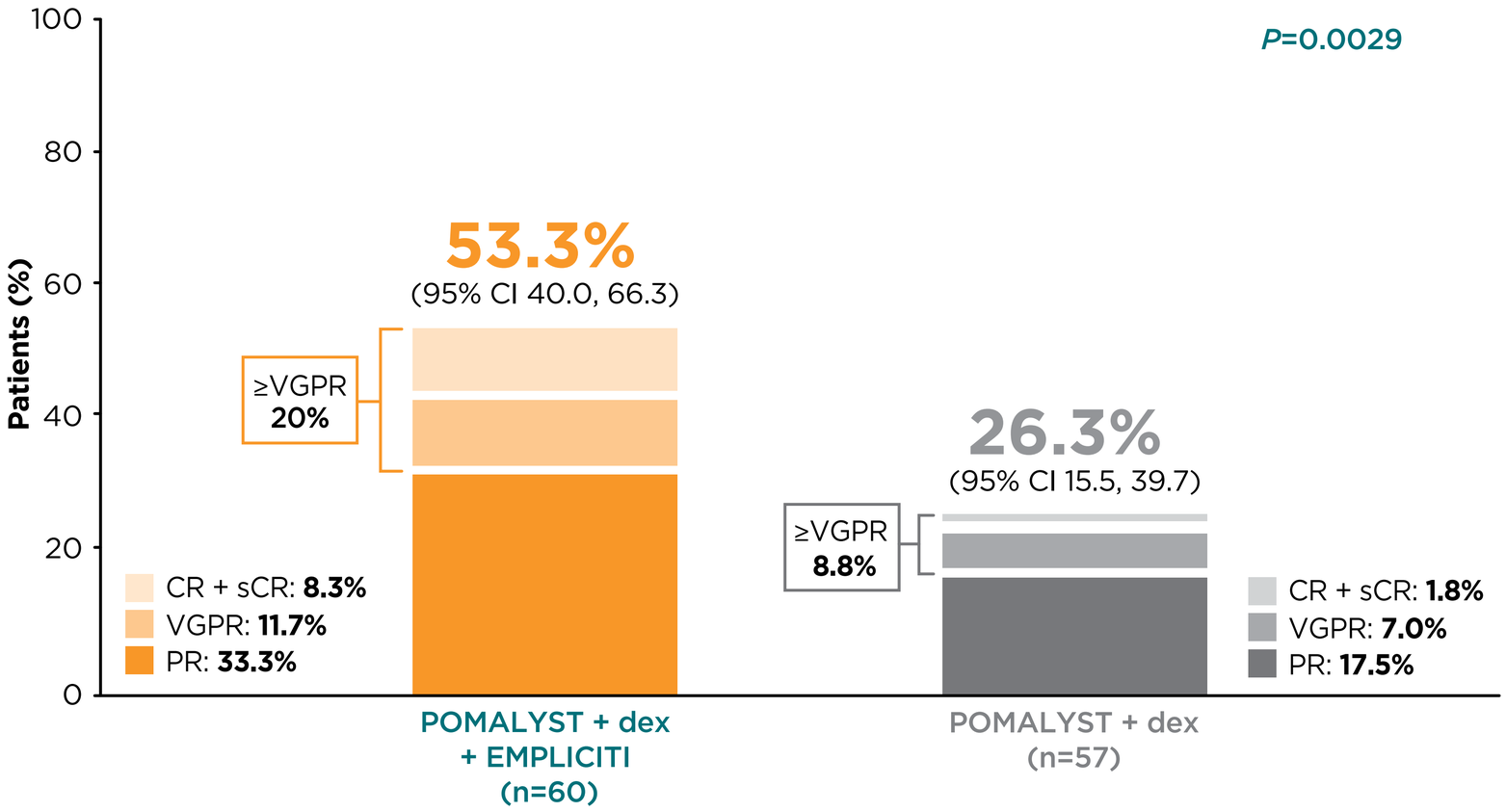
WARNINGS AND PRECAUTIONS (continued)

- **Severe Cutaneous Reactions:** Severe cutaneous reactions including Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and drug reaction with eosinophilia and systemic symptoms (DRESS) have been reported with POMALYST. DRESS may present with a cutaneous reaction (such as rash or exfoliative dermatitis), eosinophilia, fever, and/or lymphadenopathy with systemic complications such as hepatitis, nephritis, pneumonitis, myocarditis, and/or pericarditis. These reactions can be fatal. Consider POMALYST interruption or discontinuation for Grade 2 or 3 skin rash. Permanently discontinue POMALYST for Grade 4 rash, exfoliative or bullous rash, or any other severe cutaneous reactions such as SJS, TEN or DRESS.
- **Dizziness and Confusional State:** In patients taking POMALYST in clinical trials, 14% experienced dizziness (1% Grade 3 or 4) and 7% a confusional state (3% Grade 3 or 4). Instruct patients to avoid situations where dizziness or confusional state may be a problem and not to take other medications that may cause dizziness or confusional state without adequate medical advice.

IN A STUDY IN WHICH 87% OF PATIENTS WERE REFRACTORY TO REVLIMID® (lenalidomide)

POMALYST + dex + EMPLICITI doubled the ORR vs POMALYST + dex[3]

OVERALL RESPONSE RATE (SECONDARY ENDPOINT)*†



*Efficacy was evaluated by PFS and ORR as determined by the investigator. ORR was assessed using IMWG response criteria. ORR includes complete response (complete response + stringent complete response), very good partial response, and partial response.

†The interference of EMPLICITI with the assessment of myeloma protein with immunofixation and serum protein electrophoresis assays may interfere with correct response classification.

Please see additional Important Safety Information on pages 21-23 and full Prescribing Information for POMALYST, including Boxed WARNINGS, full Prescribing Information for REVLIMID, including Boxed WARNINGS, and full Prescribing Information for EMPLICITI.

