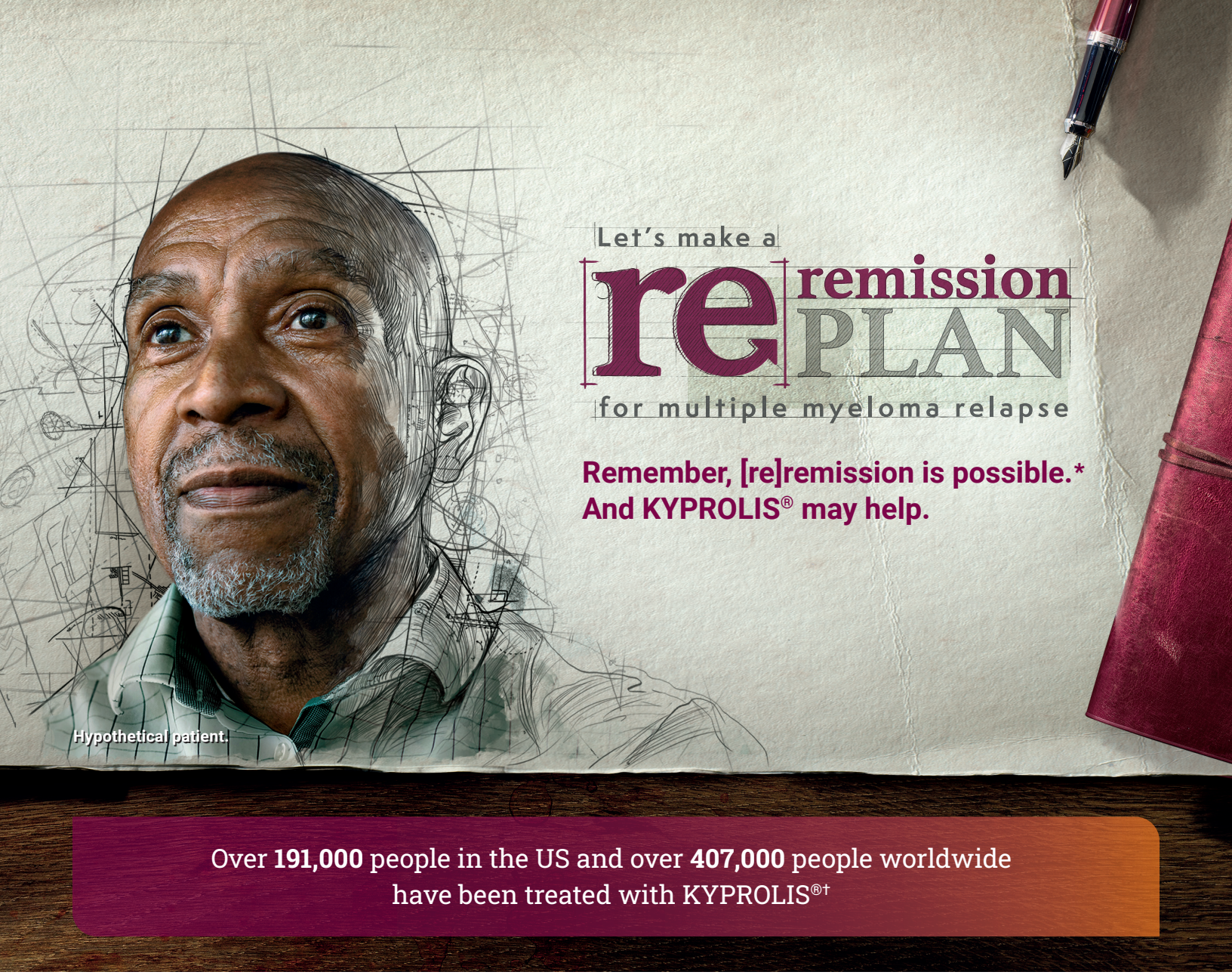


Over **191,000** people in the US and over **407,000** people worldwide have been treated with KYPROLIS®†

*Achieving [re]remission happens when you get back to remission, when your disease doesn't get worse and you have a complete or partial disappearance of signs or symptoms, after relapse.

