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

Dosing and Ordering Guide

INDICATIONS

EMPLICITI® (elotuzumab) is indicated in combination with REVLIMID® (lenalidomide) and dexamethasone for the treatment of adult patients with multiple myeloma who have received one to three prior therapies.

EMPLICITI® (elotuzumab) is indicated in combination with POMALYST® (pomalidomide) 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.

SELECTED IMPORTANT SAFETY INFORMATION

EMPLICITI with REVLIMID® (lenalidomide) or EMPLICITI with POMALYST® (pomalidomide) is associated with Warnings and Precautions related to: Infusion Reactions, Infections, Second Primary Malignancies, Hepatotoxicity, and Interference with Determination of Complete Response. **There are also Boxed WARNINGS associated with REVLIMID and POMALYST for Embryo-Fetal Toxicity, and Venous and Arterial Thrombosis. REVLIMID is also associated with a Boxed WARNING for Hematologic Toxicity. REVLIMID and POMALYST are only available through the Lenalidomide REMS and POMALYST REMS® programs.** More information on the REMS program is available at www.CelgeneRiskManagement.com or by calling 1-888-423-5436.

Please see Important Safety Information for EMPLICITI throughout and Important Safety Information for EMPLICITI, REVLIMID, and POMALYST on pages 18-24. Please see full Prescribing Information for EMPLICITI, REVLIMID, and POMALYST, including Boxed WARNINGS for REVLIMID and POMALYST.

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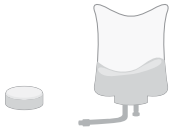
Dosing Schedule: EMPLICITI + Pd

EMPLICITI® (elotuzumab) is administered as a component of the EPd regimen

EMPLICITI 10, 20 mg/kg

POMALYST® (pomalidomide) 4 mg



Dexamethasone 8, 20, 28, 40 mg

Treatment should continue until disease progression or unacceptable toxicity.

EPd RECOMMENDED DOSING SCHEDULE

CYCLES 1 & 2 (28 days each) | DOSE EMPLICITI **ONCE PER WEEK**

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
EMPLICITI 10 mg/kg intravenously	●							●							●							●	
POMALYST 4 mg orally	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		DAYS 23-28 REST PERIOD
Dexamethasone (mg) orally* ≤75 years old	28							28							28							28	
Dexamethasone (mg) orally* >75 years old	8							8							8							8	
Dexamethasone (mg) intravenously†	8							8							8							8	

CYCLES 3 and onward (28 days each) | DOSE EMPLICITI **ONCE EVERY 4 WEEKS**

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
EMPLICITI 20 mg/kg intravenously	●																						
POMALYST 4 mg orally	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		DAYS 23-28 REST PERIOD
Dexamethasone (mg) orally* ≤75 years old	28							40							40							40	
Dexamethasone (mg) orally* >75 years old	8							20							20							20	
Dexamethasone (mg) intravenously†	8																						

Premedicate with the following 45 to 90 minutes prior to EMPLICITI infusion: 8 mg intravenous dexamethasone, H1 blocker: diphenhydramine (25 to 50 mg orally or intravenously) or equivalent; H2 blocker; acetaminophen (650 to 1000 mg orally).
*Oral dexamethasone should be taken between 3 and 24 hours before EMPLICITI infusion.
†Intravenous dexamethasone 45-90 minutes before EMPLICITI infusion.

Selected Important Safety Information (continued)

Infusion Reactions: Infusion reactions were reported in 10% of patients treated with EMPLICITI in the ELOQUENT-2 trial [EMPLICITI + REVLIMID + dexamethasone (ERd) vs lenalidomide + dexamethasone (Rd)] and 3.3% in the ELOQUENT-3 trial [EMPLICITI + POMALYST + dexamethasone (EPd) vs pomalidomide + dexamethasone (Pd)]. In the ELOQUENT-2 trial, all infusion reactions were Grade 3 or lower, with Grade 3 infusion reactions occurring in 1% of patients. The most common symptoms included fever, chills, and hypertension. Bradycardia and hypotension also developed during infusions. In the trial, 5% of patients required interruption of the administration of EMPLICITI for a median of 25 minutes due to infusion reactions, and 1% of patients discontinued due to infusion reactions. Of the patients who experienced an infusion reaction, 70% (23/33) had them during the first dose. In the ELOQUENT-3 trial, 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.

Please see Important Safety Information for EMPLICITI throughout and Important Safety Information for EMPLICITI, REVLIMID, and POMALYST on pages 18-24.
Please see full Prescribing Information for EMPLICITI, REVLIMID, and POMALYST, including Boxed WARNINGS for REVLIMID and POMALYST.

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

Premedication and Infusion Rates: EMPLICITI + Pd

PATIENTS MUST BE PREMEDICATED WITH DEXAMETHASONE BEFORE EACH DOSE OF EMPLICITI

PRETREATMENT ON DAYS THAT EMPLICITI IS ADMINISTERED

3-24 hours prior

Oral dexamethasone:

Patients ≤75 years old: **28 mg**

Patients >75 years old: **8 mg**

45-90 minutes prior

Intravenous dexamethasone: 8 mg

+

H1 blocker: Diphenhydramine (25-50 mg orally or IV) or equivalent

+

H2 blocker

+

Acetaminophen (650-1000 mg orally)

PRETREATMENT ON DAYS THAT EMPLICITI IS NOT ADMINISTERED

On days that EMPLICITI is not administered but a dose of dexamethasone is scheduled (Days 8, 15, and 22 of cycle 3 and all subsequent cycles), give 40 mg dexamethasone orally to patients 75 years or younger and 20 mg orally to patients older than 75 years.

IF NO INFUSION REACTIONS DEVELOP, THE INFUSION RATE MAY BE INCREASED IN A STEPWISE FASHION AS SHOWN BELOW

INFUSION RATE FOR EMPLICITI*

EMPLICITI 10 mg/kg intravenously	0	30 min	60 min or more
Cycle 1, Dose 1	0.5 mL/min *(30 mL/hr)*	1 mL/min *(60 mL/hr)*	2 mL/min *(120 mL/hr)*
Cycle 1, Dose 2	3 mL/min *(180 mL/hr)*	4 mL/min *(240 mL/hr)*	
Cycle 1, Dose 3, 4, and **Cycle 2**	5 mL/min *(300 mL/hr)*		

EMPLICITI 20 mg/kg intravenously	0	30 min or more
Cycle 3	3 mL/min *(180 mL/hr)*	4 mL/min *(240 mL/hr)*

Patients who have escalated to 5 mL/min at 10 mg/kg must decrease the rate to 3 mL/min at the first infusion of 20 mg/kg

Cycle 4 onward	5 mL/min *(300 mL/hr)*

*The maximum infusion rate should not exceed 5 mL/min.
EMPLICITI should be initiated at 0.5 mL/min. If no infusion reactions develop, the infusion rate may be increased in a stepwise fashion as shown above. The presence and severity of infusion reaction may lengthen the infusion time for EMPLICITI.