Pomalyst® (pomalidomide) capsules 1 · 2 · 3 · 4 mg | Empliciti® (elotuzumab) FOR INJECTION FOR INTRAVENOUS USE 300 MG & 400 MG VIALS

POMALYST and EMPLICITI Selected Important Safety Information

WARNINGS AND PRECAUTIONS (continued)

- **Neuropathy:** In patients taking POMALYST in clinical trials, 18% experienced neuropathy (2% Grade 3 in one trial) and 12% peripheral neuropathy.
- **Second Primary Malignancies (SPMs):**
  - Cases of acute myelogenous leukemia have been reported in patients receiving POMALYST as an investigational therapy outside of multiple myeloma.
  - In the EMPLICITI ELOQUENT-3 trial (N=115), invasive SPMs were 0% (EPd) and 1.8% (Pd).
  - Monitor patients for the development of SPMs.
- **Tumor Lysis Syndrome (TLS):** TLS may occur in patients treated with POMALYST. Patients at risk are those with high tumor burden prior to treatment. These patients should be monitored closely and appropriate precautions taken.

Low discontinuation rates due to adverse reactions were observed in both POMALYST + dex + EMPLICITI (5%) and POMALYST + dex alone (1.8%)[3]

Pomalyst® (pomalidomide) capsules 1 · 2 · 3 · 4 mg | Empliciti® (elotuzumab) FOR INJECTION FOR INTRAVENOUS USE 300 MG & 400 MG VIALS

POMALYST + DEX + EMPLICITI SAFETY PROFILE, %

	POMALYST + dex + EMPLICITI (n=60)	POMALYST + dex (n=55)	POMALYST + dex + EMPLICITI (n=60)	POMALYST + dex (n=55)
	All Grades	All Grades	Grades 3/4	Grades 3/4
Adverse reactions ≥10% with POMALYST + dex + EMPLICITI and ≥5% vs POMALYST + dex (all grades)				
Constipation	22	11	1.7	0
Hyperglycemia	20	15	8	7
Pneumonia*	18	13	10	11
Diarrhea	18	9	0	0
Respiratory tract infection	17	9	0	1.8
Bone pain	15	9	3.3	0
Dyspnea	15	7	3.3	1.8
Muscle spasms	13	5	0	0
Edema peripheral	13	7	0	0
Lymphopenia	10	1.8	8	1.8
Laboratory abnormalities worsening from baseline and ≥10% with POMALYST + dex + EMPLICITI and >5% vs POMALYST + dex (all grades)				
Lymphopenia	98	91	70	35
Leukopenia	80	87	52	35
Thrombocytopenia	78	73	17	20
Hypoalbuminemia	65	56	1.7	1.8
Hypocalcemia	58	40	3.3	1.8
Hyperglycemia	40	25	3.3	1.8
Hyponatremia	40	18	5	0
Hypokalemia	23	16	5	3.6
All-cause hematologic AEs[10†‡]	52	55	38	42
Anemia	25	36	10	20
Neutropenia	23	31	13	27
Thrombocytopenia	15	18	8	5
Lymphopenia	10	2	8	2
All-cause special interest AEs[10‡]				
Infections	65	65	13	22
Vascular disorders	13	9	3	0
Cardiac disorders	12	11	7	4
Neoplasms[§]	2	22	2	11
Second primary malignancy	0	2	0	2

Based on a median of 9 cycles in the POMALYST + dex + EMPLICITI arm and 5 cycles in the POMALYST + dex arm.

*The term "pneumonia" is a grouping of the following terms: pneumonia, atypical pneumonia, lower respiratory tract infection, pneumococcal sepsis, pneumonia bacterial, and pneumonia influenza.

†Includes hematologic AEs in ≥10% of patients.

‡Includes AEs reported between first dose and 60 days after last dose of study therapy.

§Includes malignant, benign, and unspecified neoplasms.

AE, adverse event.

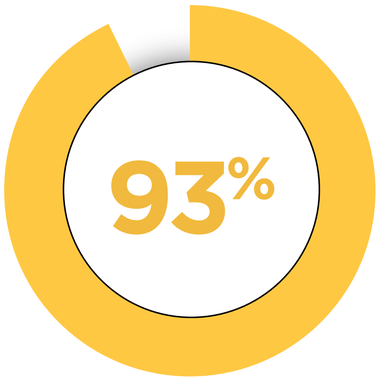
Please see additional Important Safety Information on pages 21-23 and full Prescribing Information for POMALYST, including Boxed WARNINGS, and full Prescribing Information for EMPLICITI.

IN PATIENTS WITH RRMM WHO RECEIVED REVLIMID® (lenalidomide) AND A PI

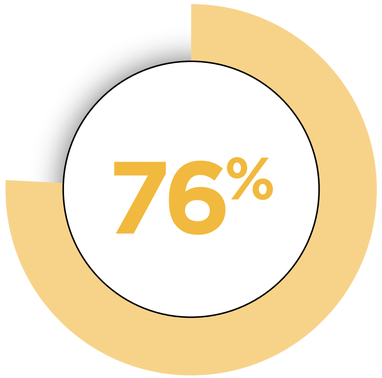
POMALYST + dex + isa: An approved triplet in RRMM[4]

Pomalyst® (pomalidomide) capsules 1 · 2 · 3 · 4 mg

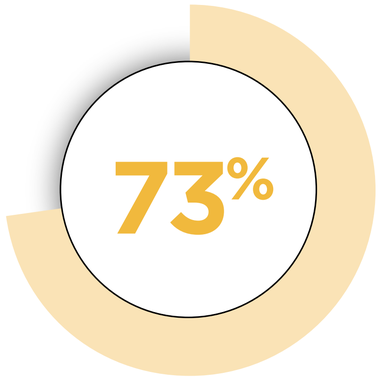
THE MAJORITY OF PATIENTS STUDIED WERE REFRACTORY TO REVLIMID



Refractory to REVLIMID



Refractory to a PI



Refractory to both an immunomodulatory drug and a PI

Patients had received a median of 3 prior lines of therapy

- Prior therapies included: PI (all patients), REVLIMID (all patients), stem cell transplantation (56%)
- Median patient age was 67 years (range: 36-86); 58% of patients were male; 76% of patients were white and 14% were Asian
- 10% of patients had a history of COPD or asthma; 34% had renal impairment (CrCl <60 mL/min/1.73 m^2)
- ISS Stage was I in 37%, II in 36%, and III in 25% of patients
- 20% of patients had high-risk chromosomal abnormalities: 12% of patients had del(17p), 8% had t(4;14), and 2% had t(14;16)