†Total KYPROLIS® units (vials) distributed through December 2024 were obtained from the Amgen Finance Electronic Database Warehouse. An estimated total of 191,000 patients were exposed to KYPROLIS® in the US from launch (July 2012) through December 2024 based on the latest Postmarketing Exposure Estimation report dated January 2025.

APPROVED USE

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

IMPORTANT SAFETY INFORMATION

KYPROLIS® (carfilzomib) can cause serious side effects:

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

Please see additional Important Safety Information throughout and on pages 14 and 15 of this brochure.

Kyprolis® (carfilzomib) for Injection

Here's what you'll find inside:

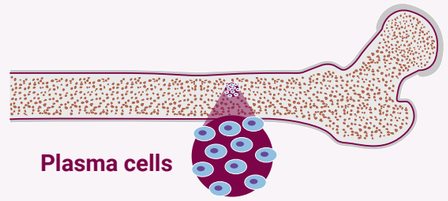
IMPORTANT SAFETY INFORMATION (cont'd)

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

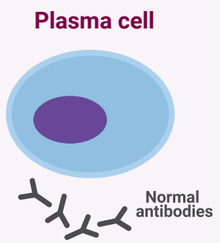
Understanding multiple myeloma

Multiple myeloma is a type of blood cancer that affects plasma cells, a type of cell normally found inside the bone marrow.

Healthy bone marrow

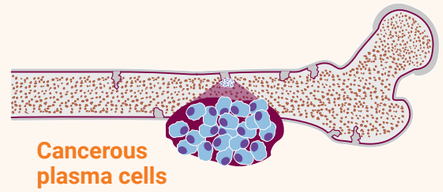


Healthy bone marrow makes a type of white blood cell called plasma cells…

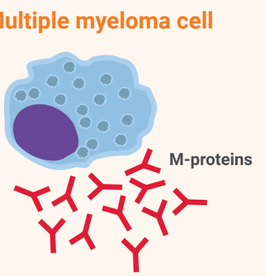


…which make proteins called antibodies to fight infection.

Multiple myeloma



In multiple myeloma, plasma cells become cancerous…



...and turn into multiple myeloma cells that produce abnormal antibodies (M-proteins). The amount and level of M-proteins (also called an M-spike) can help your doctor measure the disease and follow your response to treatment.

When there are too many myeloma cells, they produce large amounts of M-proteins and crowd out normal blood cells in the bone marrow. This can cause damage to your bones, kidneys, and other organs, as well as low blood cell count.

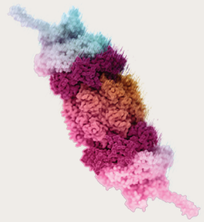
Kyprolis® (carfilzomib) for injection

Making a plan is important when multiple myeloma returns

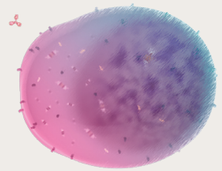
Having a relapse can feel devastating at first, but with treatment, many people are able to move beyond relapse and back to [re]remission. Ask your doctor if KYPROLIS® is right for you.

KYPROLIS® is a proteasome inhibitor

Myeloma cells rely on proteasomes to recycle extra proteins in order to continue to grow and multiply.



Proteasome inhibitors block a cell's proteasomes.



This causes many proteins to build up inside the cell...

...which results in the death of the myeloma cell.

Though KYPROLIS® affects myeloma cells more than normal cells in your body, normal cells may also be affected by treatment.

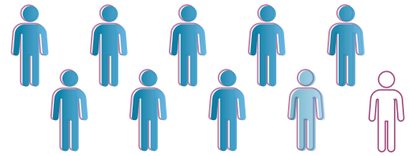
See how KYPROLIS® could help you get back to remission.

IMPORTANT SAFETY INFORMATION (cont'd)

- **Pulmonary hypertension (high blood pressure in the lungs):** There have been reports of pulmonary hypertension in patients receiving KYPROLIS.
- **Lung complications:** Shortness of breath was reported in patients receiving KYPROLIS. Your lung function should be closely monitored during treatment.
- **High blood pressure:** Cases of high blood pressure, including fatal cases, have been reported in patients receiving KYPROLIS. Your blood pressure should be closely monitored during treatment.

