DARZALEX *Faspro*®
(daratumumab and hyaluronidase-fihj)
Injection for subcutaneous use | 1,800mg/30,000units

DARZALEX®
(daratumumab)
injection for intravenous infusion
100 mg/5 mL, 400 mg/20 mL

For patients with newly diagnosed, transplant-ineligible multiple myeloma on DRd[1]

Continue the momentum with DARZALEX® + Rd

Treat with DRd until disease progression or unacceptable toxicity to give patients the best chance of achieving the results seen in the MAIA trial.[1]

At a median 28 months, mPFS was not reached with DRd vs 31.9 months with Rd. At 64 months, mPFS was 61.9 months* with DRd vs 34.4 months† with Rd.[1]

A 44% reduction in the risk of disease progression or death was seen at 30 months‡ in patients on DRd vs Rd alone (HR=0.56; 95% CI: 0.43, 0.73; *P*<0.0001).[1,2]

CI=confidence interval; DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); HR=hazard ratio; mPFS=median progression-free survival; NE=not estimable; Rd=lenalidomide (R) + dexamethasone (d).

*95% CI: 54.8, NE.[1] †95% CI: 29.6, 39.2.[1]
‡Median follow-up was 28 months (range: 0.0-41.4 months).[1,2]

INDICATIONS

DARZALEX *FASPRO*® (daratumumab and hyaluronidase-fihj) is indicated for the treatment of adult patients with multiple myeloma:

- In combination with lenalidomide and dexamethasone in newly diagnosed patients who are ineligible for autologous stem cell transplant and in patients with relapsed or refractory multiple myeloma who have received at least one prior therapy

DARZALEX® (daratumumab) is indicated for the treatment of adult patients with multiple myeloma:

- In combination with lenalidomide and dexamethasone in newly diagnosed patients who are ineligible for autologous stem cell transplant and in patients with relapsed or refractory multiple myeloma who have received at least one prior therapy

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX® AND DARZALEX *FASPRO*®: CONTRAINDICATIONS

DARZALEX® and DARZALEX *FASPRO*® are contraindicated in patients with a history of severe hypersensitivity to daratumumab, hyaluronidase (for DARZALEX *FASPRO*®), or any of the components of the formulations.

DARZALEX®: Infusion-Related Reactions

DARZALEX® can cause severe and/or serious infusion-related reactions including anaphylactic reactions. These reactions can be life-threatening, and fatal outcomes have been reported.

DARZALEX *FASPRO*®: Hypersensitivity and Other Administration Reactions

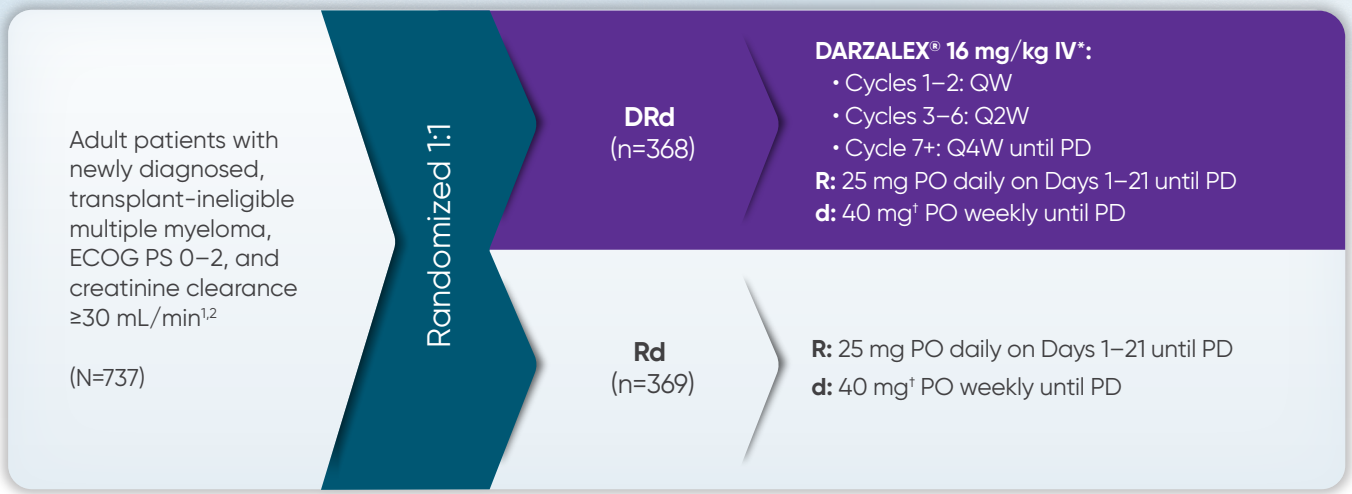
Both systemic administration-related reactions, including severe or life-threatening reactions, and local injection-site reactions can occur with DARZALEX *FASPRO*®. Fatal reactions have been reported with daratumumab-containing products, including DARZALEX *FASPRO*®.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

MAIA trial:

DARZALEX® + Rd for adult patients with newly diagnosed, transplant-ineligible multiple myeloma[1]

DARZALEX® approval for adult patients with newly diagnosed, transplant-ineligible multiple myeloma was based on a large, randomized, open-label, multicenter, active-controlled phase 3 trial.[1,2]



Cycle=28 days.

Treatment in both arms was continued until disease progression or unacceptable toxicity.[1]

Primary endpoint was progression-free survival (PFS).[2‡]

Key secondary endpoints included percentage of patients with complete response (CR) rate, very good partial response (VGPR) rate, minimal residual disease (MRD) negativity rate (NGS; 10^{-5}), overall response rate (ORR), overall survival (OS), duration of response, and safety.[2]

Baseline demographics and disease characteristics: The median age was 73 years (range: 45-90 years), with 44% of patients ≥75 years of age; 52% of patients were male, 92% were white, 4% were Black or African American, and 1% were Asian. Three percent (3%) of patients reported an ethnicity of Hispanic or Latino. Thirty-four percent (34%) had an ECOG PS of 0, 50% had an ECOG PS of 1, and 17% had an ECOG PS of ≥2; 27% had ISS Stage I, 43% had ISS Stage II, and 29% had ISS Stage III disease.[1]

BMI=body mass index; CR=complete response; d=dexamethasone (d); D=DARZALEX® (D); DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); ECOG PS=Eastern Cooperative Oncology Group Performance Status; IMWG=International Myeloma Working Group; ISS=International Staging System; IV=intravenous; MRD=minimal residual disease; NGS=next-generation sequencing; ORR=overall response rate; OS=overall survival; PD=progressive disease; PFS=progression-free survival; PO=by mouth; QW=weekly; Q2W=every 2 weeks; Q4W=every 4 weeks; R=lenalidomide (R); Rd=lenalidomide (R) + dexamethasone (d); VGPR=very good partial response.
*On days when daratumumab was administered, dexamethasone was administered to patients in the DRd arm and served as the treatment dose of steroid for that day, as well as the required pre-infusion medication.[1]
†For patients older than 75 years of age or with BMI <18.5, dexamethasone was administered at a dose of 20 mg weekly.[1]
‡Efficacy was evaluated by PFS (based on IMWG criteria).[2]

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX®: Infusion-Related Reactions

DARZALEX® can cause severe and/or serious infusion-related reactions including anaphylactic reactions. These reactions can be life-threatening, and fatal outcomes have been reported.

DARZALEX *FASPRO*®: Hypersensitivity and Other Administration Reactions

Both systemic administration-related reactions, including severe or life-threatening reactions, and local injection-site reactions can occur with DARZALEX *FASPRO*®. Fatal reactions have been reported with daratumumab-containing products, including DARZALEX *FASPRO*®.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

Powerful efficacy of frontline DARZALEX® + Rd demonstrated in MAIA[1]

In the MAIA trial, treatment was continued until disease progression or unacceptable toxicity[1]

Frontline DRd significantly reduced the risk of progression in patients after 28 months of follow-up[1,2]

in the risk of disease progression or death with DRd vs Rd alone in newly diagnosed, transplant-ineligible multiple myeloma[1]

At median follow-up of 28 months, mPFS was not reached with DRd vs 31.9 months with Rd alone (primary endpoint; HR=0.56; 95% CI: 0.43, 0.73; *P*<0.0001).[1,2*]

At 56 months of follow-up, frontline DRd significantly reduced the risk of death vs Rd alone[1,3]

in the risk of death with DRd vs Rd alone[1]

At median follow-up of 56 months, mOS was not reached with DRd or Rd alone (HR=0.68; 95% CI: 0.53, 0.86; *P*=0.0013).[1,3†]

The Kaplan-Meier estimate of 60-month OS was 66% (95% CI: 60.8, 71.3) in the DRd group and 53% (95% CI: 47.2, 58.6) in the Rd group. At the clinical cutoff date (February 19, 2021), the percentage of patients still continuing treatment was 43% (n=159/368) in the DRd group and 19% (n=71/369) in the Rd group.[3]

CI=confidence interval; DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); HR=hazard ratio; IQR=interquartile range; mOS=median overall survival; mPFS=median progression-free survival; OS=overall survival; PFS=progression-free survival; Rd=lenalidomide (R) + dexamethasone (d).