Trial Design

POMALYST + dex + isa was studied in a Phase 3, multicenter, randomized, 2-arm, open-label trial of 307 patients with RRMM who had received at least 2 prior therapies including REVLIMID and a PI. Patients were eligible for inclusion if they had an ECOG status of 0-2, platelets ≥75,000 cells/mm^3, absolute neutrophil count ≥1 x 10^9/L, CrCl ≥30 mL/min (MDRD formula), and AST and/or ALT ≤3x ULN. Patients were randomized 1:1 to receive either POMALYST + dex + isa (n=154) or POMALYST + dex (n=153). Treatment was administered in both groups in 28-day cycles until disease progression or unacceptable toxicity. Isa 10 mg/kg was administered as an IV infusion weekly in the first cycle and every 2 weeks after. POMALYST 4 mg was taken orally once daily on Days 1-21 of each 28-day cycle. Low-dose dex (oral or IV) 40 mg (20 mg for patients ≥75 years old) was given on Days 1, 8, 15, and 22 for each 28-day cycle. The efficacy of POMALYST + dex + isa was based upon PFS.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS, for POMALYST and REVLIMID.

POMALYST + dexamethasone + isatuximab-irfc Indication

POMALYST + dexamethasone + isatuximab-irfc is indicated for the treatment of adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor.

CONTRAINDICATIONS FOR ISATUXIMAB-IRFC

- Isatuximab-irfc is contraindicated in patients with severe hypersensitivity to isatuximab-irfc or to any of its excipients.

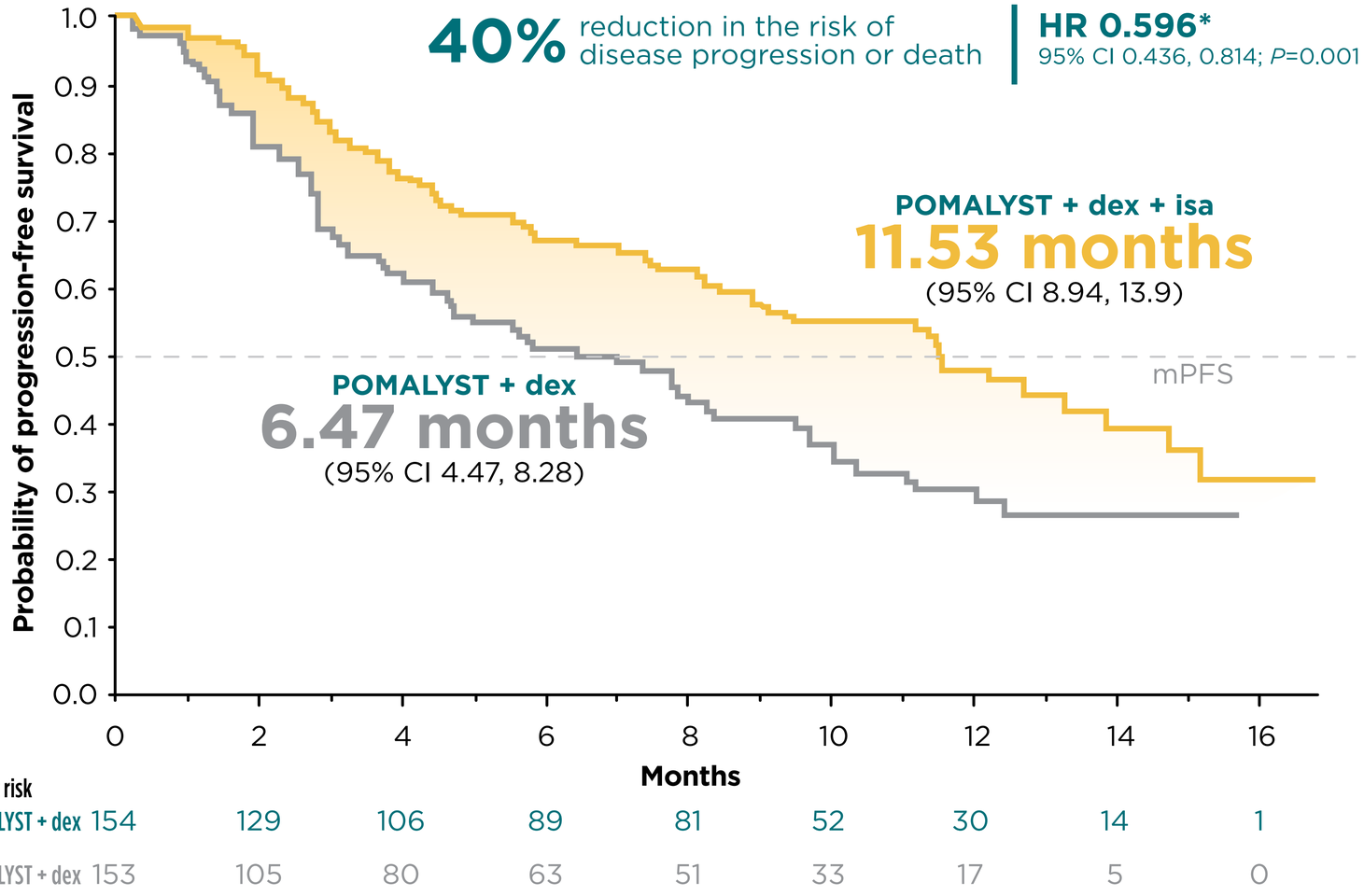
COPD, chronic obstructive pulmonary disease; isa, isatuximab-irfc; MDRD, Modification of Diet in Renal Disease.