RESULTS FOR

KYPROLIS® + Darzalex®* + dexamethasone (DKd)



Over 8 out of 10 people

responded to KYPROLIS® + Darzalex® + dexamethasone (84% vs 75% with Kd alone)†

2.5x

as many people on KYPROLIS® + Darzalex® + dexamethasone

achieved a complete response than with Kd alone (28% vs 10%)

KYPROLIS® + Darzalex® + dexamethasone **helped people live an average of 29 months without their disease getting worse‡**

Nearly **29** months mPFS

Median progression-free survival was 28.6 months with KYPROLIS® + Darzalex® + dexamethasone and 15.2 months with Kd alone§

KYPROLIS® given twice a week with Darzalex® (daratumumab) and dexamethasone kept the disease from getting worse longer than KYPROLIS® with dexamethasone alone. With an average follow-up of ~ 17 months, the median progression-free survival (the length of time from the start of treatment until half of the patients have experienced worsening disease or death) for patients who received KYPROLIS®, Darzalex®, and dexamethasone had not yet been reached vs a median progression-free survival of 15.2 months for KYPROLIS® with dexamethasone alone. More patients reached a complete response when they received KYPROLIS® given with Darzalex® and dexamethasone vs KYPROLIS® with dexamethasone alone (28% vs 10%).

*Darzalex® (daratumumab).

†Response was defined as partial response or better.

‡In a clinical study of 466 people with relapsed or refractory multiple myeloma who had received 1 to 3 prior lines of therapy, 312 people received KYPROLIS® in combination with Darzalex® and dexamethasone, and 154 received KYPROLIS® in combination with dexamethasone. The study compared how long people lived without their disease getting worse. The median follow-up was nearly 28 months.

§In an earlier analysis with a median follow-up of ~ 17 months, the median progression-free survival (the length of time from the start of treatment until half of the people with relapsed or refractory multiple myeloma had experienced disease progression or death) had not been reached with KYPROLIS® + Darzalex® (daratumumab) + dexamethasone vs 15.8 months with Kd alone.

Kd, KYPROLIS® + dexamethasone; mPFS, median progression-free survival; M-proteins, monoclonal proteins.

Complete response is defined as no detectable M-proteins in the blood and urine, less than 5% abnormal plasma cells in bone marrow, and no detectable plasma cell tumors.

Median is the middle value in a list of values arranged from low to high such that there are the same number of values above and below this middle value.

Kyprolis® (carfilzomib) for Injection

RESULTS FOR

KYPROLIS® + Sarclisa® + dexamethasone (Isa-Kd)

Almost 9 out of 10 people

responded to KYPROLIS® + Sarclisa® + dexamethasone (87% vs 84% with Kd alone)*

1.5x

as many people on KYPROLIS® + Sarclisa® + dexamethasone

achieved a complete response than with Kd alone (44% vs 29%)

KYPROLIS® + Sarclisa® + dexamethasone **helped people live an average of 42 months without their disease getting worse†**

Nearly **42** **months mPFS**

Median progression-free survival was 41.7 months KYPROLIS® + Sarclisa® + dexamethasone and 20.8 months with Kd alone‡

KYPROLIS® given with Sarclisa® + dexamethasone (Isa-Kd) helped people live longer without the disease getting worse than KYPROLIS® with dexamethasone alone. With a median follow-up of nearly 21 months, the median progression-free survival (the length of time from the start of treatment until half of the people in the clinical study had experienced disease progression or death) had not been reached with KYPROLIS® + Sarclisa® + dexamethasone vs 20.3 months with KYPROLIS®. The median progression-free survival was 41.7 months with KYPROLIS® + Sarclisa® + dexamethasone and 20.8 months with KYPROLIS® alone. Almost 9 out of 10 people responded to KYPROLIS® + Sarclisa® + dexamethasone (87% vs 84% with Kd alone) and 1.5 times as many people on KYPROLIS® + Sarclisa® + dexamethasone achieved a complete response than with Kd alone (44% vs 29%).

*Response was defined as partial response or better.

†In a clinical study of 302 people with relapsed or refractory multiple myeloma who had received 1 to 3 prior lines of therapy, 179 people received KYPROLIS® in combination with Sarclisa® and dexamethasone, and 123 received KYPROLIS® in combination with dexamethasone. The study compared how long people lived without their disease getting worse. The median follow-up was 44 months.