*Median follow-up was 28 months (range: 0.0-41.4 months).[2]

†Median follow-up was 56 months in the DRd group (IQR: 53.0-60.1 months) and in the Rd group (IQR: 52.5-59.4 months).[1,3]

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX® and DARZALEX *FASPRO*® can cause serious adverse reactions, including infusion-related reactions (for DARZALEX®) and hypersensitivity and other systemic administration-related reactions (for DARZALEX *FASPRO*®), neutropenia, thrombocytopenia, interference with serologic testing, interference with determination of complete response, and embryo-fetal toxicity.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

Long-term efficacy of DARZALEX® + Rd at 64 months[1]

After 64 months of follow-up, more patients continued living without disease progression with frontline DRd vs Rd alone[1]

in the risk of disease progression or death with DRd vs Rd alone[1,4]

At median follow-up of 64 months, mPFS was 61.9 months (95% CI: 54.8, NE) in the DRd arm and 34.4 months (95% CI: 29.6, 39.2) in the Rd arm (HR=0.55; 95% CI: 0.45, 0.67).[1,4]

CI=confidence interval; DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); HR=hazard ratio; mPFS=median progression-free survival; NE=not estimable; PFS=progression-free survival; Rd=lenalidomide (R) + dexamethasone (d).

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX® and DARZALEX *FASPRO*®: Neutropenia and Thrombocytopenia

DARZALEX® and DARZALEX *FASPRO*® may increase neutropenia and thrombocytopenia induced by background therapy. Monitor complete blood cell counts periodically during treatment according to manufacturer's prescribing information for background therapies. Monitor patients with neutropenia for signs of infection. Consider withholding DARZALEX® or DARZALEX *FASPRO*® until recovery of neutrophils or for recovery of platelets.

In lower body weight patients receiving DARZALEX *FASPRO*®, higher rates of Grade 3-4 neutropenia were observed.

DARZALEX® and DARZALEX *FASPRO*®: Interference With Serological Testing

Daratumumab binds to CD38 on red blood cells (RBCs) and results in a positive indirect antiglobulin test (indirect Coombs test). Daratumumab-mediated positive indirect antiglobulin test may persist for up to 6 months after the last daratumumab administration. Daratumumab bound to RBCs masks detection of antibodies to minor antigens in the patient's serum. The determination of a patient's ABO and Rh blood type are not impacted. Notify blood transfusion centers of this interference with serological testing and inform blood banks that a patient has received DARZALEX® and DARZALEX *FASPRO*®. Type and screen patients prior to starting DARZALEX® and DARZALEX *FASPRO*®.

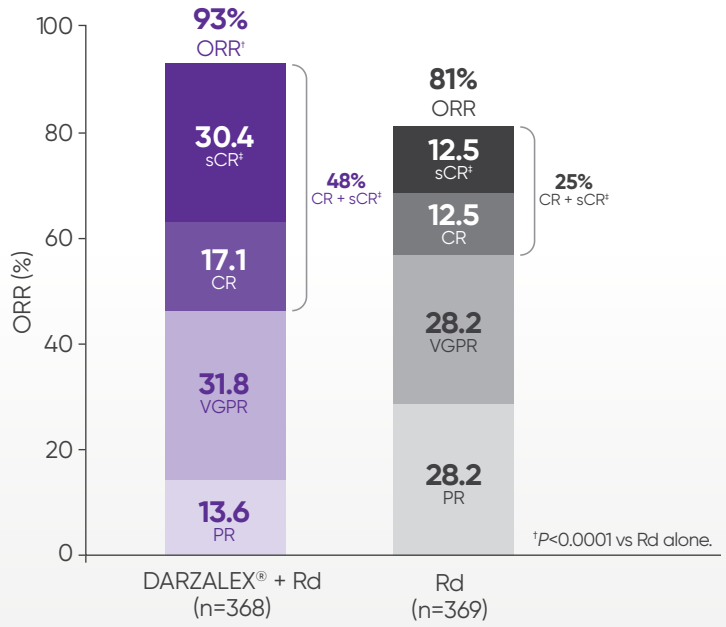
DARZALEX® and DARZALEX *FASPRO*®: Interference With Determination of Complete Response

Daratumumab is a human immunoglobulin G (IgG) kappa monoclonal antibody that can be detected on both the serum protein electrophoresis (SPE) and immunofixation (IFE) assays used for the clinical monitoring of endogenous M-protein. This interference can impact the determination of complete response and of disease progression in some patients with IgG kappa myeloma protein.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

Deep and durable response with DARZALEX® + Rd at 28 months[1]

93% overall response rate (ORR) was achieved with DARZALEX® + Rd at median follow-up of 28 months[1]*



DEPTH

DRd nearly doubled the number of patients who achieved CR or better vs Rd alone[1]

- More than doubled sCR‡: 30% with DRd vs 13% with Rd alone

DURABILITY

Median duration of response had not yet been reached with DRd vs 34.7 months (95% CI: 30.8, not estimable) for Rd alone[1]

SPEED OF RESPONSE

Median time to response was 1.05 months with DRd (range: 0.2 to 12.1 months) and with Rd alone (range: 0.3 to 15.3 months)[1]

CI=confidence interval; CR=complete response; DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); ORR=overall response rate; PR=partial response; Rd=lenalidomide (R) + dexamethasone (d); sCR=stringent complete response; VGPR=very good partial response.
*Median follow-up was 28 months (range: 0.0-41.4 months).[2]
‡sCR is CR plus normal free light chain ratio and the absence of clonal cells in bone marrow as assessed by immunohistochemistry or immunofluorescence.[2]

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX® and DARZALEX *FASPRO*®: Embryo-Fetal Toxicity

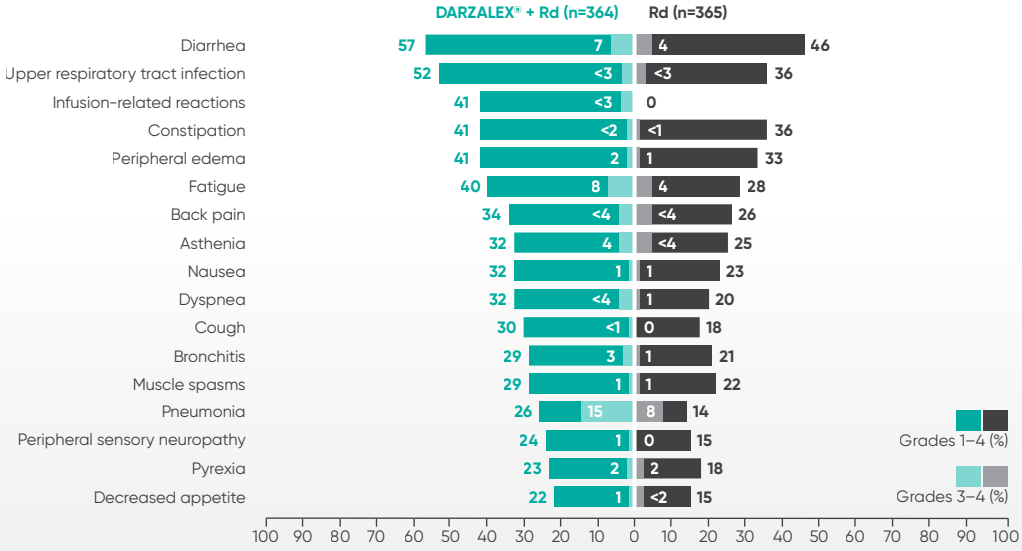
Based on the mechanism of action, DARZALEX® and DARZALEX *FASPRO*® can cause fetal harm when administered to a pregnant woman. DARZALEX® and DARZALEX *FASPRO*® may cause depletion of fetal immune cells and decreased bone density. Advise pregnant women of the potential risk to a fetus. Advise females with reproductive potential to use effective contraception during treatment with DARZALEX® or DARZALEX *FASPRO*® and for 3 months after the last dose.

The combination of DARZALEX® or DARZALEX *FASPRO*® with lenalidomide, pomalidomide, or thalidomide is contraindicated in pregnant women because lenalidomide, pomalidomide, and thalidomide may cause birth defects and death of the unborn child. Refer to the lenalidomide, pomalidomide, or thalidomide prescribing information on use during pregnancy.

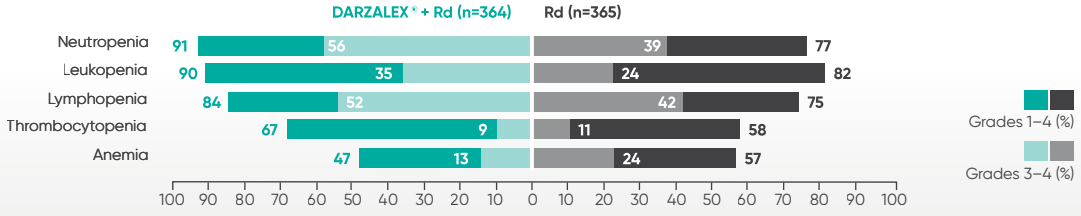
Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

With DARZALEX® + Rd, your patients can be treated with a proven frontline triplet therapy that has a demonstrated safety profile[1]

Most frequent adverse reactions reported in ≥20% of patients and with at least a 5% greater frequency in the DARZALEX® + Rd arm[1*†]



Treatment-emergent laboratory abnormalities[1]



Serious adverse reactions with a 2% greater incidence in the DRd arm compared with the Rd arm were pneumonia (DRd 15% vs Rd 8%), bronchitis (DRd 4% vs Rd 2%), and dehydration (DRd 2% vs Rd <1%).[1]

- Discontinuation rates due to any adverse event: 7% with DRd vs 16% with Rd[2]
- Infusion-related reactions (IRRs) of any grade or severity may require management by interruption, modification, and/or discontinuation of the infusion[1]
- IRRs with DRd occurred in 41% of patients; 2% were Grade 3 and <1% were Grade 4; most IRRs occurred during first infusion[1]