Information about POMALYST + dexamethasone + isatuximab-irfc does not appear in the POMALYST Prescribing Information (PI). Please see the isatuximab-irfc full PI for a complete discussion of Important Safety Information at www.sarclisa.com.

IN A PIVOTAL TRIAL IN WHICH 93% OF PATIENTS WERE REFRACTORY TO REVLIMID® (lenalidomide)

Longer mPFS with POMALYST + dex + isa vs POMALYST + dex[4]

PFS (PRIMARY ENDPOINT, N=307, MEDIAN FOLLOW-UP OF 11.6 MONTHS)



*Stratified by age (<75 years vs ≥75 years) and number of previous lines of therapy (2 or 3 vs >3) according to interactive response technology.

PFS was assessed by an Independent Response Committee (IRC) based on central laboratory data for M-protein and central radiologic imaging review using the IMWG criteria.

Information about POMALYST + dexamethasone + isatuximab-irfc does not appear in the POMALYST Prescribing Information (PI). Please see the isatuximab-irfc full PI for a complete discussion of Important Safety Information at www.sarclisa.com.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS, for POMALYST and REVLIMID.

Pomalyst® (pomalidomide) capsules
1 · 2 · 3 · 4 mg

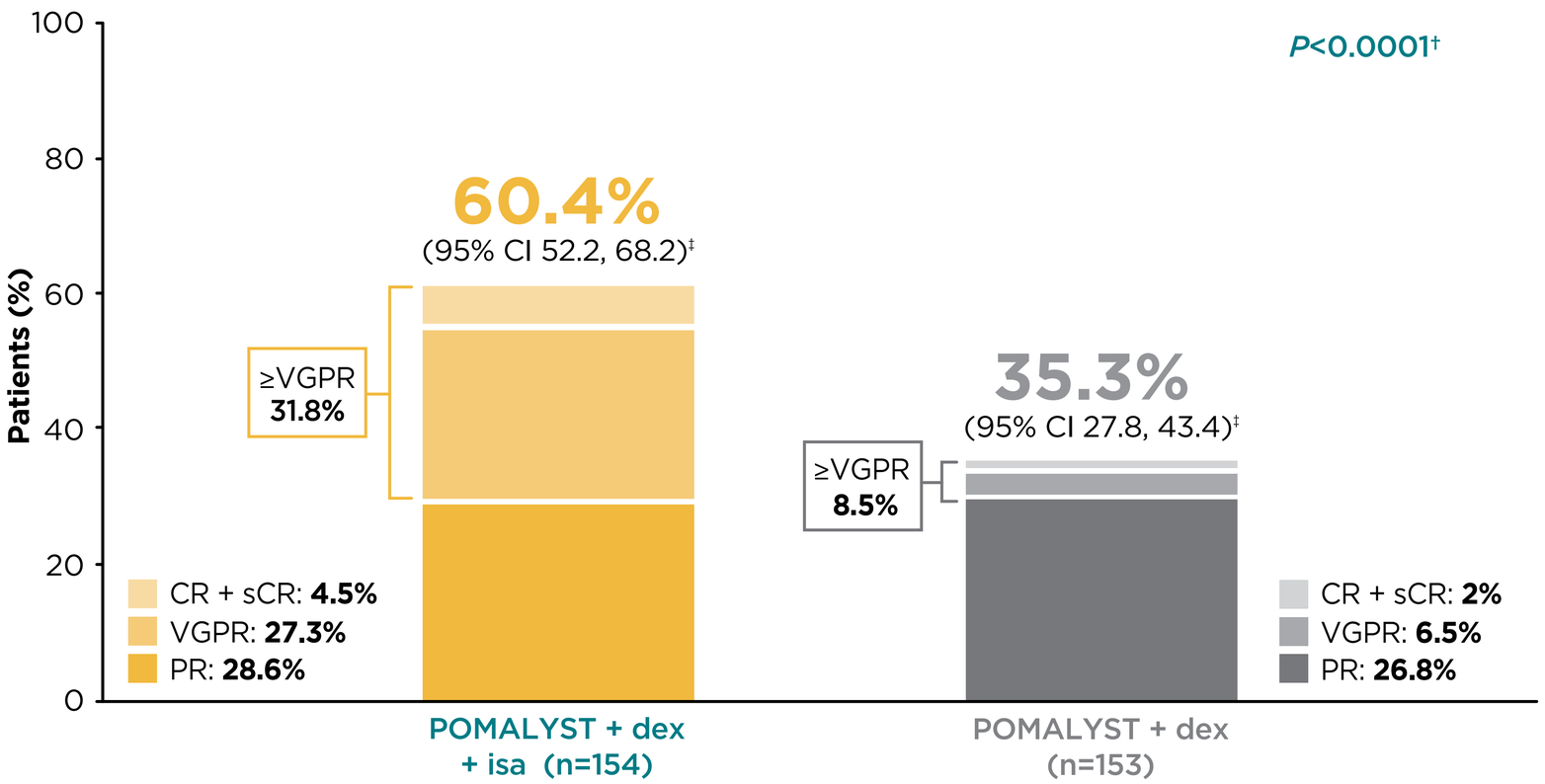
Isatuximab-irfc Selected Important Safety Information

WARNINGS AND PRECAUTIONS

- **Infusion-Related Reactions:** Interrupt isatuximab-irfc and manage medically. Permanently discontinue for Grade ≥3 reactions.
- **Neutropenia:** Monitor complete blood cell counts periodically during treatment. Monitor patients with neutropenia for signs of infection. Isatuximab-irfc dose delays and the use of colony-stimulating factor may be required to allow improvement of neutrophil count.
- **Second Primary Malignancies (SPM):** Monitor patients for the development of SPM, as per IMWG guidelines.
- **Laboratory Test Interference:**
  - Interference With Serological Testing (Indirect Antiglobulin Test): Isatuximab-irfc may result in a false positive indirect antiglobulin test (indirect Coombs test). Type and screen patients prior to starting treatment. Inform blood banks that a patient has received isatuximab-irfc.
  - Interference With Serum Protein Electrophoresis and Immunofixation Tests: Isatuximab-irfc may interfere with the assays used to monitor M-protein, which may impact the determination of complete response.
- **Embryo-Fetal Toxicity:** Can cause fetal harm.