‡In an earlier analysis with a median follow-up of nearly 21 months, the median progression-free survival (the length of time from the start of treatment until half of the people in the clinical study had experienced disease progression or death) had not been reached with KYPROLIS® + Sarclisa® + dexamethasone vs 20.3 months with Kd.

Kd, KYPROLIS® + dexamethasone; mPFS, median progression-free survival; M-proteins, monoclonal proteins.

Complete response is defined as no detectable M-proteins in the blood and urine, less than 5% abnormal plasma cells in bone marrow, and no detectable plasma cell tumors.

Median is the middle value in a list of values arranged from low to high such that there are the same number of values above and below this middle value.

Sarclisa® (isatuximab-irfc) is a registered trademark of Sanofi Corporation, New Jersey.

IMPORTANT SAFETY INFORMATION (cont'd)

- **Blood clots:** There have been reports of blood clots in patients receiving KYPROLIS. If you are at high risk for blood clots, your doctor can recommend ways to lower the risk.
- If you are using KYPROLIS in combination with dexamethasone or with lenalidomide plus dexamethasone or with daratumumab and dexamethasone, your doctor should assess and may prescribe another medicine to help lower your risk for blood clots.
- If you are using birth control pills or other medical forms of birth control associated with a risk of blood clots, talk to your doctor and consider a different method of birth control during treatment with KYPROLIS in combination with dexamethasone, with lenalidomide plus dexamethasone, or with daratumumab and dexamethasone.

Please see additional Important Safety Information throughout and on pages 14 and 15 of this brochure.

RESULTS FOR

KYPROLIS® + Revlimid® + dexamethasone (KRd)

Almost 9 out of 10 people

responded to KYPROLIS® + Rd (87% vs 67% with Rd alone)*

3x

as many people on KYPROLIS® + Rd

achieved a complete response than with Rd alone (32% vs 9%)

KYPROLIS® + Rd **helped people live an average of 26 months without their disease getting worse†**

26 **months mPFS**

Median progression-free survival was 26.3 months KYPROLIS® + Revlimid® + dexamethasone and 17.6 months with Rd alone

KYPROLIS® given with Revlimid® (lenalidomide) and dexamethasone kept the disease from getting worse longer than Revlimid® with dexamethasone (mPFS of 26.3 months compared with 17.6 months). More patients reached a complete response or better when they received KYPROLIS® with Revlimid® and dexamethasone vs Revlimid® and dexamethasone (32% vs 9%).

*Response was defined as partial response or better.

†In a clinical study of 792 people with relapsed or refractory multiple myeloma who had received 1 to 3 prior lines of therapy, 396 people received KYPROLIS® in combination with Revlimid® and dexamethasone, and 396 received Revlimid® in combination with dexamethasone. The study compared how long people lived without their disease getting worse as well as how long they lived overall.

mPFS, median progression-free survival; M-proteins, monoclonal proteins; Rd, Revlimid® + dexamethasone.

Complete response is defined as no detectable M-proteins in the blood and urine, less than 5% abnormal plasma cells in bone marrow, and no detectable plasma cell tumors.

Median is the middle value in a list of values arranged from low to high such that there is the same number of values above and below this middle value.

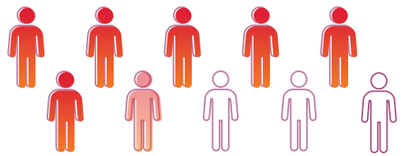
Revlimid® (lenalidomide) is a registered trademark of Celgene.

Kyprolis® (carfilzomib) for injection

Please see additional Important Safety Information throughout and on pages 14 and 15 of this brochure.

RESULTS FOR

Once-weekly KYPROLIS® + d (dexamethasone)



Over 6 out of 10 people

responded to KYPROLIS® + d once-weekly than with twice-weekly KYPROLIS® + d (62.9% vs 40.8%)*

4x

as many people on once-weekly KYPROLIS® + d

achieved a complete response (7.1% vs 1.7% with twice-weekly KYPROLIS® + d)

KYPROLIS® + d once-weekly **helped people live an average of 11 months without their disease getting worse†**

11
months mPFS

Median progression-free survival was 11.2 months with KYPROLIS® + d once-weekly and 7.6 months with KYPROLIS® + d twice weekly

KYPROLIS® given once a week with dexamethasone kept the disease from getting worse longer than KYPROLIS® given twice a week with dexamethasone (median of 11.2 months compared with 7.6 months). More patients reached a complete response or better when they received KYPROLIS® once a week at a higher dose with dexamethasone vs KYPROLIS® twice a week at a lower dose with dexamethasone (7.1% vs 1.7%). 27 mg/m^2 is not an FDA-approved dose for KYPROLIS® in combination with dexamethasone.