DARZALEX® can cause severe and/or serious IRRs including anaphylactic reactions. In clinical trials (monotherapy and combination: N=2,066), IRRs occurred in 37% of patients with the Week 1 (16 mg/kg) infusion, 2% with the Week 2 infusion, and cumulatively 6% with subsequent infusions. Less than 1% of patients had a Grade 3/4 IRRs at Week 2 or subsequent infusions.[1]

DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); Rd=lenalidomide (R) + dexamethasone (d).
*Median duration of study treatment was 25.3 months (range: 0.1–40.44 months) in the DRd group and 21.3 months (range: 0.03–40.64 months) in the Rd group.[1]
†Adverse reactions that occurred with a frequency of ≥10% and <20%, and with at least a 5% greater frequency in the DARZALEX® + Rd arm were headache, urinary tract infection, hyperglycemia, hypocalcemia, vomiting, chills, paresthesia, and hypertension.[1]

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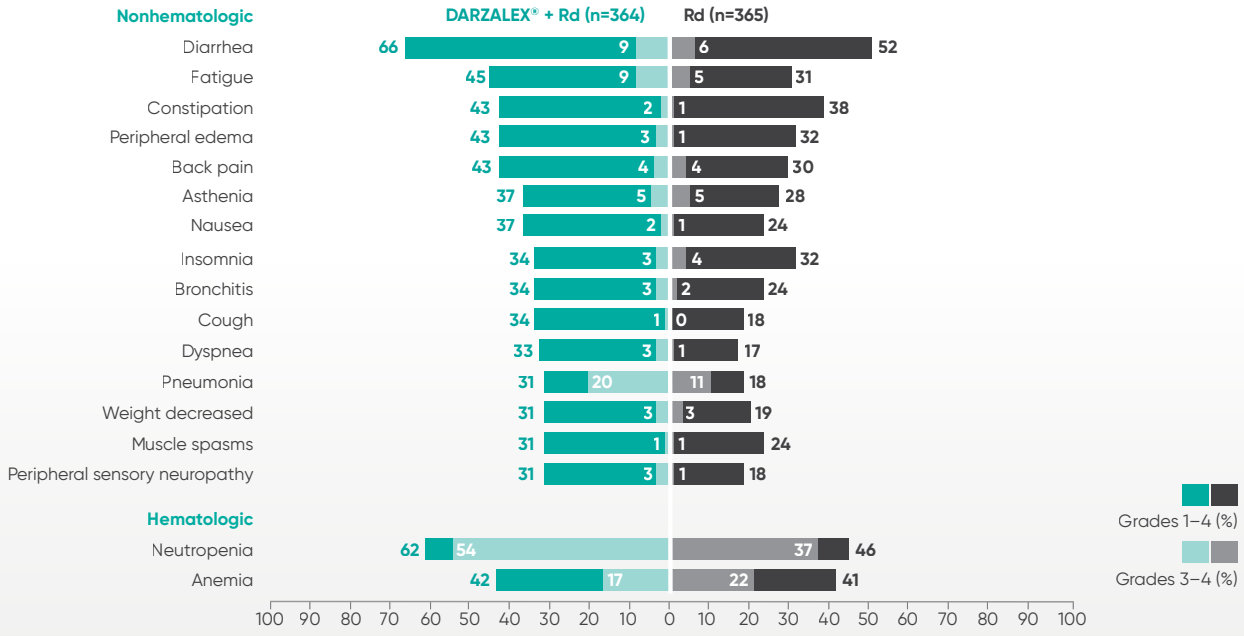
You are now viewing a follow-up analysis of the MAIA study.

This information is not included in the current Prescribing Information and has not been evaluated by the FDA. Treatment-emergent adverse events are reported as observed. These analyses have not been adjusted for multiple comparisons and no conclusions should be drawn.

DARZALEX® + Rd offers your patients a frontline treatment that's supported by 64.5 months of safety evaluation[4*†]

Most frequent TEAEs as observed (any grade reported in ≥30% of patients and/or Grade 3/4 reported in ≥10% of patients) in the DARZALEX® + Rd arm[4†]



- Cumulative Grade 3/4 infection rates were 43% for DRd vs 30% for Rd[4†]
- Cumulative rates of discontinuation due to TEAEs were 15% for DRd vs 24% for Rd[4]
- Hematologic adverse events included in the follow-up analyses are investigator-reported TEAEs and not investigator-reported treatment-emergent laboratory abnormalities

AE=adverse event; DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); Rd=lenalidomide (R) + dexamethasone (d); TEAE=treatment-emergent adverse event.
*Median follow-up was 64.5 months.[4]
†Safety analysis set. TEAEs are defined as any adverse event (AE) that occurs after start of the first study treatment through 30 days after the last study treatment; or the day prior to start of subsequent antimyeloma therapy, whichever is earlier; or any AE that is considered drug related (very likely, probably, or possibly related) regardless of the start date of the event; or any AE that is present at baseline but worsens in toxicity grade or is subsequently considered drug related by the investigator.[3]

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

You are now viewing a post hoc subset analysis by treatment duration of the MAIA trial.

This information is not included in the current Prescribing Information and has not been evaluated by the FDA. No conclusions should be drawn. This analysis is not powered to detect a difference in arms and these data should be understood in the context of the methodology.

Treatment duration and long-term outcomes with frontline DARZALEX® + Rd[5]

Based on a post hoc subset analysis of patients treated through 36 months[5*]

Methodology

- To explore the impact of treatment duration on long-term clinical outcomes, a post hoc analysis evaluated DRd treatment response in 6 month intervals (6, 12, 18, 24, 30, and 36 months)[5]
- Response data presented are cumulative deepest response rates achieved by 6, 12, 18, 24, 30, and 36 months for patients who continued all study treatment for at least 36 months, which included 342 out of the 368 ITT population in the DRd arm and 301 out of 369 patients in the Rd arm[5]
  - Patients who discontinued therapy due to disease progression in the first 18 months were excluded

DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); ITT=intent to treat; Rd=lenalidomide (R) + dexamethasone (d).
*At a median follow-up of 64.5 months.

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX® and DARZALEX *FASPRO*®: Neutropenia and Thrombocytopenia

DARZALEX® and DARZALEX *FASPRO*® may increase neutropenia and thrombocytopenia induced by background therapy. Monitor complete blood cell counts periodically during treatment according to manufacturer's prescribing information for background therapies. Monitor patients with neutropenia for signs of infection. Consider withholding DARZALEX® or DARZALEX *FASPRO*® until recovery of neutrophils or for recovery of platelets.

In lower body weight patients receiving DARZALEX *FASPRO*®, higher rates of Grade 3-4 neutropenia were observed.

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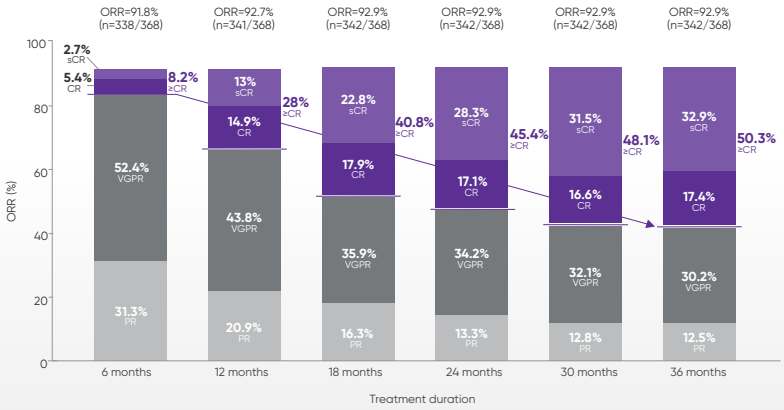
More patients achieved a ≥CR by 36 months vs 6 months of DARZALEX® + Rd[5]

DRd overall response rates (ORRs) by 36 months[5]

≥CR rates **increased over 6, 12, 18, 24, 30, and 36 months** of continuous frontline DRd[5]

~50% of patients achieved a ≥CR by 36 months of DRd treatment compared with ~8% by 6 months of treatment[5]

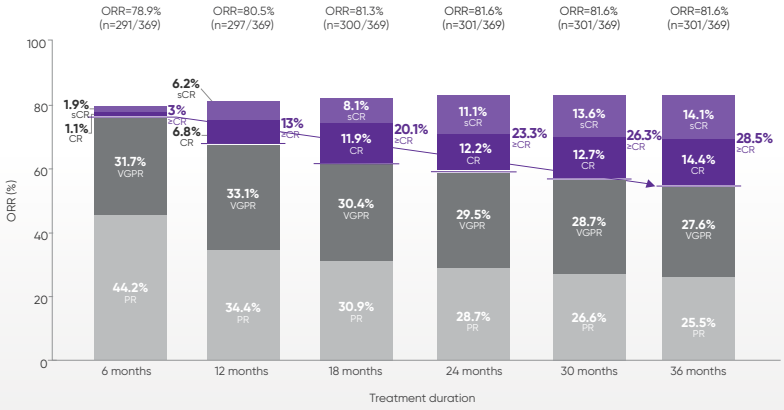


≥CR rates by 36 months vs 6 months of Rd[5]

Rd overall response rates (ORRs) by 36 months[5]

≥CR rates **increased over 6, 12, 18, 24, 30, and 36 months** of continuous frontline Rd[5]

~29% of patients achieved a ≥CR by 36 months of Rd treatment compared with 3% by 6 months of treatment[5]



CR=complete response; DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); ORR=overall response rate; PR=partial response; Rd=lenalidomide (R) + dexamethasone (d); sCR=stringent complete response; VGPR=very good partial response.