More patients responded to POMALYST + dex + isa vs POMALYST + dex[4]

OVERALL RESPONSE RATE (SECONDARY ENDPOINT)*



*sCR, CR, VGPR, and PR were evaluated by the IRC using the IMWG response criteria.
†Stratified by age (<75 years vs ≥75 years) and number of previous lines of therapy (2 or 3 vs >3) according to interactive response technology.
‡Estimated using the Clopper-Pearson method.

- The median time to first response in responders was 35 days in the POMALYST + dex + isa group vs 58 days in the POMALYST + dex group
- The median duration of response was 13.3 months (95% CI 10.6, NR) in the POMALYST + dex + isa group vs 11.1 months (95% CI 8.5, NR) in the POMALYST + dex group
- At interim analysis (median follow-up of 11.6 months), median OS was not reached for either treatment group

NR, not reached.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS.

Isatuximab-irfc Selected Important Safety Information

ADVERSE REACTIONS FOR POMALYST + dexamethasone + isatuximab-irfc (Pd-Isa)
The most common adverse reactions (≥20% of patients receiving Pd-Isa or Pd, respectively) were neutropenia (laboratory abnormality, 96%, 92%), infusion-related reactions (38%, 0%), pneumonia (31%, 23%), upper respiratory tract infection (57%, 42%), and diarrhea (26%, 19%). The most common hematology laboratory abnormalities (≥80% of patients) were anemia, neutropenia, lymphopenia, and thrombocytopenia.

Serious adverse reactions in >5% of patients who received Pd-Isa included pneumonia (26%), upper respiratory tract infections (7%), and febrile neutropenia (7%).

Information about POMALYST + dexamethasone + isatuximab-irfc does not appear in the POMALYST Prescribing Information (PI). Please see the isatuximab-irfc full PI for a complete discussion of Important Safety Information at www.sarclisa.com.

7% of patients on POMALYST + dex + isa discontinued treatment due to adverse reaction(s)[4]*

Pomalyst® (pomalidomide) capsules 1 · 2 · 3 · 4 mg

POMALYST + DEX + ISA SAFETY PROFILE, %						
	POMALYST + dex + isa (n=152)	**POMALYST + dex** (n=149)	**POMALYST + dex + isa** (n=152)	**POMALYST + dex** (n=149)	**POMALYST + dex + isa** (n=152)	**POMALYST + dex** (n=149)
	All Grades	**All Grades**	**Grade 3**	**Grade 3**	**Grade 4**	**Grade 4**
Adverse reactions ≥10% with POMALYST + dex + isa and a difference between arms of ≥5% vs POMALYST + dex						
Infusion-related reaction	38	0	1.3	0	1.3	0
Infections						
Pneumonia†	31	23	22	16	3.3	2.7
Upper respiratory tract infection‡	57	42	9	3.4	0	0
Blood and lymphatic system disorders						
Febrile neutropenia	12	2	11	1.3	1.3	0.7
Respiratory, thoracic, and mediastinal disorders						
Dyspnea§	17	12	5	1.3	0	0
Gastrointestinal disorders						
Diarrhea	26	19	2	0.7	-	-
Nausea	15	9	0	0	-	-
Vomiting	12	3.4	1.3	0	-	-
Treatment-emergent laboratory abnormalities						
Anemia	99	97	32	28	0	0
Neutropenia	96	92	24	38	61	31
Lymphopenia	92	92	42	35	13	8
Thrombocytopenia	84	79	14	9	16	15

Common Terminology Criteria for Adverse Events (CTCAE) version 4.03.

- Median duration of treatment was 41 weeks with POMALYST + dex + isa compared with 24 weeks for POMALYST + dex

Information about POMALYST + dexamethasone + isatuximab-irfc does not appear in the POMALYST Prescribing Information (PI). Please see the isatuximab-irfc full PI for a complete discussion of Important Safety Information at www.sarclisa.com.

Please see additional POMALYST Important Safety Information on pages 21-23 and full Prescribing Information, including Boxed WARNINGS.

*Grades 1-4.

†Pneumonia includes atypical pneumonia, bronchopulmonary aspergillosis, pneumonia, pneumonia haemophilus, pneumonia influenzal, pneumonia pneumococcal, pneumonia streptococcal, pneumonia viral, candida pneumonia, pneumonia bacterial, haemophilus infection, lung infection, pneumonia fungal, and pneumocystis jirovecii pneumonia.

‡Upper respiratory tract infection includes bronchiolitis, bronchitis, bronchitis viral, chronic sinusitis, fungal pharyngitis, influenza-like illness, laryngitis, nasopharyngitis, parainfluenzae virus infection, pharyngitis, respiratory tract infection, respiratory tract infection viral, rhinitis, sinusitis, tracheitis, upper respiratory tract infection, and upper respiratory tract infection bacterial.

§Dyspnea includes dyspnea, dyspnea exertional, and dyspnea at rest.

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Important Safety Information for POMALYST and EMPLICITI

POMALYST Boxed WARNINGS

WARNING: EMBRYO-FETAL TOXICITY and VENOUS AND ARTERIAL THROMBOEMBOLISM

Embryo-Fetal Toxicity

- **POMALYST is contraindicated in pregnancy. POMALYST is a thalidomide analogue. Thalidomide is a known human teratogen that causes severe birth defects or embryo-fetal death. In females of reproductive potential, obtain 2 negative pregnancy tests before starting POMALYST treatment.**
- **Females of reproductive potential must use 2 forms of contraception or continuously abstain from heterosexual sex during and for 4 weeks after stopping POMALYST treatment.**

POMALYST is only available through a restricted distribution program called POMALYST REMS®.