Important Dosing Information for POMALYST® (pomalidomide)

- POMALYST may be taken with or without food. Inform patients not to break, chew or open the capsules. Swallow capsules whole with water.
- Monitor CBCs every week for the first 8 weeks and monthly thereafter. Patients may require dose interruption and/or modification.
- Monitor liver function tests monthly. Stop POMALYST upon elevation of liver enzymes and evaluate. After return to baseline values, treatment at a lower dose may be considered.
- Reduce POMALYST dose to 3 mg orally daily in patients with mild to moderate hepatic impairment and to 2 mg in patients with severe hepatic impairment.
- 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.
- Reduce POMALYST dose to 3 mg orally daily in patients with severe renal impairment requiring dialysis. Take dose of POMALYST following hemodialysis on hemodialysis days.

Please see POMALYST full Prescribing Information for complete information on dosing.

Please see Important Safety Information for EMPLICITI throughout and Important Safety Information for EMPLICITI, REVLIMID, and POMALYST on pages 18-24.
Please see full Prescribing Information for EMPLICITI, REVLIMID, and POMALYST, including Boxed WARNINGS for REVLIMID and POMALYST.

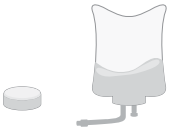
Empliciti (elotuzumab) FOR INJECTION FOR INTRAVENOUS USE 300 MG & 400 MG VIALS

Dosing Schedule: EMPLICITI **+ Rd**

EMPLICITI® (elotuzumab) is administered as a component of the ERd regimen

EMPLICITI 10 mg/kg

REVLIMID® (lenalidomide) 25 mg



Dexamethasone 8, 28, 40 mg

Treatment should continue until disease progression or unacceptable toxicity.

ERd RECOMMENDED DOSING SCHEDULE

CYCLES 1 & 2 (28 days each) | DOSE EMPLICITI **ONCE PER WEEK**

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
EMPLICITI intravenously 10 mg/kg	●							●							●							●	
REVLIMID 25 mg orally	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		DAYS 23-28 REST PERIOD
Dexamethasone (mg) orally*	28							28							28							28	
Dexamethasone (mg) intravenously†	8							8							8							8	

CYCLES 3 and onward (28 days each) | DOSE EMPLICITI **ONCE EVERY 2 WEEKS**

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
EMPLICITI intravenously 10 mg/kg	●														●								
REVLIMID 25 mg orally	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		DAYS 23-28 REST PERIOD
Dexamethasone (mg) orally*	28							40							28							40	
Dexamethasone (mg) intravenously†	8														8								

Premedicate with the following 45 to 90 minutes prior to EMPLICITI infusion: 8 mg intravenous dexamethasone, H1 blocker: diphenhydramine (25 to 50 mg orally or intravenously) or equivalent; H2 blocker; acetaminophen (650 to 1000 mg orally).
*Oral dexamethasone (28 mg) should be taken between 3 and 24 hours before EMPLICITI infusion.
†Intravenous dexamethasone 45-90 minutes before EMPLICITI infusion.

Selected Important Safety Information (continued)

Infections: In the ELOQUENT-2 trial (N=635), infections were reported in 81% of patients in the ERd arm and 74% in the Rd arm. Grade 3-4 infections were 28% (ERd) and 24% (Rd). Discontinuations due to infections were 3.5% (ERd) and 4.1% (Rd). Fatal infections were 2.5% (ERd) and 2.2% (Rd). Opportunistic infections were reported in 22% (ERd) and 13% (Rd). Fungal infections were 10% (ERd) and 5% (Rd). Herpes zoster was 14% (ERd) and 7% (Rd). 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.

Please see Important Safety Information for EMPLICITI throughout and Important Safety Information for EMPLICITI, REVLIMID, and POMALYST on pages 18-24.
Please see full Prescribing Information for EMPLICITI, REVLIMID, and POMALYST, including Boxed WARNINGS for REVLIMID and POMALYST.

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

Premedication and Infusion Rates: EMPLICITI + Rd

PATIENTS MUST BE PREMEDICATED WITH DEXAMETHASONE BEFORE EACH DOSE OF EMPLICITI

PRETREATMENT ON DAYS THAT EMPLICITI IS ADMINISTERED

3-24 hours prior

Oral dexamethasone: **28 mg**

45-90 minutes prior

Intravenous dexamethasone: 8 mg

+

H1 blocker: Diphenhydramine (25-50 mg orally or IV) or equivalent

+

H2 blocker

+

Acetaminophen (650-1000 mg orally)

PRETREATMENT ON DAYS THAT EMPLICITI IS NOT ADMINISTERED

On days that EMPLICITI is not administered but a dose of dexamethasone is scheduled (Days 8 and 22 of cycle 3 and all subsequent cycles), give 40 mg dexamethasone orally.

IF NO INFUSION REACTIONS DEVELOP, THE INFUSION RATE MAY BE INCREASED IN A STEPWISE FASHION AS SHOWN BELOW

INFUSION RATE FOR EMPLICITI*

EMPLICITI 10 mg/kg intravenously	0	30 min	60 min or more
Cycle 1, Dose 1	0.5 mL/min *(30 mL/hr)*	1 mL/min *(60 mL/hr)*	2 mL/min *(120 mL/hr)*
Cycle 1, Dose 2	3 mL/min *(180 mL/hr)*	4 mL/min *(240 mL/hr)*	
Cycle 1, Dose 3 onward	5 mL/min *(300 mL/hr)*		

*The maximum infusion rate should not exceed 5 mL/min.

Important Dosing Information for REVLIMID® (lenalidomide)

- The capsules should not be opened, broken, or chewed.
- REVLIMID is primarily excreted unchanged by the kidney. Since elderly patients are more likely to have decreased renal function, care should be taken in dose selection. Monitor renal function.
- Monitor CBCs every 7 days (weekly) for the first 2 cycles, on Days 1 and 15 of Cycle 3, and every 28 days (4 weeks) thereafter.
- Treatment is continued or modified based on clinical and laboratory findings.
- Dose modification guidelines are recommended to manage Grade 3/4 neutropenia or thrombocytopenia. For other Grade 3/4 toxicities judged to be related to lenalidomide, hold treatment and restart at next lower dose level when toxicity has resolved to ≤Grade 2.
- Patients may require dose interruption and/or reduction.
- Patients may require the use of blood product support and/or growth factors.