More patients achieved a ≥CR with DRd vs Rd among patients treated for at least 36 months (50.3% vs 28.5%, respectively).[5]

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX® and DARZALEX *FASPRO*® can cause serious adverse reactions, including infusion-related reactions (for DARZALEX®) and hypersensitivity and other systemic administration-related reactions (for DARZALEX *FASPRO*®), neutropenia, thrombocytopenia, interference with serologic testing, interference with determination of complete response, and embryo-fetal toxicity.

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When treated until disease progression or unacceptable toxicity[1]:

Patients achieved longer duration of response with continuous DRd vs continuous Rd[1]

Among responders at 30 months[2]*

DRd (n=342)		Rd (n=300)
80.3% were still in response (95% CI: 75.1, 84.5)	vs	**65.7%** were still in response (95% CI: 58.6, 71.8)

Median duration of response was not reached with DRd vs 34.7 months (95% CI: 30.8, not estimable) for Rd alone.[1]

You are now viewing a follow-up analysis of the MAIA study.

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Among responders after 60 months[5]*

DRd (n=342)		Rd (n=301)
62.1% were still in response (95% CI: 56.3, 67.4)	vs	**39%** were still in response (95% CI: 32.5, 45.3)

Patients achieved longer duration of response with continuous DRd (a triplet regimen) vs continuous Rd (a doublet regimen).[3,5]

CI=confidence interval; DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); PR=partial response; Rd=lenalidomide (R) + dexamethasone (d)
*Responders were defined as patients who achieved a PR or better.[5]

For the best chance of achieving the clinical results seen in the MAIA trial, treat with continuous DRd until progression or unacceptable toxicity.

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX®: ADVERSE REACTIONS

The most frequently reported adverse reactions (incidence ≥20%) with DARZALEX® were upper respiratory infection, neutropenia, infusion-related reactions, thrombocytopenia, diarrhea, constipation, anemia, peripheral sensory neuropathy, fatigue, peripheral edema, nausea, cough, pyrexia, dyspnea, and asthenia. The most common hematologic laboratory abnormalities (≥40%) with DARZALEX® are neutropenia, lymphopenia, thrombocytopenia, leukopenia, and anemia.

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You are now viewing a post hoc subset analysis by treatment duration of the MAIA trial.

This information is not included in the current Prescribing Information and has not been evaluated by the FDA. No conclusions should be drawn. These data should be understood in the context of the methodology.

In patients who continued treatment

An evaluation of frequently reported TEAEs over time from treatment initiation to ~30 months[5]

Methodology

- Most frequently reported treatment-emergent adverse events (TEAEs) that met the threshold of cumulative any Grade TEAE ≥30% or Grade 3/4 TEAE ≥10% are presented[5]
- Combined TEAE rates are the sum of the percentages of the most frequently reported TEAEs, at each cycle period
- Percentages represent number of patients with ≥1 TEAE by treatment cycle divided by total number of patients treated within the treatment window[5]
- Only TEAEs with onset date falling within the cycle intervals were calculated. Each patient was calculated once per preferred term for each cycle interval. The same patient could be calculated in multiple cycle intervals and for multiple preferred terms. TEAEs may not have resolved by the next cycle
- Decrease in adverse event (AE) rates over time from treatment initiation was observed for most AEs in both treatment arms. Cataract tended to increase over time in both treatment arms (see rates on next page)[5]
- 13% of intent-to-treat (ITT) patients discontinued treatment due to a TEAE with DARZALEX® + Rd (n=364) vs 22% with Rd alone (n=365)[3]

Rd=lenalidomide (R) + dexamethasone (d).

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX® and DARZALEX *FASPRO*®: Interference With Serological Testing

Daratumumab binds to CD38 on red blood cells (RBCs) and results in a positive indirect antiglobulin test (indirect Coombs test). Daratumumab-mediated positive indirect antiglobulin test may persist for up to 6 months after the last daratumumab administration. Daratumumab bound to RBCs masks detection of antibodies to minor antigens in the patient's serum. The determination of a patient's ABO and Rh blood type are not impacted. Notify blood transfusion centers of this interference with serological testing and inform blood banks that a patient has received DARZALEX® and DARZALEX *FASPRO*®. Type and screen patients prior to starting DARZALEX® and DARZALEX *FASPRO*®.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

You are now viewing a post hoc subset analysis by treatment duration of the MAIA trial.

This information is not included in the current Prescribing Information and has not been evaluated by the FDA. No conclusions should be drawn. These data should be understood in the context of the methodology.

In patients who continued treatment

Most AE rates decreased over time from treatment initiation to ~30 months for DARZALEX® + Rd[5]

Frequently reported AEs for DRd across Cycles 1-30[5]

Any TEAE ≥30% or Grade 3/4 ≥10%

				DARZALEX® once-monthly administration start					
	Any grade TEAE	Cycles 1-2 (n=364)	Cycles 3-6 (n=348)	Cycles 7-10 (n=330)	Cycles 11-14 (n=312)	Cycles 15-18 (n=299)	Cycles 19-22 (n=285)	Cycles 23-26 (n=271)	Cycles 27-30 (n=259)
Hematologic	Neutropenia	40.4%	24.4%	17.9%	18.6%	17.7%	16.1%	11.1%	12.4%
	Anemia	17.3%	10.9%	8.2%	6.7%	4.0%	6.0%	5.5%	7.3%
	Leukopenia	14.0%	5.7%	4.2%	3.8%	3.0%	3.5%	4.1%	2.3%
	Lymphopenia	13.7%	4.6%	3.6%	4.8%	5.7%	4.2%	4.4%	3.5%
Nonhematologic	Constipation	26.4%	11.8%	5.5%	3.8%	4.0%	2.1%	3.0%	5.0%
	Nausea	21.4%	6.6%	4.2%	3.8%	5.0%	1.8%	2.6%	1.9%
	Fatigue	20.1%	14.1%	7.0%	8.7%	7.4%	7.7%	5.9%	7.3%
	Diarrhea	15.9%	15.5%	15.8%	16.0%	18.4%	17.5%	14.0%	10.0%
	Dyspnea	14.8%	6.6%	3.9%	3.2%	1.7%	3.2%	2.2%	2.3%
	Edema peripheral	14.3%	12.6%	7.3%	7.7%	6.4%	6.3%	4.1%	4.2%
	Cough	14.0%	6.9%	3.9%	2.9%	3.0%	4.2%	4.8%	3.1%
	Asthenia	13.5%	8.9%	7.3%	6.7%	6.0%	6.0%	3.7%	2.7%
	Muscle spasms	13.5%	9.5%	2.1%	5.4%	2.3%	2.5%	2.6%	1.2%
	Back pain	9.9%	6.3%	6.4%	5.1%	4.0%	6.7%	3.7%	5.4%
	Insomnia	9.9%	7.2%	5.2%	7.4%	3.0%	4.2%	3.0%	3.1%
	Weight decreased	9.1%	12.4%	4.5%	3.8%	1.3%	2.5%	1.1%	1.9%
	Hypokalemia	8.0%	4.6%	3.3%	1.6%	3.0%	6.0%	2.2%	4.2%
	Peripheral neuropathy	6.3%	4.0%	5.2%	5.4%	5.4%	7.0%	2.6%	3.1%
	Bronchitis	4.7%	6.6%	6.4%	7.1%	8.7%	6.7%	6.6%	7.3%
	Pneumonia	4.7%	6.6%	3.9%	4.2%	4.7%	5.3%	3.3%	2.3%
	Cataract	0.3%	0.6%	2.4%	3.5%	5.4%	3.9%	3.7%	4.6%
	Combined TEAE rates (sum of the percentages)	292%	186%	128%	130%	120%	123%	94%	95%

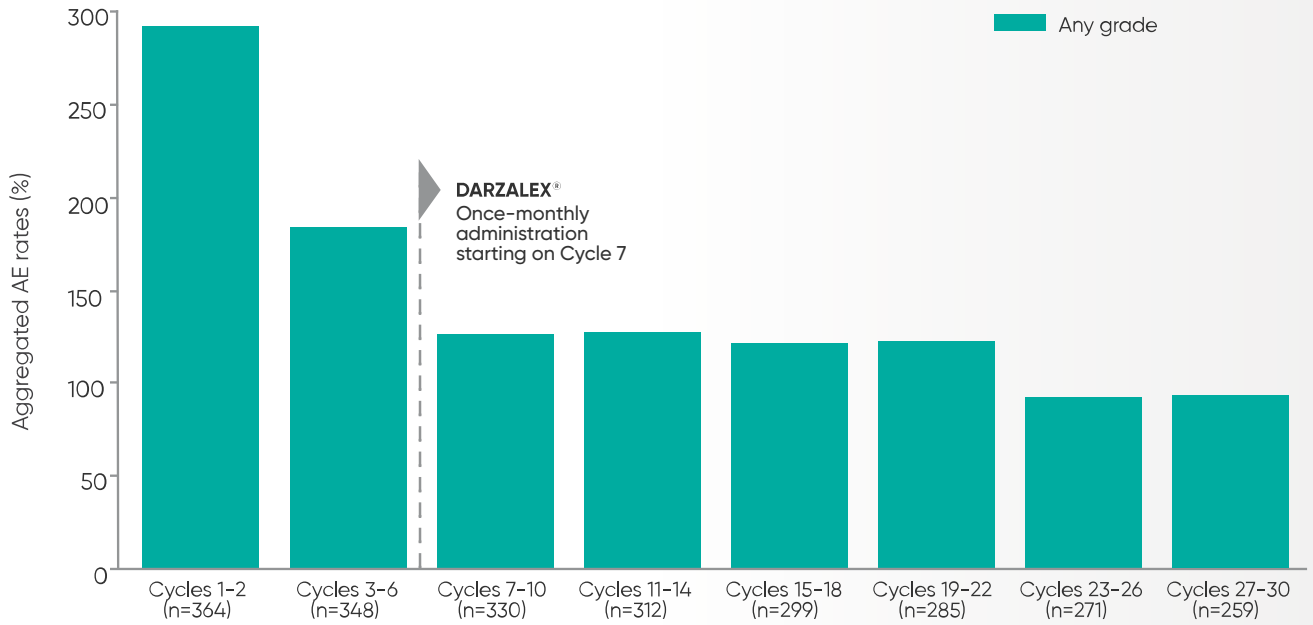
Cycle=28 days.
AE=adverse event; DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); Rd=lenalidomide (R) + dexamethasone (d); TEAE=treatment-emergent adverse event.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

In patients who continued treatment

Combined rates of frequently reported TEAEs decreased over time from treatment initiation to ~30 months for DARZALEX® + Rd[5]

Observed overall AE rates for DRd (combined rates of most frequent AEs per treatment cycle)[5]



AE=adverse event; DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); Rd=lenalidomide (R) + dexamethasone (d); TEAE=treatment-emergent adverse event.