Venous and Arterial Thromboembolism

- **Deep venous thrombosis (DVT), pulmonary embolism (PE), myocardial infarction, and stroke occur in patients with multiple myeloma treated with POMALYST. Prophylactic antithrombotic measures were employed in clinical trials. Thromboprophylaxis is recommended, and the choice of regimen should be based on assessment of the patient's underlying risk factors.**

CONTRAINDICATIONS FOR POMALYST

- **Pregnancy:** POMALYST can cause fetal harm and is contraindicated in females who are pregnant. If the patient becomes pregnant while taking this drug, the patient should be apprised of the potential risk to a fetus.
- **Hypersensitivity:** POMALYST is contraindicated in patients who have demonstrated severe hypersensitivity (e.g., angioedema, anaphylaxis) to pomalidomide or any of the excipients.

WARNINGS AND PRECAUTIONS

- **Embryo-Fetal Toxicity & Females of Reproductive Potential: See Boxed WARNINGS for POMALYST**
  - Males: Pomalidomide is present in the semen of patients receiving the drug. Males must always use a latex or synthetic condom during any sexual contact with females of reproductive potential while taking POMALYST and for up to 4 weeks after discontinuing POMALYST, even if they have undergone a successful vasectomy. Males must not donate sperm.
  - Blood Donation: Patients must not donate blood during treatment with POMALYST and for 4 weeks following discontinuation of POMALYST therapy because the blood might be given to a pregnant female patient whose fetus must not be exposed to POMALYST.
- **POMALYST REMS Program: See Boxed WARNINGS**
  - Prescribers and pharmacies must be certified with the **POMALYST REMS** program by enrolling and complying with the REMS requirements; pharmacies must only dispense to patients who are authorized to receive POMALYST. Patients must sign a Patient-Physician Agreement Form and comply with REMS requirements; female patients of reproductive potential who are not pregnant must comply with the pregnancy testing and contraception requirements and males must comply with contraception requirements.
  - Further information about the **POMALYST REMS** program is available at **www.CelgeneRiskManagement.com** or by telephone at 1-888-423-5436.
- **Venous and Arterial Thromboembolism: See Boxed WARNINGS for POMALYST.** Patients with known risk factors, including prior thrombosis, may be at greater risk, and actions should be taken to try to minimize all modifiable factors (e.g., hyperlipidemia, hypertension, smoking). Thromboprophylaxis is recommended, and the choice of regimen should be based on assessment of the patient's underlying risk factors.
- **Increased Mortality With Pembrolizumab:** In clinical trials in patients with multiple myeloma, the addition of pembrolizumab to a thalidomide analogue plus dexamethasone resulted in increased mortality. Treatment of patients with multiple myeloma with a PD-1 or PD-L1 blocking antibody in combination with a thalidomide analogue plus dexamethasone is not recommended outside of controlled clinical trials.
- **Hematologic Toxicity:** Neutropenia (46%) was the most frequently reported Grade 3 or 4 adverse reaction in patients taking POMALYST in clinical trials, followed by anemia and thrombocytopenia. Monitor complete blood counts weekly for the first 8 weeks and monthly thereafter. Patients may require dose interruption and/or modification.

Please see additional Important Safety Information on pages 22-23 and full Prescribing Information for POMALYST, including Boxed WARNINGS, and full Prescribing Information for EMPLICITI.

Important Safety Information for POMALYST and EMPLICITI (continued)