Please see REVLIMID full Prescribing Information for complete information on dosing.

Please see Important Safety Information for EMPLICITI throughout and Important Safety Information for EMPLICITI, REVLIMID, and POMALYST on pages 18-24.
Please see full Prescribing Information for EMPLICITI, REVLIMID, and POMALYST, including Boxed WARNINGS for REVLIMID and POMALYST.

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

Dose Modifications

Dose delay, interruption, or discontinuation

FOR EPd

Infusion reactions were reported in 3.3% of patients treated with EMPLICITI + POMALYST® (pomalidomide) + dex (EPd).

No Grade 3 or 4 infusion reactions were reported.

- All infusion reactions occurred during the first treatment cycle, based on a median of 9 cycles in the EMPLICITI + POMALYST + dex arm.
- The only infusion reaction symptom was chest discomfort (2%), which was Grade 1.

FOR ERd

Infusion reactions were reported in 10% of patients treated with EMPLICITI + REVLIMID® (lenalidomide) + dex (ERd).

- With ERd, all reports of infusion reactions were Grade 3 or lower, and Grade 3 infusion reactions occurred in 1% of patients.
- 5% of patients required interruption of the administration of EMPLICITI for a median of 25 minutes due to infusion reactions, and 1% of patients discontinued due to infusion reactions.
- Of the patients who experienced an infusion reaction, 70% had them during the first dose.

For EPd or ERd

If a Grade 2 or higher infusion reaction occurs during EMPLICITI administration:

Step 1
Interrupt the infusion and institute appropriate medical and supportive measures

Step 2
Upon resolution to Grade 1 or lower, restart EMPLICITI at 0.5 mL/min

Step 3
Gradually increase infusion at a rate of 0.5 mL/min every 30 minutes as tolerated to the rate at which the infusion reaction occurred

Step 4
Resume the escalation regimen if there is no recurrence of the infusion reaction

- In patients who experience an infusion reaction, monitor vital signs every 30 minutes for 2 hours after the end of the EMPLICITI infusion. If the infusion reaction recurs, stop the EMPLICITI infusion and do not restart on that day. Severe infusion reactions may require permanent discontinuation of EMPLICITI therapy and emergency treatment
- If the dose of one drug in the regimen is delayed, interrupted, or discontinued, the treatment with the other drugs may continue as scheduled. However, if dexamethasone is delayed or discontinued, the administration of EMPLICITI should be based on clinical judgment (ie, risk of hypersensitivity)
- Dose delay and modification for dexamethasone, pomalidomide, and lenalidomide should be performed as recommended in their full Prescribing Information

Preparation for EMPLICITI Infusion

Step 1: Determine vial quantity based on patient weight

Because dosing for EMPLICITI is weight-based, the dose of EMPLICITI will vary by patient and may be provided through a combination of vial sizes.

EXAMPLES OF VIAL QUANTITIES NEEDED FOR WEIGHT-BASED DOSING OF EMPLICITI

10 mg/kg dose		weight	20 mg/kg dose	
Number of vials*	Total dose (mg)	Patient wt. (kg)	Total dose (mg)	Number of vials*
300 x2	410-600	**41-60**	820-1200	400 x3
300 + 400	610-700	**61-70**	1220-1400	300 x2 + 400 x2
400 x2	710-800	**71-80**	1420-1600	400 x4
300 x3	810-900	**81-90**	1620-1800	300 x2 + 400 x3
300 x2 + 400	910-1000	**91-100**	1820-2000	400 x5
300 + 400 x2	1010-1100	**101-110**	2020-2200	300 x2 + 400 x4
400 x3	1110-1200	**111-120**	2220-2400	400 x6
300 x3 + 400	1210-1300	**121-130**	2420-2600	300 x2 + 400 x5
300 x2 + 400 x2	1310-1400	**131-140**	2620-2800	400 x7

*Depending on the weight-based dose, the full amount in the vials may not be used.

STEP 2: Determine the volume of SWFI needed for reconstitution

Strength	Amount of SWFI, USP required for reconstitution	Deliverable volume of reconstituted EMPLICITI in the vial	Post-reconstitution concentration
300 mg vial	13 mL	12 mL†	25 mg/mL
400 mg vial	17 mL	16 mL†	25 mg/mL

†After reconstitution, each vial contains overfill to allow for withdrawal of 12 mL (300 mg) and 16 mL (400 mg), respectively.

SWFI=sterile water for injection; USP=United States Pharmacopeia.

Please see Important Safety Information for EMPLICITI throughout and Important Safety Information for EMPLICITI, REVLIMID, and POMALYST on pages 18-24. Please see full Prescribing Information for EMPLICITI, REVLIMID, and POMALYST, including Boxed WARNINGS for REVLIMID and POMALYST.

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

Preparation for EMPLICITI Infusion (continued)

STEP 3: Reconstitute lyophilized powder cake with appropriate volume of SWFI

RECONSTITUTE

- Aseptically reconstitute each EMPLICITI vial with a syringe of adequate size and a less than or equal to 18-gauge needle (eg, 17-gauge)
- A slight back pressure may be experienced during administration of the SWFI, which is considered normal

MIX

- Hold the vial upright and swirl the solution by rotating the vial to dissolve the lyophilized cake
- Invert the vial a few times in order to dissolve any powder that may be present on top of the vial or the stopper. Avoid vigorous agitation. **DO NOT SHAKE**
- The lyophilized powder should dissolve in less than 10 minutes

LET STAND

- After the remaining solids are completely dissolved, allow the reconstituted solution to stand for 5 to 10 minutes
- The reconstituted preparation results in a colorless to slightly yellow, clear to slightly opalescent solution
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit
- Discard the solution if any particulate matter or discoloration is observed

STEP 4: Dilute for infusion

- Once the reconstitution is completed, withdraw the necessary volume for the calculated dose from each vial, up to a maximum of 16 mL from 400-mg vial and 12 mL from 300-mg vial
- Further dilute with either 0.9% Sodium Chloride Injection, USP, or 5% Dextrose Injection, USP, into an infusion bag made of polyvinyl chloride or polyolefin. The final infusion concentration should range between 1 mg/mL and 6 mg/mL
- The volume of 0.9% Sodium Chloride Injection, USP, or 5% Dextrose Injection, USP, should be adjusted so as not to exceed 5 mL/kg of patient weight at any given dose of EMPLICITI

Complete the EMPLICITI infusion within 24 hours of reconstitution of the EMPLICITI lyophilized powder.