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX®: ADVERSE REACTIONS

The most frequently reported adverse reactions (incidence ≥20% with DARZALEX®) were upper respiratory infection, neutropenia, infusion-related reactions, thrombocytopenia, diarrhea, constipation, anemia, peripheral sensory neuropathy, fatigue, peripheral edema, nausea, cough, pyrexia, dyspnea, and asthenia. The most common hematologic laboratory abnormalities (≥40%) with DARZALEX® are neutropenia, lymphopenia, thrombocytopenia, leukopenia, and anemia.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

You are now viewing a post hoc subset analysis by treatment duration of the MAIA trial.

This information is not included in the current Prescribing Information and has not been evaluated by the FDA. No conclusions should be drawn. These data should be understood in the context of the methodology.

In patients who continued treatment

Most AE rates decreased over time from treatment initiation to ~30 months for Rd[5]

Frequently reported AEs for Rd across Cycles 1-30[5]

Any TEAE ≥30% or Grade 3/4 ≥10%

	Any grade TEAE	Cycles 1-2 (n=365)	Cycles 3-6 (n=335)	Cycles 7-10 (n=297)	Cycles 11-14 (n=263)	Cycles 15-18 (n=237)	Cycles 19-22 (n=210)	Cycles 23-26 (n=187)	Cycles 27-30 (n=169)
Hematologic	Neutropenia	20.3%	21.8%	12.8%	16.0%	14.8%	9.0%	13.4%	13.0%
	Anemia	19.5%	16.1%	8.1%	8.0%	10.1%	5.7%	3.7%	5.3%
	Leukopenia	4.4%	2.4%	1.3%	3.0%	3.0%	2.4%	2.7%	4.1%
	Lymphopenia	7.1%	5.7%	2.0%	3.4%	1.7%	1.9%	0.5%	3.0%
Nonhematologic	Constipation	19.7%	14.0%	4.0%	3.4%	4.2%	2.4%	3.7%	1.8%
	Nausea	15.6%	6.0%	4.0%	2.3%	2.1%	3.8%	2.1%	0.0%
	Fatigue	16.2%	8.4%	6.1%	5.7%	5.5%	4.3%	2.7%	5.9%
	Diarrhea	15.6%	15.2%	12.5%	12.5%	15.6%	14.8%	9.1%	12.4%
	Dyspnea	6.6%	3.0%	3.4%	3.0%	2.5%	2.9%	1.6%	1.2%
	Edema peripheral	11.8%	12.5%	6.4%	3.8%	5.5%	6.7%	4.8%	4.7%
	Cough	5.8%	3.3%	3.7%	2.3%	5.1%	1.0%	2.1%	2.4%
	Asthenia	9.6%	5.7%	6.4%	4.2%	5.1%	3.3%	2.7%	5.9%
	Muscle spasms	10.7%	6.9%	5.4%	3.8%	2.5%	3.8%	2.7%	1.2%
	Back pain	6.8%	8.1%	5.7%	6.5%	4.6%	7.1%	5.9%	3.6%
	Insomnia	12.6%	9.3%	6.7%	5.7%	5.1%	2.9%	2.1%	4.1%
	Weight decreased	7.1%	6.6%	2.7%	1.5%	4.2%	2.9%	1.6%	1.2%
	Hypokalemia	4.9%	5.4%	4.0%	4.6%	4.6%	5.2%	3.7%	1.8%
	Peripheral neuropathy	3.8%	3.6%	3.7%	4.9%	3.8%	4.3%	0.5%	4.1%
	Bronchitis	3.0%	5.4%	5.4%	4.9%	6.8%	7.1%	5.9%	6.5%
	Pneumonia	3.3%	4.5%	3.7%	2.7%	2.1%	1.0%	1.6%	3.6%
	Cataract	0.8%	1.5%	1.7%	5.3%	4.6%	6.7%	7.5%	4.1%
	Combined TEAE rates (sum of the percentages)	205%	165%	110%	108%	114%	99%	81%	90%

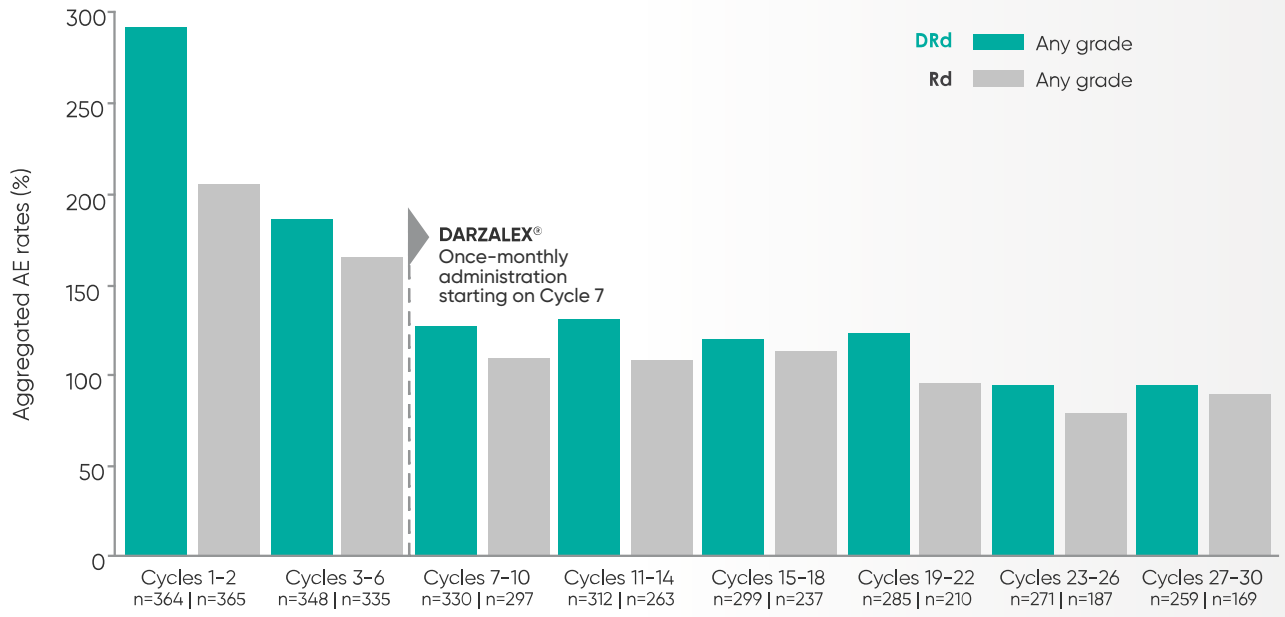
Cycle=28 days.
AE=adverse event; Rd=lenalidomide (R) + dexamethasone (d); TEAE=treatment-emergent adverse event.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

In patients who continued treatment

Combined rates of frequently reported TEAEs decreased over time from treatment initiation to ~30 months for DRd and Rd[5]

Observed overall AE rates for DRd vs Rd alone (combined rates of most frequent AEs per treatment cycle)[5]



AE=adverse event; DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); Rd=lenalidomide (R) + dexamethasone (d); TEAE=treatment-emergent adverse event.

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX®: Infusion-Related Reactions
DARZALEX® can cause severe and/or serious infusion-related reactions including anaphylactic reactions. These reactions can be life-threatening, and fatal outcomes have been reported.