- **Hepatotoxicity:**
  - Hepatic failure, including fatal cases, has occurred in patients treated with POMALYST. Elevated levels of alanine aminotransferase and bilirubin have also been observed in patients treated with POMALYST. Monitor liver function tests monthly. Stop POMALYST upon elevation of liver enzymes. After return to baseline values, treatment at a lower dose may be considered.
  - In the ELOQUENT-2 trial (EMPLICITI + lenalidomide + dexamethasone vs lenalidomide + dexamethasone) (N=635), AST/ALT >3X the upper limit, total bilirubin >2X the upper limit, and alkaline phosphatase <2X the upper limit were 2.5% (EMPLICITI arm) vs 0.6% (control arm). Of 8 patients experiencing hepatotoxicity, 2 patients discontinued treatment while 6 patients had resolution and continued. Stop EMPLICITI upon ≥Grade 3 elevation of liver enzymes. Continuation of treatment may be considered after return to baseline values.
- **Infusion Reactions:**
  - Infusion reactions were reported in 3.3% of patients treated with EMPLICITI in the ELOQUENT-3 trial [EMPLICITI + pomalidomide + dexamethasone (EPd) vs pomalidomide + dexamethasone (Pd)].
  - The only infusion reaction symptom was chest discomfort (2%), which was Grade 1. All the patients who experienced an infusion reaction had them during the first treatment cycle.
  - If a Grade 2 or higher infusion reaction occurs, interrupt the EMPLICITI infusion and institute appropriate medical and supportive measures. If the infusion reaction recurs, stop the EMPLICITI infusion and do not restart it on that day. Severe infusion reactions may require permanent discontinuation of EMPLICITI therapy and emergency treatment.
  - Premedicate with dexamethasone, H1 blocker, H2 blocker, and acetaminophen prior to EMPLICITI infusion.
- **Infections:**
  - In the ELOQUENT-3 trial (N=115), infections were reported in 65% of patients in both the EPd arm and the Pd arm. Grade 3-4 infections were reported in 13% (EPd) and 22% (Pd). Discontinuations due to infections were 7% (EPd) and 5% (Pd). Fatal infections were 5% (EPd) and 3.6% (Pd). Opportunistic infections were reported in 10% (EPd) and 9% (Pd). Herpes zoster was reported in 5% (EPd) and 1.8% (Pd).
  - Monitor patients for development of infections and treat promptly.
- **Severe Cutaneous Reactions:** Severe cutaneous reactions including Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and drug reaction with eosinophilia and systemic symptoms (DRESS) have been reported with POMALYST. DRESS may present with a cutaneous reaction (such as rash or exfoliative dermatitis), eosinophilia, fever, and/or lymphadenopathy with systemic complications such as hepatitis, nephritis, pneumonitis, myocarditis, and/or pericarditis. These reactions can be fatal. Consider POMALYST interruption or discontinuation for Grade 2 or 3 skin rash. Permanently discontinue POMALYST for Grade 4 rash, exfoliative or bullous rash, or any other severe cutaneous reactions such as SJS, TEN or DRESS.
- **Dizziness and Confusional State:** In patients taking POMALYST in clinical trials, 14% experienced dizziness (1% Grade 3 or 4) and 7% a confusional state (3% Grade 3 or 4). Instruct patients to avoid situations where dizziness or confusional state may be a problem and not to take other medications that may cause dizziness or confusional state without adequate medical advice.
- **Neuropathy:** In patients taking POMALYST in clinical trials, 18% experienced neuropathy (2% Grade 3 in one trial) and 12% peripheral neuropathy.
- **Second Primary Malignancies (SPMs):**
  - Cases of acute myelogenous leukemia have been reported in patients receiving POMALYST as an investigational therapy outside of multiple myeloma.
  - In the EMPLICITI ELOQUENT-3 trial (N=115), invasive SPMs were 0% (EPd) and 1.8% (Pd).
  - Monitor patients for the development of SPMs.
- **Tumor Lysis Syndrome (TLS):** TLS may occur in patients treated with POMALYST. Patients at risk are those with high tumor burden prior to treatment. These patients should be monitored closely and appropriate precautions taken.
- **Interference With Determination of Complete Response:** EMPLICITI is a humanized IgG kappa monoclonal antibody that can be detected on both the serum protein electrophoresis and immunofixation assays used for the clinical monitoring of endogenous M-protein. This interference can impact the determination of complete response and possibly relapse from complete response in patients with IgG kappa myeloma protein.
- **Hypersensitivity:** Hypersensitivity, including angioedema, anaphylaxis, and anaphylactic reactions to POMALYST have been reported. Permanently discontinue POMALYST for angioedema or anaphylaxis.

Please see additional Important Safety Information on page 23 and full Prescribing Information for POMALYST, including Boxed WARNINGS, and full Prescribing Information for EMPLICITI.

Important Safety Information for POMALYST and EMPLICITI (continued)

ADVERSE REACTIONS

The most common adverse reactions for POMALYST (≥30%) included fatigue and asthenia, neutropenia, anemia, constipation, nausea, diarrhea, dyspnea, upper-respiratory tract infections, back pain, and pyrexia.

In the phase III trial, nearly all patients treated with POMALYST + low-dose dex experienced at least one adverse reaction (99%). Adverse reactions (≥15% in the POMALYST + low-dose dex arm and ≥2% higher than control) included neutropenia (51%), fatigue and asthenia (47%), upper respiratory tract infection (31%), thrombocytopenia (30%), pyrexia (27%), dyspnea (25%), diarrhea (22%), constipation (22%), back pain (20%), cough (20%), pneumonia (19%), bone pain (18%), edema peripheral (17%), peripheral neuropathy (17%), muscle spasms (15%), and nausea (15%). Grade 3 or 4 adverse reactions (≥15% in the POMALYST + low-dose dex arm and ≥1% higher than control) included neutropenia (48%), thrombocytopenia (22%), and pneumonia (16%).

Serious adverse reactions in the EMPLICITI ELOQUENT-3 trial were 22% (EPd) and 15% (Pd). The most frequent serious adverse reactions in the EPd arm compared to the Pd arm were: pneumonia (13%, 11%) and respiratory tract infection (7%, 3.6%).

The most common adverse reactions in EPd arm (≥20% EPd) and Pd, respectively, were constipation (22%, 11%) and hyperglycemia (20%, 15%).

DRUG INTERACTIONS FOR POMALYST

Avoid concomitant use of POMALYST with strong inhibitors of CYP1A2. If concomitant use of a strong CYP1A2 inhibitor is unavoidable, reduce POMALYST dose to 2 mg.

USE IN SPECIFIC POPULATIONS

- **Pregnancy: See Boxed WARNINGS for POMALYST.** If pregnancy does occur during treatment, immediately discontinue the drug and refer patient to an obstetrician/gynecologist experienced in reproductive toxicity for further evaluation and counseling. There is a POMALYST pregnancy exposure registry that monitors pregnancy outcomes in females exposed to POMALYST during pregnancy as well as female partners of male patients who are exposed to POMALYST. This registry is also used to understand the root cause for the pregnancy. Report any suspected fetal exposure to POMALYST to the FDA via the MedWatch program at 1-800-FDA-1088 and also to Celgene Corporation at 1-888-423-5436.
- **Pregnancy and EMPLICITI Use:** There are no available data on EMPLICITI use in pregnant women to inform a drug-associated risk of major defects and miscarriage.
- **Lactation:** There is no information regarding the presence of pomalidomide or elotuzumab in human milk, the effects of POMALYST or EMPLICITI on the breastfed child, or the effects of POMALYST or EMPLICITI on milk production. Pomalidomide was excreted in the milk of lactating rats. Because many drugs are excreted in human milk and because of the potential for adverse reactions in a breastfed child from POMALYST, advise women not to breastfeed during treatment with POMALYST or POMALYST in combination with EMPLICITI.
- **Pediatric Use:** Safety and effectiveness have not been established in pediatric patients.
- **Geriatric Use:** No dosage adjustment is required for POMALYST based on age. Patients >65 years of age were more likely than patients ≤65 years of age to experience pneumonia.
- **Renal Impairment:** For patients with severe renal impairment requiring dialysis, reduce the recommended dosage to 3 mg orally daily. Take dose of POMALYST following hemodialysis on hemodialysis days.
- **Hepatic Impairment:** In patients with mild to moderate hepatic impairment, reduce POMALYST dosage to 3 mg orally daily and to 2 mg orally daily in patients with severe hepatic impairment.
- **Smoking Tobacco:** Advise patients that smoking may reduce the efficacy of POMALYST. Cigarette smoking reduces pomalidomide AUC due to CYP1A2 induction.