*Response was defined as partial response or better.

† In a clinical study of 478 people with relapsed or refractory multiple myeloma who had received 2 to 3 prior lines of therapy, 240 people received KYPROLIS® at 70 mg/m^2 in combination with dexamethasone once-weekly and 238 people received KYPROLIS® at 27 mg/m^2 in combination with dexamethasone twice weekly. The study compared how long people lived without their disease getting worse.

mPFS, median progression-free survival; M-proteins, monoclonal proteins.

Complete response is defined as no detectable M-proteins in the blood and urine, less than 5% abnormal plasma cells in bone marrow, and no detectable plasma cell tumors.

Median is the middle value in a list of values arranged from low to high such that there is the same number of values above and below this middle value.

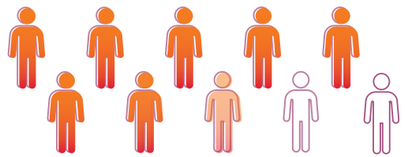
27 mg/m^2 is not an FDA-approved dose for KYPROLIS® in combination with dexamethasone alone.

IMPORTANT SAFETY INFORMATION (cont'd)

- **Infusion-related reactions:** Signs and symptoms of infusion-related reactions included fever, chills, joint pain, muscle pain, facial flushing and/or swelling, swelling of the larynx (voice box), vomiting, weakness, shortness of breath, low blood pressure, fainting, chest tightness, and chest pain. These symptoms can occur immediately following infusion or up to 24 hours after administration of KYPROLIS. If you experience any of these symptoms, contact your doctor immediately.
- **Severe bleeding problems:** Fatal or serious cases of bleeding problems have been reported in patients receiving KYPROLIS. Your doctor should monitor your signs and symptoms of blood loss.

RESULTS FOR

Twice-weekly KYPROLIS® + d (dexamethasone)



Almost 8 out of 10 people

responded to twice-weekly KYPROLIS® + d (77% vs 63% with Velcade® + d [Vd])*

2x

as many people on twice-weekly KYPROLIS® + d

achieved a complete response than with Vd (13% vs 6%)

KYPROLIS® + d twice weekly **helped people live an average of nearly 19 months without their disease getting worse†**

Nearly
19
months mPFS

Median progression-free survival was 18.7 months with KYPROLIS® + d twice weekly and 9.4 months with Vd alone

KYPROLIS® given twice a week with dexamethasone kept the disease from getting worse longer than Velcade® (bortezomib) and dexamethasone (median of 18.7 months compared with 9.4 months). More patients reached a complete response or better when they received KYPROLIS® and dexamethasone vs Velcade® and dexamethasone (13% vs 6%).

*Response was defined as partial response or better.

† In a clinical study of 929 patients with relapsed or refractory multiple myeloma who had received 1 to 3 prior lines of therapy, 464 patients received KYPROLIS® in combination with dexamethasone, and 465 received Velcade® in combination with dexamethasone. The study compared how long patients lived without their disease getting worse as well as how long they lived overall.

Complete response is defined as no detectable M-proteins in the blood and urine, less than 5% abnormal plasma cells in bone marrow, and no detectable plasma cell tumors.

Median is the middle value in a list of values arranged from low to high such that there is the same number of values above and below this middle value.

mPFS, median progression-free survival; M-proteins, monoclonal proteins.

Velcade® (bortezomib) is a registered trademark of Millennium Pharmaceuticals.

Kyprolis® (carfilzomib) for injection

Starting treatment with KYPROLIS®

Getting used to a new treatment regimen for multiple myeloma takes some time. Learning how and when KYPROLIS® is administered can help you feel more prepared.

What is it?

KYPROLIS® is an intravenous (IV) infusion

This is a way to put fluids, including medicine, into your bloodstream through a vein.

How long?

Infusion time: 10 or 30 minutes depending on your treatment regimen

Plan to spend some extra time at the clinic while your health care team prepares for your treatment.