Administer the entire EMPLICITI infusion with an infusion set and a sterile, nonpyrogenic, low-protein-binding filter (with a pore size of 0.2 to 1.2 micrometer) using an automated infusion pump.

Do not mix EMPLICITI with, or administer as an infusion with, other medicinal products. No physical or biochemical compatibility studies have been conducted to evaluate the coadministration of EMPLICITI with other agents.

How EMPLICITI Is Supplied

Supply

EMPLICITI is supplied in 300 and 400 mg single-dose vials. EMPLICITI is a sterile, nonpyrogenic, preservative-free lyophilized powder that is white to off-white, whole or fragmented cake that is provided in 2 strengths.

CARTON CONTENTS

300 mg single-dose vial for IV infusion

10-digit-NDC
0003-2291-11

11-digit-NDC
00003-2291-11

400 mg single-dose vial for IV infusion

10-digit-NDC
0003-4522-11

11-digit-NDC
00003-4522-11

Selected Important Safety Information (continued)

Second Primary Malignancies (SPM): In the ELOQUENT-2 trial (N=635), invasive second primary malignancies (SPM) were 9% (ERd) and 6% (Rd). The rate of hematologic malignancies was the same between ERd and Rd treatment arms (1.6%). Solid tumors were reported in 3.5% (ERd) and 2.2% (Rd). Skin cancer was reported in 4.4% (ERd) and 2.8% (Rd). In the ELOQUENT-3 trial (N=115), invasive SPMs were 0% (EPd) and 1.8% (Pd). Monitor patients for the development of SPMs.

Hepatotoxicity: In the ELOQUENT-2 trial (N=635), AST/ALT >3X the upper limit, total bilirubin >2X the upper limit, and alkaline phosphatase <2X the upper limit were 2.5% (ERd) vs 0.6% (Rd). Of 8 patients experiencing hepatotoxicity, 2 patients discontinued treatment while 6 patients had resolution and continued. Monitor liver enzymes periodically. Stop EMPLICITI upon ≥Grade 3 elevation of liver enzymes. Continuation of treatment may be considered after return to baseline values.

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.

Pregnancy: There are no available data on EMPLICITI use in pregnant women to inform a drug-associated risk of major defects and miscarriage.

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

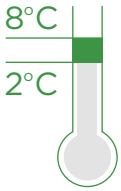
How EMPLICITI Is Stored

Storage of reconstituted solution

If not used immediately, the infusion solution may be stored under refrigeration conditions: 2°C to 8°C (36°F to 46°F), and protected from light for up to 24 hours.

- A maximum of 8 hours of the total 24 hours can be at room temperature, 20°C to 25°C (68°F to 77°F), and in room light

Storage of non-reconstituted vials



Refrigerate at 2°C to 8°C (36°F to 46°F)

Protect EMPLICITI from light by storing in the original package until time of use

Do not freeze

Do not shake

Selected Important Safety Information (continued)

Adverse Reactions

- ELOQUENT-2 trial: Serious adverse reactions were 65% (ERd) and 57% (Rd). The most frequent serious adverse reactions in the ERd arm compared to the Rd arm were: pneumonia (15%, 11%), pyrexia (7%, 5%), respiratory tract infection (3.1%, 1.3%), anemia (2.8%, 1.9%), pulmonary embolism (3.1%, 2.5%), and acute renal failure (2.5%, 1.9%). The most common adverse reactions in ERd and Rd, respectively (≥20%) were fatigue (62%, 52%), diarrhea (47%, 36%), pyrexia (37%, 25%), constipation (36%, 27%), cough (34%, 19%), peripheral neuropathy (27%, 21%), nasopharyngitis (25%, 19%), upper respiratory tract infection (23%, 17%), decreased appetite (21%, 13%), and pneumonia (20%, 14%).
- ELOQUENT-3 trial: Serious adverse reactions were 70% (EPd) and 60% (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%).

Please see Important Safety Information for EMPLICITI throughout and Important Safety Information for EMPLICITI, REVLIMID, and POMALYST on pages 18-24.
Please see full Prescribing Information for EMPLICITI, REVLIMID, and POMALYST, including Boxed WARNINGS for REVLIMID and POMALYST.

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

How to Order EMPLICITI

Because dosing for EMPLICITI is weight-based, the dose of EMPLICITI will vary by patient and may be provided through a combination of vial sizes. EMPLICITI is supplied in 300 and 400 mg single-dose vials.

Determining your order for EMPLICITI

Step 1
Calculate total dose in mg needed **(weight in kg × dose in mg/kg = total dose in mg)**

Step 2
Determine quantity of single-dose vials needed based on total dose (see examples in table below)

EXAMPLES OF VIAL QUANTITIES NEEDED FOR WEIGHT-BASED DOSING OF EMPLICITI

10 mg/kg dose		weight	20 mg/kg dose	
Number of vials*	Total dose (mg)	Patient wt. (kg)	Total dose (mg)	Number of vials*
300 x2	410-600	**41-60**	820-1200	400 x3
300 + 400	610-700	**61-70**	1220-1400	300 x2 + 400 x2
400 x2	710-800	**71-80**	1420-1600	400 x4
300 x3	810-900	**81-90**	1620-1800	300 x2 + 400 x3
300 x2 + 400	910-1000	**91-100**	1820-2000	400 x5
300 + 400 x2	1010-1100	**101-110**	2020-2200	300 x2 + 400 x4
400 x3	1110-1200	**111-120**	2220-2400	400 x6
300 x3 + 400	1210-1300	**121-130**	2420-2600	300 x2 + 400 x5
300 x2 + 400 x2	1310-1400	**131-140**	2620-2800	400 x7

*Depending on the weight-based dose, the full amount in the vials may not be used.

Distribution of EMPLICITI

Physician Offices

Cardinal Health Specialty Pharmaceutical Distribution
1-866-677-4844

Monday-Friday, 7 AM-6 PM CT
(24-hour emergency on-call)

https://specialtyonline.cardinalhealth.com

CuraScript SD Specialty Distribution
1-877-599-7748

Monday-Friday, 8:30 AM-7 PM ET

https://www.curascriptsd.com

McKesson Specialty Health
1-800-482-6700

Monday-Friday, 7 AM-7 PM CT

https://mscs.mckesson.com

Oncology Supply
1-800-633-7555

Monday-Friday, 8 AM-7 PM CT

https://www.oncologysupply.com

Hospital and Infusion Centers

For offices that prefer to use the services of a specialty pharmacy, specialty pharmacies can obtain EMPLICITI from the distributors listed below.