DARZALEX *FASPRO*®: Hypersensitivity and Other Administration Reactions
Both systemic administration-related reactions, including severe or life-threatening reactions, and local injection-site reactions can occur with DARZALEX *FASPRO*®. Fatal reactions have been reported with daratumumab-containing products, including DARZALEX *FASPRO*®.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

Indications for DARZALEX® and DARZALEX *FASPRO*®

DARZALEX® (daratumumab) is indicated for the treatment of adult patients with multiple myeloma:

- In combination with lenalidomide and dexamethasone in newly diagnosed patients who are ineligible for autologous stem cell transplant and in patients with relapsed or refractory multiple myeloma who have received at least one prior therapy
- In combination with bortezomib, melphalan, and prednisone in newly diagnosed patients who are ineligible for autologous stem cell transplant
- In combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant
- In combination with bortezomib and dexamethasone in patients who have received at least one prior therapy
- In combination with carfilzomib and dexamethasone in patients with relapsed or refractory multiple myeloma who have received one to three prior lines of therapy
- In combination with pomalidomide and dexamethasone in patients who have received at least two prior therapies including lenalidomide and a proteasome inhibitor (PI)
- As monotherapy in patients who have received at least three prior lines of therapy including a PI and an immunomodulatory agent or who are double refractory to a PI and an immunomodulatory agent

DARZALEX *FASPRO*® (daratumumab and hyaluronidase-fihj) is indicated for the treatment of adult patients with multiple myeloma:

- In combination with bortezomib, lenalidomide, and dexamethasone for induction and consolidation in newly diagnosed patients who are eligible for autologous stem cell transplant
- In combination with bortezomib, melphalan, and prednisone in newly diagnosed patients who are ineligible for autologous stem cell transplant
- In combination with lenalidomide and dexamethasone in newly diagnosed patients who are ineligible for autologous stem cell transplant and in patients with relapsed or refractory multiple myeloma who have received at least one prior therapy
- In combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant
- In combination with pomalidomide and dexamethasone in patients who have received at least one prior line of therapy including lenalidomide and a proteasome inhibitor (PI)
- In combination with carfilzomib and dexamethasone in patients with relapsed or refractory multiple myeloma who have received one to three prior lines of therapy
- In combination with bortezomib and dexamethasone in patients who have received at least one prior therapy
- As monotherapy in patients who have received at least three prior lines of therapy including a PI and an immunomodulatory agent or who are double refractory to a PI and an immunomodulatory agent

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Important Safety Information for DARZALEX® and DARZALEX *FASPRO*®

DARZALEX® AND DARZALEX *FASPRO*®: CONTRAINDICATIONS

DARZALEX® and DARZALEX *FASPRO*® are contraindicated in patients with a history of severe hypersensitivity to daratumumab, hyaluronidase (for DARZALEX *FASPRO*®), or any of the components of the formulations.

DARZALEX®: Infusion-Related Reactions

DARZALEX® can cause severe and/or serious infusion-related reactions including anaphylactic reactions. These reactions can be life-threatening, and fatal outcomes have been reported. In clinical trials (monotherapy and combination: N=2066), infusion-related reactions occurred in 37% of patients with the Week 1 (16 mg/kg) infusion, 2% with the Week 2 infusion, and cumulatively 6% with subsequent infusions. Less than 1% of patients had a Grade 3/4 infusion-related reaction at Week 2 or subsequent infusions. The median time to onset was 1.5 hours (range: 0 to 73 hours). Nearly all reactions occurred during infusion or within 4 hours of completing DARZALEX®. Severe reactions have occurred, including bronchospasm, hypoxia, dyspnea, hypertension, tachycardia, headache, laryngeal edema, pulmonary edema, and ocular adverse reactions, including choroidal effusion, acute myopia, and acute angle closure glaucoma.

Signs and symptoms may include respiratory symptoms, such as nasal congestion, cough, throat irritation, as well as chills, vomiting, and nausea. Less common signs and symptoms were wheezing, allergic rhinitis, pyrexia, chest discomfort, pruritus, hypotension, and blurred vision.

When DARZALEX® dosing was interrupted in the setting of autologous stem cell transplant (ASCT) (CASSIOPEIA) for a median of 3.75 months (range: 2.4 to 6.9 months), upon re-initiation of DARZALEX®, the incidence of infusion-related reactions was 11% for the first infusion following ASCT. Infusion-related reactions occurring at re-initiation of DARZALEX® following ASCT were consistent in terms of symptoms and severity (Grade 3 or 4: <1%) with those reported in previous studies at Week 2 or subsequent infusions. In EQUULEUS, patients receiving combination treatment (n=97) were administered the first 16 mg/kg dose at Week 1 split over two days, ie, 8 mg/kg on Day 1 and Day 2, respectively. The incidence of any grade infusion-related reactions was 42%, with 36% of patients experiencing infusion-related reactions on Day 1 of Week 1, 4% on Day 2 of Week 1, and 8% with subsequent infusions.

Pre-medicate patients with antihistamines, antipyretics, and corticosteroids. Frequently monitor patients during the entire infusion. Interrupt DARZALEX® infusion for reactions of any severity and institute medical management as needed. Permanently discontinue DARZALEX® therapy if an anaphylactic reaction or life-threatening (Grade 4) reaction occurs and institute appropriate emergency care. For patients with Grade 1, 2, or 3 reactions, reduce the infusion rate when re-starting the infusion.

To reduce the risk of delayed infusion-related reactions, administer oral corticosteroids to all patients following DARZALEX® infusions. Patients with a history of chronic obstructive pulmonary disease may require additional post-infusion medications to manage respiratory complications. Consider prescribing short- and long-acting bronchodilators and inhaled corticosteroids for patients with chronic obstructive pulmonary disease.

Ocular adverse reactions, including acute myopia and narrowing of the anterior chamber angle due to ciliochoroidal effusions with potential for increased intraocular pressure or glaucoma, have occurred with DARZALEX® infusion. If ocular symptoms occur, interrupt DARZALEX® infusion and seek immediate ophthalmologic evaluation prior to restarting DARZALEX®.

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Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® (cont)

DARZALEX *FASPRO*®: Hypersensitivity and Other Administration Reactions

Both systemic administration-related reactions, including severe or life-threatening reactions, and local injection-site reactions can occur with DARZALEX *FASPRO*®. Fatal reactions have been reported with daratumumab-containing products, including DARZALEX *FASPRO*®.

Systemic Reactions

In a pooled safety population of 1249 patients with multiple myeloma (N=1056) or light chain (AL) amyloidosis (N=193) who received DARZALEX *FASPRO*® as monotherapy or in combination, 7% of patients experienced a systemic administration-related reaction (Grade 2: 3.2%, Grade 3: 0.7%, Grade 4: 0.1%). Systemic administration-related reactions occurred in 7% of patients with the first injection, 0.2% with the second injection, and cumulatively 1% with subsequent injections. The median time to onset was 2.9 hours (range: 5 minutes to 3.5 days). Of the 165 systemic administration-related reactions that occurred in 93 patients, 144 (87%) occurred on the day of DARZALEX *FASPRO*® administration. Delayed systemic administration-related reactions have occurred in 1% of the patients.

Severe reactions included hypoxia, dyspnea, hypertension, tachycardia, and ocular adverse reactions, including choroidal effusion, acute myopia, and acute angle closure glaucoma. Other signs and symptoms of systemic administration-related reactions may include respiratory symptoms, such as bronchospasm, nasal congestion, cough, throat irritation, allergic rhinitis, and wheezing, as well as anaphylactic reaction, pyrexia, chest pain, pruritus, chills, vomiting, nausea, hypotension, and blurred vision.

Pre-medicate patients with histamine-1 receptor antagonist, acetaminophen, and corticosteroids. Monitor patients for systemic administration-related reactions, especially following the first and second injections. For anaphylactic reaction or life-threatening (Grade 4) administration-related reactions, immediately and permanently discontinue DARZALEX *FASPRO*®. Consider administering corticosteroids and other medications after the administration of DARZALEX *FASPRO*® depending on dosing regimen and medical history to minimize the risk of delayed (defined as occurring the day after administration) systemic administration-related reactions.

Ocular adverse reactions, including acute myopia and narrowing of the anterior chamber angle due to ciliochoroidal effusions with potential for increased intraocular pressure or glaucoma, have occurred with daratumumab-containing products. If ocular symptoms occur, interrupt DARZALEX *FASPRO*® and seek immediate ophthalmologic evaluation prior to restarting DARZALEX *FASPRO*®.

Local Reactions

In this pooled safety population, injection-site reactions occurred in 7% of patients, including Grade 2 reactions in 0.8%. The most frequent (>1%) injection-site reaction was injection-site erythema. These local reactions occurred a median of 5 minutes (range: 0 minutes to 6.5 days) after starting administration of DARZALEX *FASPRO*®. Monitor for local reactions and consider symptomatic management.

DARZALEX® and DARZALEX *FASPRO*®: Neutropenia and Thrombocytopenia

DARZALEX® and DARZALEX *FASPRO*® may increase neutropenia and thrombocytopenia induced by background therapy. Monitor complete blood cell counts periodically during treatment according to manufacturer's prescribing information for background therapies. Monitor patients with neutropenia for signs of infection. Consider withholding DARZALEX® or DARZALEX *FASPRO*® until recovery of neutrophils or for recovery of platelets.

In lower body weight patients receiving DARZALEX *FASPRO*®, higher rates of Grade 3-4 neutropenia were observed.

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Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® (cont)

DARZALEX® and DARZALEX *FASPRO*®: Interference With Serological Testing

Daratumumab binds to CD38 on red blood cells (RBCs) and results in a positive indirect antiglobulin test (indirect Coombs test). Daratumumab-mediated positive indirect antiglobulin test may persist for up to 6 months after the last daratumumab administration. Daratumumab bound to RBCs masks detection of antibodies to minor antigens in the patient's serum. The determination of a patient's ABO and Rh blood type are not impacted. Notify blood transfusion centers of this interference with serological testing and inform blood banks that a patient has received DARZALEX® and DARZALEX *FASPRO*®. Type and screen patients prior to starting DARZALEX® and DARZALEX *FASPRO*®.

DARZALEX® and DARZALEX *FASPRO*®: Interference With Determination of Complete Response

Daratumumab is a human immunoglobulin G (IgG) kappa monoclonal antibody that can be detected on both the serum protein electrophoresis (SPE) and immunofixation (IFE) assays used for the clinical monitoring of endogenous M-protein. This interference can impact the determination of complete response and of disease progression in some patients with IgG kappa myeloma protein.