How often?

Once weekly or twice weekly, depending on your treatment regimen

Your doctor will advise which is right for you.

Typical treatment cycle

IMPORTANT SAFETY INFORMATION (cont'd)

- **Very low platelet count:** Low platelet levels can cause unusual bruising and bleeding. You should have regular blood tests to check your platelet count during treatment.
- **Liver problems:** Cases of liver failure, including fatal cases, have been reported in patients receiving KYPROLIS. Your liver function should be closely monitored during treatment.
- **Blood problems:** Cases of a blood disease called thrombotic microangiopathy, including thrombotic thrombocytopenic purpura/hemolytic uremic syndrome (TTP/HUS), including fatal cases, have been reported in patients who received KYPROLIS. Your doctor should monitor your signs and symptoms.

Tips for before and after your KYPROLIS® infusions

Consider these tips to help you practice good self-care both before and after infusions.

Before your infusion

Take it easy and rest

Drink water as instructed by your doctors

Coordinate your visit with a companion, if one is available

Use a KYPROLIS® treatment tracker

Dress comfortably and wear loose-fitting, layered clothing

Pack a bag with snacks and something to pass the time

Check with your infusion center to see if bringing food is okay

After your infusion

Rest and recover, you might feel tired

Follow any special instructions given by your health care team

Share your experience by talking to your family, friends, and support communities

Use a journal to keep track of how you're feeling

Kyprolis® (carfilzomib) for injection

Safety information about KYPROLIS®

Talk to your doctor about possible side effects with KYPROLIS® and tips for managing them.

The most common side effects happened in at least 1 out of 5 patients receiving KYPROLIS® in clinical trials.

KYPROLIS® + Darzalex® + dexamethasone, KYPROLIS® + Sarclisa® + dexamethasone, KYPROLIS® + Revlimid® + dexamethasone, and KYPROLIS® + dexamethasone

- Low red blood cell count
- Diarrhea
- High blood pressure
- Tiredness
- Upper airway infection
- Low platelets
- Fever
- Cough
- Difficulty breathing
- Sleeplessness

When to call your doctor

Call your doctor if you have symptoms of low blood pressure like dizziness, tiredness, and fainting spells. Do not drive or operate machinery if you experience any of these symptoms.

You should also contact your doctor right away if you have any of the following:

- Trouble breathing
- Prolonged, unusual, or excessive bleeding
- Yellowing of the skin and/or eyes
- Headaches, confusion, dizziness or loss of balance, trouble talking or walking, weakness on one side of the body, seizures, or loss of sight
- Pregnancy (women should not receive KYPROLIS® if they are pregnant or breastfeeding)
- Any other side effect that bothers you or does not go away

AMGEN® Support+

We're right here, right when you need us

Personalized patient support designed for you. With financial resources and other helpful patient support services, we are here to help along the way.

Call Amgen SupportPlus at **1-866-264-2778**
Monday to Friday, 8:30 AM ET to 8:00 PM ET or visit **AmgenSupportPlus.com**

Amgen SupportPlus Co-Pay Program

The Amgen SupportPlus Co-Pay Program may help patients with private or commercial insurance lower their out-of-pocket costs.

- Pay as little as $0* out-of-pocket for each dose
- Can be applied to deductible, co-insurance, and co-payment*
- No income eligibility requirement

Learn more about the ways Amgen SupportPlus can help you access your prescribed medication.

*Eligibility criteria and program maximums apply. See AmgenSupportPlus.com/Copay for full Terms and Conditions.

Kyprolis® (carfilzomib) for injection

IMPORTANT SAFETY INFORMATION

KYPROLIS® (carfilzomib) can cause serious side effects:

- **Heart problems:** KYPROLIS can cause heart problems or worsen pre-existing heart conditions. Death due to cardiac arrest has occurred within one day of KYPROLIS administration. Before starting KYPROLIS, you should have a full medical work-up (including blood pressure and fluid management). You should be closely monitored during treatment.
- **Kidney problems:** There have been reports of sudden kidney failure in patients receiving KYPROLIS. Your kidney function should be closely monitored during treatment.
- **Tumor lysis syndrome (TLS):** Cases of TLS have been reported in patients receiving KYPROLIS, including fatalities. You should be closely monitored during treatment for any signs of TLS.
- **Lung damage:** Cases of lung damage have been reported in patients receiving KYPROLIS, including fatal cases.
- **Pulmonary hypertension (high blood pressure in the lungs):** There have been reports of pulmonary hypertension in patients receiving KYPROLIS.
- **Lung complications:** Shortness of breath was reported in patients receiving KYPROLIS. Your lung function should be closely monitored during treatment.
- **High blood pressure:** Cases of high blood pressure, including fatal cases, have been reported in patients receiving KYPROLIS. Your blood pressure should be closely monitored during treatment.
- **Blood clots:** There have been reports of blood clots in patients receiving KYPROLIS. If you are at high risk for blood clots, your doctor can recommend ways to lower the risk.
- If you are using KYPROLIS in combination with dexamethasone or with lenalidomide plus dexamethasone or with daratumumab and dexamethasone, your doctor should assess and may prescribe another medicine to help lower your risk for blood clots.
- If you are using birth control pills or other medical forms of birth control associated with a risk of blood clots, talk to your doctor and consider a different method of birth control during treatment with KYPROLIS in combination with dexamethasone, with lenalidomide plus dexamethasone, or with daratumumab and dexamethasone.
- **Infusion-related reactions:** Signs and symptoms of infusion-related reactions included fever, chills, joint pain, muscle pain, facial flushing and/or swelling, swelling of the larynx (voice box), vomiting, weakness, shortness of breath, low blood pressure, fainting, chest tightness, and chest pain. These symptoms can occur immediately following infusion or up to 24 hours after administration of KYPROLIS. If you experience any of these symptoms, contact your doctor immediately.
- **Severe bleeding problems:** Fatal or serious cases of bleeding problems have been reported in patients receiving KYPROLIS. Your doctor should monitor your signs and symptoms of blood loss.
- **Very low platelet count:** Low platelet levels can cause unusual bruising and bleeding. You should have regular blood tests to check your platelet count during treatment.
- **Liver problems:** Cases of liver failure, including fatal cases, have been reported in patients receiving KYPROLIS. Your liver function should be closely monitored during treatment.
- **Blood problems:** Cases of a blood disease called thrombotic microangiopathy, including thrombotic thrombocytopenic purpura/hemolytic uremic syndrome (TTP/HUS), including fatal cases, have been reported in patients who received KYPROLIS. Your doctor should monitor your signs and symptoms.
- **Brain problems:** A nerve disease called Posterior Reversible Encephalopathy Syndrome (PRES), formerly called Reversible Posterior Leukoencephalopathy Syndrome (RPLS), has been reported in patients receiving KYPROLIS. It can cause seizure, headache, lack of energy, confusion, blindness, altered consciousness, and other visual and nerve disturbances, along with high blood pressure. Your doctor should monitor your signs and symptoms.

IMPORTANT SAFETY INFORMATION (cont'd)

- Cases of a brain infection called Progressive Multifocal Leukoencephalopathy (PML), including fatal cases, have been reported in patients receiving KYPROLIS. Your doctor should monitor your signs and symptoms.
- **KYPROLIS should not be combined with melphalan and prednisone:** Newly diagnosed transplant ineligible multiple myeloma patients have shown an increased risk of serious and fatal side effects when using KYPROLIS in combination with melphalan and prednisone.
- **Possible fetal harm:** KYPROLIS can cause harm to a fetus (unborn baby) when given to a pregnant woman. Women should use effective contraception during treatment with KYPROLIS and for 6 months following the final dose. Men should use effective contraception during treatment with KYPROLIS and for 3 months following the final dose. KYPROLIS can cause harm to a fetus if used during pregnancy or if you or your partner become pregnant during treatment with KYPROLIS.

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

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

What are the possible side effects of KYPROLIS?

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

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

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit **www.fda.gov/medwatch** or call **1-800-FDA-1088**.

APPROVED USE

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

Please read the full Prescribing Information and discuss it with your doctor.

Kyprolis® (carfilzomib) for Injection

Explore KYPROLIS® resources

IMPORTANT SAFETY INFORMATION

What are the possible side effects of KYPROLIS?

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

Please see additional Important Safety Information throughout and on pages 14 and 15 of this brochure.

AMGEN

Kyprolis® (carfilzomib) for Injection