ASD Healthcare
1-800-746-6273

Monday-Thursday, 7 AM-6:30 PM CT
Friday, 7 AM-6 PM CT
(24-hour emergency on-call)
Fax: 1-800-547-9413

https://www.asdhealthcare.com

Cardinal Health Specialty Pharmaceutical Distribution
1-866-677-4844

Monday-Friday, 7 AM-6 PM CT
(24-hour emergency on-call)
Fax: 1-888-345-4916

https://OrderExpress.cardinalhealth.com

DMS Pharmaceutical Group, Inc.
1-877-788-1100

Monday-Friday, 8 AM-6 PM CT
Fax: 1-847-518-1105

www.dmspharma.com

McKesson Plasma and Biologics
1-877-625-2566

Monday-Friday, 8 AM-6:30 PM CT
Fax: 1-888-752-7626

https://connect.mckesson.com

Morris & Dickson Specialty
1-800-710-6100

Monday-Friday, 8 AM-6 PM CT
Fax: 1-318-524-3096

https://www.mdspecialtydist.com

The distribution program for EMPLICITI includes extended payment terms to Bristol Myers Squibb's authorized distributors.

Healthcare providers and institutions should contact their distributors to understand specific payment terms that may be available to them from their distributors.

BMS **Oncology*** Usable Vials Process

Bristol Myers Squibb offers a Return Goods Policy that covers:

Vials that are usable:
Vials may be usable if they are in their original container, not altered, damaged, reconstituted, or administered in whole or in part to a patient.

- Contact your Specialty Distributor directly for assistance if vial is usable

  Related to:
  – Unavailability of patient for infusion due to patient illness or death, ineligibility, or refusal
  – Ordering error

For product that is not usable, a Return Request Claim is required. See page 15 for more information.

Expired product should not be used. Returns of expired product are covered under the BMS US Pharmaceuticals Return Goods Policy.

Additional Questions? Please contact your specialty distributor for assistance.

Unusable Vial Process – **Oncology** Products

In the event a vial is Not Usable, please contact Bristol Myers Squibb Customer Service at:

- CustomerServiceOperations@BMS.com, or
- Call 1-800-631-5244, Monday-Friday, 9:00 AM to 5:00 PM ET

Request must be made within 75 days of invoice date. Be prepared to provide date and reason for return, number of vials affected, and invoice number.

See page 15 for more details.

Vial is Not Usable and is covered by the program if the return is due to	• Compromised refrigeration • Damage (for example, dropped or mishandled vial) • Incorrect vial preparation • Patient's unavailability to receive the drug as a result of illness or death, patient refusal, adverse event, or patient ineligibility, provider opened the drug vial, and provider cannot identify an alternative patient to receive the product • Distributor's determination of potential compromise of product integrity
Program does not cover loss due to	• In-transit damage (call your wholesaler for assistance with in-transit damage) • Vials that have been administered to a patient in whole or in part
Eligible customers	• Physicians • Infusion centers • Hospitals • Other healthcare providers • Specialty pharmacies (when purchasing for use with a specific patient)
Customers not eligible	• Wholesalers • Specialty distributors • Specialty pharmacies (if not purchasing for a specific patient)

*Excludes BMS CAR-T products.

Please see Important Safety Information for EMPLICITI throughout and Important Safety Information for EMPLICITI, REVLIMID, and POMALYST on pages 18-24. Please see full Prescribing Information for EMPLICITI, REVLIMID, and POMALYST, including Boxed WARNINGS for REVLIMID and POMALYST.

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

Unusable Vial Process – **Oncology** Products (cont.)

Coverage period	Within 60 days of the invoice date
Request eligibility period	Within 75 days of the invoice date
Dollar limit[a]	$400,000 credit cap per rolling year
Reimbursement method	By credit with corresponding distributor

Vial Disposal

- If a vial is damaged or the vial is leaking, please properly dispose of vial. Bristol Myers Squibb cannot pick up or dispose of the damaged vial

Bristol Myers Squibb reserves the right, in its sole discretion, to deny any request or claim and is not responsible for denied requests or claims.

How to Submit a Return Request Claim

Required Information to Complete a Request

- Date and reason for vial being Not Usable
- Number of vials affected
- Invoice number
- Confirmation that claim for reimbursement of loss has not been filed with any other third party, including any insurance company or government entity

Steps for Return

To request a return, e-mail Bristol Myers Squibb Customer Service at CustomerServiceOperations@BMS.com or call 1-800-631-5244, Monday-Friday, 9:00 AM to 5:00 PM ET.

1 **Contact Customer Service**

- Representatives are available to assist you by:
  - — Providing request form and instructions
  - — Clarifying policy or required information
  - — Helping with form submission

2 Within **24 hours** of form submission, you will receive:

- An e-mail with a return request reference number

OR

- An e-mail notifying you that further documentation is required

3 Within **1 week** of form submission, you will receive an approval or denial notice by e-mail. If approved, instructions will be provided for vial handling (vial pick-up or destruction).

4 If request is approved in step 3 and post-vial handling instructions are provided, Bristol Myers Squibb will provide credit to the corresponding distributor within **30 days** and will e-mail a credit reference number.

5 Distributor provides credit.

[a]For any single customer, commencing with the customer's first request date.

Please see Important Safety Information for EMPLICITI throughout and Important Safety Information for EMPLICITI, REVLIMID, and POMALYST on pages 18-24.
Please see full Prescribing Information for EMPLICITI, REVLIMID, and POMALYST, including Boxed WARNINGS for REVLIMID and POMALYST.

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

BMS Is Committed to Your Practice

Bristol Myers Squibb is here for you and your patients throughout their treatment with EMPLICITI.

Committed to responding to your questions within 24 hours or less.

For live support and assistance, call
1-844-EMPLICITI (1-844-367-5424),
8 AM to 8 PM ET, Monday–Friday.

Please see Important Safety Information for EMPLICITI throughout and Important Safety Information for EMPLICITI, REVLIMID, and POMALYST on pages 18-24.
Please see full Prescribing Information for EMPLICITI, REVLIMID, and POMALYST, including Boxed WARNINGS for REVLIMID and POMALYST.

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

INDICATIONS

EMPLICITI® (elotuzumab) is indicated in combination with lenalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received one to three prior therapies.