DARZALEX® and DARZALEX *FASPRO*®: Embryo-Fetal Toxicity

Based on the mechanism of action, DARZALEX® and DARZALEX *FASPRO*® can cause fetal harm when administered to a pregnant woman. DARZALEX® and DARZALEX *FASPRO*® may cause depletion of fetal immune cells and decreased bone density. Advise pregnant women of the potential risk to a fetus. Advise females with reproductive potential to use effective contraception during treatment with DARZALEX® or DARZALEX *FASPRO*® and for 3 months after the last dose.

The combination of DARZALEX® or DARZALEX *FASPRO*® with lenalidomide, pomalidomide, or thalidomide is contraindicated in pregnant women because lenalidomide, pomalidomide, and thalidomide may cause birth defects and death of the unborn child. Refer to the lenalidomide, pomalidomide, or thalidomide prescribing information on use during pregnancy.

DARZALEX®: ADVERSE REACTIONS

The most frequently reported adverse reactions (incidence ≥20%) with DARZALEX® were upper respiratory infection, neutropenia, infusion-related reactions, thrombocytopenia, diarrhea, constipation, anemia, peripheral sensory neuropathy, fatigue, peripheral edema, nausea, cough, pyrexia, dyspnea, and asthenia. The most common hematologic laboratory abnormalities (≥40%) with DARZALEX® are neutropenia, lymphopenia, thrombocytopenia, leukopenia, and anemia.

DARZALEX *FASPRO*®: ADVERSE REACTIONS

In multiple myeloma, the most common adverse reaction (≥20%) with DARZALEX *FASPRO*® monotherapy is upper respiratory tract infection. The most common adverse reactions with combination therapy (≥20% for any combination) include fatigue, nausea, diarrhea, dyspnea, insomnia, headache, pyrexia, cough, muscle spasms, back pain, vomiting, hypertension, upper respiratory tract infection, peripheral neuropathy, peripheral sensory neuropathy, constipation, pneumonia, edema, peripheral edema, musculoskeletal pain, and rash. The most common hematologic laboratory abnormalities (≥40%) with DARZALEX *FASPRO*® are decreased leukocytes, decreased lymphocytes, decreased neutrophils, decreased platelets, and decreased hemoglobin.

Please click here to read full Prescribing Information for DARZALEX®.

Please click here to read full Prescribing Information for DARZALEX *FASPRO*®.

cp-248517v5

Once-monthly dosing over time—a key milestone for patients to reach[1,6]

Starting at Cycle 7, patients will transition to approximately once-monthly dosing[1,6]

Dosing schedule with DRd regimen*[1,6]

CYCLES 1–2	CYCLES 3–6	CYCLE 7 onward
ONCE WEEKLY	ONCE EVERY 2 WEEKS	ONCE EVERY 4 WEEKS
✓ ✓ ✓ ✓	✓ ✓	✓
4 doses every cycle	**2** doses every cycle	**1** dose every cycle

Continue DRd until disease progression or unacceptable toxicity[1,6]

Continuing to set expectations about their regimen throughout the treatment journey may help patients understand the safety profile and the benefits of staying on treatment

DARZALEX® is given as an intravenous (IV) infusion after dilution at 16 mg/kg of actual body weight.[1]

- To facilitate administration, the first prescribed 16 mg/kg dose at Week 1 may be split over 2 consecutive days. The option of splitting the first dose of DARZALEX® is not applicable for DARZALEX *FASPRO*®

DARZALEX *FASPRO*® is given as a subcutaneous injection into the abdomen with a fixed dose of 1,800 mg daratumumab and 30,000 units hyaluronidase.[6]

See the Dosage and Administration section of the full Prescribing Information for more detail. For information concerning drugs given in combination, see manufacturer's prescribing information.

DRd=DARZALEX®/DARZALEX *FASPRO*® (D) + lenalidomide (R) + dexamethasone (d); IV=intravenous.
*Cycle=28 days.

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX® AND DARZALEX *FASPRO*®: CONTRAINDICATIONS

DARZALEX® and DARZALEX *FASPRO*® are contraindicated in patients with a history of severe hypersensitivity to daratumumab, hyaluronidase (for DARZALEX *FASPRO*®), or any of the components of the formulations.

DARZALEX®: Infusion-Related Reactions

DARZALEX® can cause severe and/or serious infusion-related reactions including anaphylactic reactions. These reactions can be life-threatening, and fatal outcomes have been reported.

DARZALEX *FASPRO*®: Hypersensitivity and Other Administration Reactions

Both systemic administration-related reactions, including severe or life-threatening reactions, and local injection-site reactions can occur with DARZALEX *FASPRO*®. Fatal reactions have been reported with daratumumab-containing products, including DARZALEX *FASPRO*®.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

DOSING AND ADMINISTRATION CONSIDERATIONS FOR DARZALEX *FASPRO*®[6]

- **DARZALEX *FASPRO*® is for subcutaneous use only.** The recommended dose of DARZALEX *FASPRO*® is 1,800 mg/30,000 units (1,800 mg daratumumab and 30,000 units hyaluronidase) administered subcutaneously over approximately 3-5 minutes
- DARZALEX *FASPRO*® should be administered by a healthcare provider
- Administer medications before and after administration of DARZALEX *FASPRO*® to minimize administration-related reactions
  - Pre-medicate patients with histamine-1 receptor antagonist, acetaminophen, and corticosteroids. Monitor patients for systemic administration-related reactions, especially following the first and second injections. For anaphylactic reaction or life-threatening (Grade 4) administration-related reactions, immediately and permanently discontinue DARZALEX *FASPRO*®. Consider administering corticosteroids and other medications after the administration of DARZALEX *FASPRO*® depending on dosing regimen and medical history to minimize the risk of delayed (defined as occurring the day after administration) systemic administration-related reactions
  - Ocular adverse reactions have occurred with daratumumab-containing products. If ocular symptoms occur, interrupt DARZALEX *FASPRO*® and seek immediate ophthalmologic evaluation prior to restarting DARZALEX *FASPRO*®
  - Injection-site reactions have occurred. Monitor for local reactions and consider symptomatic management
- Daratumumab binds to CD38 on red blood cells (RBCs) and results in a positive indirect antiglobulin test (indirect Coombs test). Type and screen patients prior to starting DARZALEX *FASPRO*®
- No dose reductions of DARZALEX *FASPRO*® are recommended. Consider withholding DARZALEX *FASPRO*® to allow recovery of blood cell counts in the event of myelosuppression
- For information concerning drugs given in combination with DARZALEX *FASPRO*®, see the *Clinical Studies* section of the Prescribing Information and manufacturer's prescribing information
- Initiate antiviral prophylaxis to prevent herpes zoster reactivation within 1 week after starting DARZALEX *FASPRO*® and continue for 3 months following treatment
- Hepatitis B reactivation: Hepatitis B virus reactivation has been reported in clinical trials. Advise patients to inform healthcare providers if they have ever had or might have a hepatitis B infection and that DARZALEX *FASPRO*® could cause hepatitis B virus to become active again

DOSING AND ADMINISTRATION CONSIDERATIONS FOR DARZALEX®[1]

- Administer only as an intravenous infusion after dilution in 0.9% Sodium Chloride Injection, USP. The recommended dose of DARZALEX® is 16 mg/kg actual body weight administered as an intravenous infusion
- DARZALEX® should be administered by a healthcare provider, with immediate access to emergency equipment and appropriate medical support to manage infusion-related reactions if they occur
- Administer pre-infusion and post-infusion medications
  - Pre-medicate patients with antihistamines, antipyretics, and corticosteroids. Frequently monitor patients during the entire infusion. Interrupt DARZALEX® infusion for reactions of any severity and institute medical management as needed. Permanently discontinue DARZALEX® therapy if an anaphylactic reaction or life-threatening (Grade 4) reaction occurs and institute appropriate emergency care. For patients with Grade 1, 2, or 3 reactions, reduce the infusion rate when re-starting the infusion
  - To reduce the risk of delayed infusion-related reactions, administer oral corticosteroids to all patients following DARZALEX® infusions. Patients with a history of chronic obstructive pulmonary disease may require additional post-infusion medications to manage respiratory complications. Consider prescribing short- and long-acting bronchodilators and inhaled corticosteroids for patients with chronic obstructive pulmonary disease
  - For infusion-related reactions of any grade/severity, immediately interrupt the DARZALEX® infusion and manage symptoms. Management of infusion-related reactions may further require reduction in the rate of infusion or treatment discontinuation of DARZALEX®
  - Ocular adverse reactions have occurred with DARZALEX® infusion. If ocular symptoms occur, interrupt DARZALEX® infusion and seek immediate ophthalmologic evaluation prior to restarting DARZALEX®
- Daratumumab binds to CD38 on red blood cells (RBCs) and results in a positive indirect antiglobulin test (indirect Coombs test). Type and screen patients prior to starting DARZALEX®
- No dose reductions of DARZALEX® are recommended. Consider withholding DARZALEX® to allow recovery of blood cell counts in the event of myelosuppression
- For information concerning drugs given in combination with DARZALEX®, see manufacturer's prescribing information
- Initiate antiviral prophylaxis to prevent herpes zoster reactivation within 1 week after starting DARZALEX® and continue for 3 months following treatment
- Hepatitis B reactivation: Hepatitis B virus reactivation has been reported in less than 1% of patients (including fatal cases) treated with DARZALEX® in clinical trials. Advise patients to inform healthcare providers if they have ever had or might have a hepatitis B infection and that DARZALEX® could cause hepatitis B virus to become active again

For complete dosing and administration information, see the full Prescribing Information for DARZALEX® and DARZALEX *FASPRO*®.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

In newly diagnosed, transplant-ineligible multiple myeloma[1]:

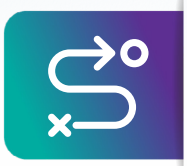
Help patients understand the long-term safety profile and proven efficacy of ongoing DRd treatment[1,3]

Patients may want to discontinue treatment for a number of reasons

The stress of a multiple myeloma diagnosis may hinder treatment compliance. Continuing treatment with DRd until disease progression or unacceptable toxicity provides the best chance of achieving the PFS results seen in the MAIA trial.[1]

Keep patients engaged and educated throughout the duration of treatment

Checking in with patients throughout the duration of their treatment journey may help minimize treatment interruptions that are not clinically warranted. Inviting patients to set meaningful goals and following up on their progress can help you monitor and support your patients along their treatment journey.