Please see full Prescribing Information for POMALYST, including Boxed WARNINGS, and full Prescribing Information for EMPLICITI.

References: 1. POMALYST [package insert]. Summit, NJ: Celgene Corp. **2.** Daratumumab [package insert]. Horsham, PA: Janssen Biotech, Inc. **3.** EMPLICITI [package insert]. Princeton, NJ: Bristol-Myers Squibb Company. **4.** Isatuximab-irfc [package insert]. Bridgewater, NJ: sanofi-aventis U.S. LLC. **5.** San Miguel J, Weisel K, Moreau P, et al. Pomalidomide plus low-dose dexamethasone versus high-dose dexamethasone alone for patients with relapsed and refractory multiple myeloma (MM-003): a randomised, open-label, phase 3 trial. *Lancet Oncol*. 2013;14(11):1055-1066. **6.** Data on file. Bristol Myers Squibb Co; 2018. **7.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Multiple Myeloma V.4.2021. © National Comprehensive Cancer Network, Inc. 2020. All rights reserved. Accessed December 10, 2020. To view the most recent and complete version of the guidelines, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way. **8.** Mikhael J, Ismaila N, Cheung MC, et al. Treatment of multiple myeloma: ASCO and CCO Joint Clinical Practice Guideline. *J Clin Oncol*. 2019;37(14):1228-1263. **9.** Chari A, Suvannasankha A, Fay JW, et al. Daratumumab plus pomalidomide and dexamethasone in relapsed and/or refractory multiple myeloma. *Blood*. 2017;130(8):974-981. **10.** Dimopoulos MA, Dytfeld D, Grosicki S, et al. Elotuzumab plus pomalidomide and dexamethasone for multiple myeloma. *N Engl J Med*. 2018;379(19):1811-1822. **11.** Shelat S. An open label, randomized phase 2 trial of pomalidomide/dexamethasone with or without elotuzumab in relapsed and refractory multiple myeloma (ELOQUENT-3). Clinical Protocol CA204125. Updated July 14, 2020. Accessed December 2, 2020. https://clinicaltrials.gov/ct2/show/NCT02654132.

IN PATIENTS WITH RRMM WHO RECEIVED REVLIMID® (lenalidomide) AND A PI

Proceed to POMALYST: Proven oral therapy with convenient once-daily dosing[1]*

Pomalyst® (pomalidomide) capsules 1 · 2 · 3 · 4 mg

Empliciti® (elotuzumab) FOR INJECTION FOR INTRAVENOUS USE 300 MG & 400 MG VIALS

PROVEN RESULTS AFTER REVLIMID

~90% of patients across doublet and triplet trials were refractory to REVLIMID[1-4†]

Patients must have also received a PI

OS BENEFIT AS A DOUBLET

30% reduced risk of death with POMALYST + dex vs high-dose dex[1†]

(mOS secondary endpoint)
12.4 vs 8.0 months
(HR 0.70; 95% CI 0.54, 0.92; *P*=0.009)

Median PFS (primary endpoint)
3.6 vs 1.8 months with high-dose dex
(HR 0.45; 95% CI 0.35, 0.59; *P*<0.001)

PROVEN TRIPLET EFFICACY

POMALYST is approved in multiple triplet regimens[1-4†]

- **POMALYST + dex + dara**
- **POMALYST + dex + EMPLICITI**
- **POMALYST + dex + isa**

Multiple approved regimens with pomalidomide (POMALYST) are recommended options in the NCCN Guidelines® for patients with RRMM[7‡]

*The recommended dosage of POMALYST is 4 mg once daily orally on Days 1-21 of repeated 28-day cycles.
†See the doublet study design on page 4 and triplet study designs on pages 9, 13, and 17.
‡In patients with previously treated multiple myeloma. To view the most recent and complete version of the guidelines, go online to NCCN.org.

mOS, median overall survival.

Learn more at **POMALYSTHCP.com/info** or **EMPLICITIHCP.com/info**

Bristol Myers Squibb™

Selected Important Safety Information

POMALYST Boxed WARNINGS: EMBRYO-FETAL TOXICITY and VENOUS AND ARTERIAL THROMBOEMBOLISM

EMPLICITI with POMALYST and dexamethasone is associated with Warnings and Precautions related to:

Infusion Reactions, Infections, Second Primary Malignancies, Hepatotoxicity, and Interference With Determination of Complete Response.

Daratumumab is associated with the following Warnings and Precautions:

Infusion Reactions, Interference With Cross-Matching and Red Blood Cell Antibody Screening, Neutropenia, Thrombocytopenia, Interference With Determination of Complete Response, and Embryo-Fetal Toxicity.

Isatuximab-irfc is associated with the following Warnings and Precautions:

Infusion-Related Reactions, Neutropenia, Second Primary Malignancies, Laboratory Test Interference, and Embryo-Fetal Toxicity.

Information about POMALYST + dexamethasone + daratumumab and POMALYST + dexamethasone + isatuximab-irfc does not appear in the POMALYST Prescribing Information (PI). Please see the daratumumab and the isatuximab-irfc full PIs for a complete discussion of Important Safety Information at www.darzalex.com and www.sarclisa.com, respectively.

Please see detailed Important Safety Information on pages 21-23 and full Prescribing Information for POMALYST, including Boxed WARNINGS, full Prescribing Information for REVLIMID, including Boxed WARNINGS, and full Prescribing Information for EMPLICITI.