EMPLICITI® (elotuzumab) 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.

REVLIMID® (lenalidomide) is a thalidomide analogue indicated for the treatment of adult patients with multiple myeloma (MM) in combination with dexamethasone (dex).

REVLIMID is indicated as maintenance therapy in adult patients with MM following autologous hematopoietic stem cell transplantation (auto-HSCT).

REVLIMID is not indicated and is not recommended for the treatment of patients with chronic lymphocytic leukemia (CLL) outside of controlled clinical trials.

POMALYST® (pomalidomide) is a thalidomide analogue indicated, in combination with dexamethasone, for adult patients with MM 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.

Important Safety Information for EMPLICITI, REVLIMID & POMALYST

REVLIMID & POMALYST Boxed WARNINGS

WARNING: EMBRYO-FETAL TOXICITY, HEMATOLOGIC TOXICITY, and VENOUS AND ARTERIAL THROMBOEMBOLISM

EMBRYO-FETAL TOXICITY: REVLIMID & POMALYST are thalidomide analogues and are contraindicated in pregnancy. 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 treatment and use 2 forms of contraception or continuously abstain from heterosexual sex during and for 4 weeks after stopping treatment. To avoid embryo-fetal exposure, REVLIMID and POMALYST are only available through their respective restricted distribution program Lenalidomide REMS and POMALYST REMS®.

Information about the Lenalidomide REMS program is available at www.lenalidomiderems.com or by calling 1-888-423-5436 and POMALYST REMS program is available at www.celgeneriskmanagement.com or by calling 1-888-423-5436.

HEMATOLOGIC TOXICITY: REVLIMID can cause significant neutropenia and thrombocytopenia. Eighty percent of patients with del 5q MDS had to have a dose delay/reduction during the major study. Thirty-four percent of patients had to have a second dose delay/reduction. Grade 3 or 4 hematologic toxicity was seen in 80% of patients enrolled in the study. Patients on therapy for del 5q MDS should have their complete blood counts monitored weekly for the first 8 weeks of therapy and at least monthly thereafter. Patients may require dose interruption and/or reduction. Patients may require use of blood product support and/or growth factors.

VENOUS AND ARTERIAL THROMBOEMBOLISM: REVLIMID & POMALYST have demonstrated a significantly increased risk of deep venous thrombosis (DVT), pulmonary embolism (PE), myocardial infarction, and stroke in patients with MM. Thromboprophylaxis is recommended and the choice of regimen should be based on assessment of the patient's underlying risk factors. Monitor for and advise patients about signs and symptoms of thromboembolism. Advise patients to seek immediate medical care if they develop symptoms such as shortness of breath, chest pain, or arm or leg swelling.

Please see Important Safety Information for EMPLICITI throughout and Important Safety Information for EMPLICITI, REVLIMID, and POMALYST on pages 18-24.
Please see full Prescribing Information for EMPLICITI, REVLIMID, and POMALYST, including Boxed WARNINGS for REVLIMID and POMALYST.

Important Safety Information for EMPLICITI® (elotuzumab), REVLIMID® (lenalidomide) & POMALYST® (pomalidomide) (continued)

CONTRAINDICATIONS

Pregnancy: See Boxed WARNINGS. REVLIMID & POMALYST can cause fetal harm when administered to a pregnant female and are contraindicated in females who are pregnant. If the patient becomes pregnant while taking REVLIMID or POMALYST, the patient should be apprised of the potential risk to the fetus.

Severe Hypersensitivity Reactions: REVLIMID & POMALYST are contraindicated in patients who have demonstrated severe hypersensitivity (e.g., angioedema, Stevens-Johnson syndrome, toxic epidermal necrolysis, anaphylaxis) to lenalidomide, pomalidomide, or any of the excipients.

REVLIMID, POMALYST & EMPLICITI WARNINGS AND PRECAUTIONS

Embryo-Fetal Toxicity & Females of Reproductive Potential: See Boxed WARNINGS. Females of reproductive potential must avoid pregnancy for at least 4 weeks before beginning REVLIMID or POMALYST.

- Males: REVLIMID & POMALYST are 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 REVLIMID or POMALYST even if they have undergone a successful vasectomy. This protective measure must be followed for up to 4 weeks after discontinuing REVLIMID or POMALYST. Males must not donate sperm while taking REVLIMID and for up to 4 weeks after discontinuing REVLIMID, or while taking POMALYST.
- Blood Donation: Patients must not donate blood during treatment with REVLIMID or POMALYST and for 4 weeks following discontinuation of the drug, as the blood might be given to a pregnant female patient whose fetus must not be exposed to REVLIMID and for up to 4 weeks after discontinuing REVLIMID, or while taking POMALYST.

REMS Program: See Boxed WARNINGS. Prescribers and pharmacies must be certified with the respective **Lenalidomide** or **POMALYST REMS** program by enrolling and complying with the REMS requirements; pharmacies must only dispense to patients who are authorized to receive REVLIMID or 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.
- Further information about the **Lenalidomide REMS** program is available at **www.lenalidomiderems.com** or by telephone at 1-888-423-5436.

Hematologic Toxicity: REVLIMID & POMALYST can cause significant neutropenia and thrombocytopenia. Neutropenia, anemia, and thrombocytopenia were the most frequently reported Grade 3 or 4 adverse reactions in patients taking REVLIMID & POMALYST in clinical trials. Patients may require dose interruption and/or modification. For REVLIMID, monitor patients with neutropenia for signs of infection and advise patients to observe for bleeding or bruising, especially with use of concomitant medications that may increase risk of bleeding. Monitor complete blood counts (CBC) every 7 days for the first 2 cycles, on days 1 and 15 of cycle 3, and every 28 days thereafter. For POMALYST, monitor CBC weekly for the first 8 weeks and monthly thereafter.

Important Safety Information for EMPLICITI® (elotuzumab), REVLIMID® (lenalidomide) & POMALYST® (pomalidomide) (continued)

EMPLICITI, REVLIMID & POMALYST WARNINGS AND PRECAUTIONS (continued)

Venous & Arterial Thromboembolism: See Boxed WARNINGS. Venous thromboembolic events (DVT and PE) and arterial thromboses (myocardial infarction [MI] and stroke [CVA]) are increased in patients treated with REVLIMID or POMALYST. Thromboprophylaxis is recommended and the regimen should be based on the patient's underlying risks. 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). Erythropoietin-stimulating agents (ESAs) and estrogens may further increase the risk of thrombosis when used with REVLIMID and their use should be based on a benefit-risk decision.

Increased Mortality in Patients With CLL: In a clinical trial in the first line treatment of patients with CLL, single-agent REVLIMID therapy increased the risk of death as compared to single-agent chlorambucil. Serious adverse cardiovascular reactions, including atrial fibrillation, myocardial infarction, and cardiac failure, occurred more frequently in the REVLIMID arm. REVLIMID is not indicated and not recommended for use in CLL outside of controlled clinical trials.

Second Primary Malignancies (SPM): In clinical trials in patients with MM receiving REVLIMID, and in patients with FL or MZL receiving REVLIMID + rituximab therapy, an increase of hematologic plus solid tumor SPM, notably AML, have been observed. In patients with MM, MDS was also observed. In patients taking REVLIMID, monitor for the development of SPM and take into account both the potential benefit of REVLIMID and risk of SPM when considering treatment. In patients receiving POMALYST as an investigational therapy outside of MM, cases of AML have been reported.

In the EMPLICITI ELOQUENT-2 trial (N=635), invasive second primary malignancies (SPM) were 9% (ERd) and 6% (Rd). The rate of hematologic malignancies was the same between ERd and Rd treatment arms (1.6%). Solid tumors were reported in 3.5% (ERd) and 2.2% (Rd). Skin cancer was reported in 4.4% (ERd) and 2.8% (Rd). In the ELOQUENT-3 trial (N=115), invasive SPMs were 0% (EPd) and 1.8% (Pd). Monitor patients for the development of SPMs.

Increased Mortality With Pembrolizumab: In clinical trials in patients with MM, the addition of pembrolizumab to a thalidomide analogue (REVLIMID or POMALYST) plus dexamethasone resulted in increased mortality. Treatment of patients with MM 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.

Hepatotoxicity: Hepatic failure, including fatal cases, have occurred in patients treated with REVLIMID + dexamethasone and POMALYST. Elevated levels of alanine aminotransferase and bilirubin have also been observed in patients treated with POMALYST. Monitor liver function tests monthly for POMALYST, and periodically for REVLIMID. Stop REVLIMID or 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 + REVLIMID + dexamethasone vs REVLIMID + 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.

EMPLICITI, REVLIMID & POMALYST WARNINGS AND PRECAUTIONS (continued)

Infusion Reactions: Infusion reactions were reported in 10% of patients treated with EMPLICITI in the ELOQUENT-2 trial [EMPLICITI + REVLIMID + dexamethasone (ERd) vs REVLIMID + dexamethasone (Rd)] and 3.3% in the ELOQUENT-3 trial [EMPLICITI + POMALYST + dexamethasone (EPd) vs POMALYST + dexamethasone (Pd)]. In the ELOQUENT-2 trial, all infusion reactions were Grade 3 or lower, with Grade 3 infusion reactions occurring in 1% of patients. The most common symptoms included fever, chills, and hypertension. Bradycardia and hypotension also developed during infusions. In the trial, 5% of patients required interruption of the administration of EMPLICITI for a median of 25 minutes due to infusion reactions, and 1% of patients discontinued due to infusion reactions. Of the patients who experienced an infusion reaction, 70% (23/33) had them during the first dose. In the ELOQUENT-3 trial, 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-2 trial (N=635), infections were reported in 81% of patients in the ERd arm and 74% in the Rd arm. Grade 3-4 infections were 28% (ERd) and 24% (Rd). Discontinuations due to infections were 3.5% (ERd) and 4.1% (Rd). Fatal infections were 2.5% (ERd) and 2.2% (Rd). Opportunistic infections were reported in 22% (ERd) and 13% (Rd). Fungal infections were 10% (ERd) and 5% (Rd). Herpes zoster was 14% (ERd) and 7% (Rd). 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 REVLIMID & 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. Patients with a prior history of Grade 4 rash associated with thalidomide treatment should not receive REVLIMID. Consider REVLIMID & POMALYST interruption or discontinuation for Grade 2 or 3 skin rash. Permanently discontinue REVLIMID & POMALYST for Grade 4 rash, exfoliative or bullous rash, or for other severe cutaneous reactions such as SJS, TEN, or DRESS.

Tumor Lysis Syndrome (TLS): TLS may occur in patients treated with REVLIMID or POMALYST. Fatal instances of TLS have been reported during treatment with REVLIMID. Closely monitor patients at risk and take appropriate preventive approaches.

Important Safety Information for EMPLICITI® (elotuzumab), REVLIMID® (lenalidomide) & POMALYST® (pomalidomide) (continued)

EMPLICITI, REVLIMID & POMALYST WARNINGS AND PRECAUTIONS (continued)

Hypersensitivity: Hypersensitivity including angioedema, anaphylaxis, and anaphylactic reactions to REVLIMID & POMALYST have been reported. Permanently discontinue REVLIMID & POMALYST for angioedema or anaphylaxis.

Dizziness & 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.

Tumor Flare Reaction (TFR): Serious tumor flare reactions, including fatal reactions, have occurred during investigational use of REVLIMID for CLL and lymphoma. Monitoring and evaluation for TFR is recommended in patients with MCL, FL, or MZL.

Impaired Stem Cell Mobilization: A decrease in the number of CD34+ cells collected after treatment (>4 cycles) with REVLIMID has been reported. Consider early referral to transplant center to optimize timing of the stem cell collection.

Thyroid Disorders: Both hypothyroidism and hyperthyroidism have been reported. Measure thyroid function before starting REVLIMID treatment and during therapy.

Early Mortality in Patients With MCL: In another MCL study, there was an increase in early deaths (within 20 weeks); 12.9% in the REVLIMID arm versus 7.1% in the control arm. Risk factors for early deaths include high tumor burden, MIPI score at diagnosis, and high WBC at baseline ($\geq 10 \times 10^9$/L).

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.

ADVERSE REACTIONS

REVLIMID - Multiple Myeloma

- **In Newly Diagnosed:** The most frequently reported Grade 3 or 4 reactions included neutropenia, anemia, thrombocytopenia, pneumonia, asthenia, fatigue, back pain, hypokalemia, rash, cataract, lymphopenia, dyspnea, DVT, hyperglycemia, and leukopenia. The highest frequency of infections occurred in Arm Rd Continuous (75%) compared to Arm MPT (56%). There were more Grade 3 and 4 and serious adverse reactions of infection in Arm Rd Continuous than either Arm MPT or Rd18.
    - The most common adverse reactions reported in ≥20% (Arm Rd Continuous): diarrhea (45%), anemia (44%), neutropenia (35%), fatigue (33%), back pain (32%), asthenia (28%), insomnia (28%), rash (26%), decreased appetite (23%), cough (23%), dyspnea (22%), pyrexia (21%), abdominal pain (20%), muscle spasms (20%), and thrombocytopenia (20%).

Important Safety Information for EMPLICITI® (elotuzumab), REVLIMID® (lenalidomide) & POMALYST® (pomalidomide) (continued)

ADVERSE REACTIONS (continued)

- **Maintenance Therapy Post Auto-HSCT:** The most frequently reported Grade 3 or 4 reactions in ≥20% (REVLIMID arm) included neutropenia, thrombocytopenia, and leukopenia. The serious adverse reactions of lung infection and neutropenia (more than 4.5%) occurred in the REVLIMID arm.
    - The most frequently reported adverse reactions in ≥20% (REVLIMID arm) across both maintenance studies (Study 1, Study 2) were neutropenia (79%, 61%), thrombocytopenia (72%, 24%), leukopenia (23%, 32%), anemia (21%, 9%), upper respiratory tract infection (27%, 11%), bronchitis (4%, 47%), nasopharyngitis (2%, 35%), cough (10%, 27%), gastroenteritis (0%, 23%), diarrhea (54%, 39%), rash (32%, 8%), fatigue (23%, 11%), asthenia (0%, 30%), muscle spasm (0%, 33%), and pyrexia (8%, 20%).
- **After at Least One Prior Therapy:** The most common adverse reactions reported in ≥20% (REVLIMID/dex vs dex/placebo): fatigue (44% vs 42%), neutropenia (42% vs 6%), constipation (41% vs 21%), diarrhea (39% vs 27%), muscle cramp (33% vs 21%), anemia (31% vs 24%), pyrexia (27% vs 23%), peripheral edema (26% vs 21%), nausea (26% vs 21%), back pain (26% vs 19%), upper respiratory tract infection (25% vs 16%), dyspnea (24% vs 17%), dizziness (23% vs 17%), thrombocytopenia (22% vs 11%), rash (21% vs 9%), tremor (21% vs 7%), and weight decreased (20% vs 15%).

POMALYST

- 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%).

EMPLICITI

- ELOQUENT-2 trial: Serious adverse reactions were 65% (ERd) and 57% (Rd). The most frequent serious adverse reactions in the ERd arm compared to the Rd arm were: pneumonia (15%, 11%), pyrexia (7%, 5%), respiratory tract infection (3.1%, 1.3%), anemia (2.8%, 1.9%), pulmonary embolism (3.1%, 2.5%), and acute renal failure (2.5%, 1.9%). The most common adverse reactions in ERd and Rd, respectively (≥20%) were fatigue (62%, 52%), diarrhea (47%, 36%), pyrexia (37%, 25%), constipation (36%, 27%), cough (34%, 19%), peripheral neuropathy (27%, 21%), nasopharyngitis (25%, 19%), upper respiratory tract infection (23%, 17%), decreased appetite (21%, 13%), and pneumonia (20%, 14%).
- ELOQUENT-3 trial: Serious adverse reactions were 70% (EPd) and 60% (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%).

Important Safety Information for EMPLICITI® (elotuzumab), REVLIMID® (lenalidomide) & POMALYST® (pomalidomide) (continued)

DRUG INTERACTIONS

- **REVLIMID:** Periodically monitor digoxin plasma levels due to increased C_{max} and AUC with concomitant REVLIMID therapy. Patients taking concomitant therapies such as ESAs or estrogen-containing therapies may have an increased risk of thrombosis. It is not known whether there is an interaction between dexamethasone and warfarin. Close monitoring of PT and INR is recommended in patients with MM taking concomitant warfarin.
- **POMALYST:** Avoid concomitant use 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 REVLIMID & 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 are REVLIMID and POMALYST pregnancy exposure registries that monitor pregnancy outcomes in females exposed to REVLIMID or POMALYST during pregnancy as well as female partners of male patients who are exposed to REVLIMID or POMALYST. This registry is also used to understand the root cause for the pregnancy. Report any suspected fetal exposure of the drug to the FDA via the MedWatch program at 1-800-FDA-1088 and also to REMS Call Center 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, lenalidomide or elotuzumab in human milk, the effects of POMALYST, REVLIMID or EMPLICITI on the breastfed child, or the effects of POMALYST, REVLIMID 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 or REVLIMID, advise women not to breastfeed during treatment.
- **Pediatric Use:** Safety and effectiveness of REVLIMID, POMALYST or in combination with EMPLICITI have not been established in pediatric patients.
- **Geriatric Use:** No dose 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:** Adjust the starting dose of REVLIMID based on the creatinine clearance value and for patients on dialysis. For POMALYST in 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 Important Safety Information for EMPLICITI throughout and Important Safety Information for EMPLICITI, REVLIMID, and POMALYST on pages 18-24. Please see full Prescribing Information for EMPLICITI, REVLIMID, and POMALYST, including Boxed WARNINGS for REVLIMID and POMALYST.

Bristol Myers Squibb™

Access Support®

BMS Access Support® Can Provide Patient Access and Reimbursement Assistance

Bristol Myers Squibb is committed to helping patients gain access to their prescribed BMS medications. That's why we offer BMS Access Support. BMS Access Support provides resources to help patients understand their insurance coverage. In addition, we can share information on sources of financial support, including co-pay assistance for eligible commercially insured patients.

How BMS Access Support May Help

Find out how BMS can work with patients and their healthcare providers to help access a prescribed BMS medication.

Financial Support Options

There may be programs and services that could help with the cost of treatment. Learn about what options are available.

Additional Resources

We provide videos, tools, and other resources that may help with your access and reimbursement needs.

Have Questions About Our Program or Possible Financial Support?

If you have questions about coverage for a prescribed BMS medication, BMS Access Support may be able to help. Patients and their healthcare provider can complete an enrollment form to learn about programs that may be of assistance. Visit our website or contact BMS Access Support to learn more.

Call Bristol Myers Squibb Access Support at
1-800-861-0048, 8 AM to 8 PM ET, Monday–Friday

Visit **www.BMSAccessSupport.com**

The accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider and the patient. Bristol Myers Squibb and its agents make no guarantee regarding reimbursement for any service or item.

References: EMPLICITI [package insert]. Princeton, NJ: Bristol-Myers Squibb Company.
REVLIMID [package insert]. Summit, NJ: Celgene Corp.
POMALYST [package insert]. Summit, NJ: Celgene Corp.