Set clear expectations at the start of treatment—and throughout the treatment process—to prepare patients and care partners for their journey ahead

Motivate patients through continued education to help them stay on track with DRd and reinforce what's meaningful to them in reaching their treatment goals

Set strong goals and recognize milestones, including responses and dosing frequency, to help make ongoing treatment feel more manageable and encourage working toward long-term goals

Establish strong collaboration between you, your patient, the entire care team, and their care partner to provide guidance and resources for continuing treatment until progression

DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); PFS=progression-free survival.

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX® and DARZALEX *FASPRO*® can cause serious adverse reactions, including infusion-related reactions (for DARZALEX®) and hypersensitivity and other systemic administration-related reactions (for DARZALEX *FASPRO*®), neutropenia, thrombocytopenia, interference with serologic testing, interference with determination of complete response, and embryo-fetal toxicity.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

Set clear expectations at the start of therapy—and beyond

Talking to your patients about treatment goals and expectations can help prepare them for their journey ahead. These conversations can be overwhelming. Consider explaining medical terms in simple language and providing relevant resources for patients to reference after their appointments.

Explain the goal of treating to disease progression or unacceptable toxicity with DRd

Multiple myeloma is a chronic disease for which there is currently no cure. Living without disease progression is a key goal that may require long-term treatment.[7-9]

Talk about the benefits and safety profile of ongoing DRd treatment

Treating with DRd until disease progression or unacceptable toxicity gives patients the best chance of achieving the PFS results seen in the MAIA trial.[1]

Discuss your practice's treatment routine

Outline the steps and time commitment associated with treatment, including lab work, pre-medication, drug administration, and post-drug observation specific to the facility.

Emphasize the importance of communication

Tell patients to contact you and the care team immediately if they experience any side effects. Explain the importance of attending all scheduled treatments and addressing missed treatments as soon as possible.

Reassure patients that you are there for them

Set expectations about routine check-ins and remind patients regularly about the importance of staying on therapy.

DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); PFS=progression-free survival.

YOUR SUPPORT, SUPPORTED

Visit darzalexapp-nurse.com for resources to help guide your patients throughout treatment.

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX® AND DARZALEX *FASPRO*®: CONTRAINDICATIONS

DARZALEX® and DARZALEX *FASPRO*® are contraindicated in patients with a history of severe hypersensitivity to daratumumab, hyaluronidase (for DARZALEX *FASPRO*®), or any of the components of the formulations.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

With continued education:

Motivate your patients to stay on track with DRd

Discuss the demonstrated safety profile and proven efficacy of continuous treatment[1]

By continuing treatment as directed by their doctor, patients may give themselves the best chance of achieving the PFS results seen in the MAIA clinical trial[1]:

- **Go to page 6 to review how the safety and tolerability profile was studied over time[1,3]**
- **Go to page 3 to review progression-free survival, overall survival, and deep and durable responses[1]**

Treating multiple myeloma takes long-term commitment to care

Treatment Goals

There is currently no cure for multiple myeloma. Explain to patients that treatment can slow the growth of cancer cells, but even if they have a good response or appear to be in remission, eventually their multiple myeloma will relapse.[7,9]

Staying the course can sustain response and keep your patients' multiple myeloma from getting worse.

Maximizing Progression-Free Survival

Help patients understand that achieving PFS results and experiencing fewer symptoms can be a key milestone, but consistent treatment can keep the disease under control over time.[1,7,9]

Recognizing each milestone helps promote positivity during the treatment journey.

DRd=DARZALEX® (D) + lenalidomide (R) + dexamethasone (d); PFS=progression-free survival.

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX® and DARZALEX *FASPRO*®: Neutropenia and Thrombocytopenia

DARZALEX® and DARZALEX *FASPRO*® may increase neutropenia and thrombocytopenia induced by background therapy. Monitor complete blood cell counts periodically during treatment according to manufacturer's prescribing information for background therapies. Monitor patients with neutropenia for signs of infection. Consider withholding DARZALEX® or DARZALEX *FASPRO*® until recovery of neutrophils or for recovery of platelets.

In lower body weight patients receiving DARZALEX *FASPRO*®, higher rates of Grade 3-4 neutropenia were observed.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

To help keep patients motivated:

Recognize key milestones along their treatment journey

Creating goals can help keep your patients motivated and mark key milestones as they continue with DRd treatment. Every milestone is an opportunity to check in with your patient and recognize positive moments in their treatment journey. Use these key moments as checkpoints to discuss treatment progress, address concerns, and reiterate the importance of staying on therapy until disease progression or unacceptable toxicity.

Creating strong goals

- Encourage patients to **share their perspective and personal needs** when creating treatment goals together
- Provide some ideas that may **help patients generate meaningful goals**:
  - Transportation to and from appointments
  - Paying for treatment
  - What to expect while receiving treatment, including side effects
  - Getting to once-monthly dosing
  - How they feel about diagnosis
  - Achieving a CR and experiencing PFS
  - Life events that they don't want to miss
- **Break down their treatment journey** into smaller goals to help make it feel more manageable
- Remind patients that **there are no good or bad goals**—they can be anything related to what they want to achieve during treatment
- Invite a forward-thinking mindset for setting goals and have them keep in mind **what's achievable in the short and long term**

CR=complete response; DRd=DARZALEX®/DARZALEX *FASPRO*® (D) + lenalidomide (R) + dexamethasone (d); PFS=progression-free survival.

YOUR SUPPORT, SUPPORTED

Visit darzalexapp-nurse.com for resources to help guide your patients throughout treatment.

SELECT IMPORTANT SAFETY INFORMATION

DARZALEX® and DARZALEX *FASPRO*®: Interference With Serological Testing

Daratumumab binds to CD38 on red blood cells (RBCs) and results in a positive indirect antiglobulin test (indirect Coombs test). Daratumumab-mediated positive indirect antiglobulin test may persist for up to 6 months after the last daratumumab administration. Daratumumab bound to RBCs masks detection of antibodies to minor antigens in the patient's serum. The determination of a patient's ABO and Rh blood type are not impacted. Notify blood transfusion centers of this interference with serological testing and inform blood banks that a patient has received DARZALEX® and DARZALEX *FASPRO*®. Type and screen patients prior to starting DARZALEX® and DARZALEX *FASPRO*®.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

Resources for your practice to help your patients

Support is available to help patients start and stay on treatment

Our goal when it comes to treatment with DARZALEX® and DARZALEX *FASPRO*® is the same as yours—providing support for the treatment journey to help patients stay progression-free

A range of resources are available to help support your conversations with patients along the treatment journey, including:

For your patients

Patient Brochure

This educational piece has information on treating with DARZALEX *FASPRO*®. It includes treatment goals and what to expect.

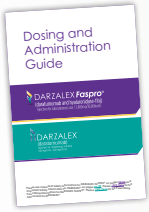
Patient Journey Workbook

This interactive journal lets patients track treatment goals, questions for their care team, and more throughout treatment. **Talk to your Oncology Clinical Educator to receive one for your patient.**

For your practice

APP/Patient DRd Conversation Tool

Supports APP-to-patient communication about the treatment journey, including how to help patients start and stay on treatment with DRd. **Talk to your Oncology Clinical Educator to receive one for your practice.**



Dosing and Administration Guide

This guide is a combination piece for DARZALEX® and DARZALEX *FASPRO*® dosing and administration.

TAP INTO MORE EDUCATION AND GUIDANCE

Visit darzalexapp-nurse.com to download resources or learn more about the DRd treatment journey

APP=advanced practice provider; DRd=DARZALEX®/DARZALEX *FASPRO*® (D) + lenalidomide (R) + dexamethasone (d); Rd=lenalidomide (R) + dexamethasone (d).

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

J&J withMe

Once you have made the clinical decision to prescribe DARZALEX® or DARZALEX *FASPRO*®, Johnson & Johnson has resources to help you support your patients.

Access and Affordability Resources Plus Personalized Support for Your Patients

J&J withMe is your single source for access, affordability, and treatment support programs from Johnson & Johnson. Your patients will be connected to DARZALEX withMe.

- **Access Support—to help navigate payer processes.**
- **Affordability Resources—to help patients discover ways to afford their DARZALEX® or DARZALEX *FASPRO*® medicine.**
- **Dedicated, free 1-on-1 Care Navigator Support for Your Patients—offered through DARZALEX withMe to support the nonclinical needs that may arise while on DARZALEX® or DARZALEX *FASPRO*®.**

Get started with J&J withMe

- Visit **Portal.JNJwithMe.com** to investigate insurance coverage for your patients, enroll your patients in savings, or sign them up for Care Navigator support.
- Visit **JNJwithMe.com/hcp/** for access and affordability information for the J&J medicine you prescribed.
- Bookmark these links for quick and easy access!
- Call 833-JNJ-wMe1 (833-565-9631), Monday through Friday, 8:00 AM to 8:00 PM ET

Get your patient connected to J&J withMe support by asking them to enroll at DARZALEXwithMe.com

The patient support and resources provided by J&J withMe are not intended to provide medical advice, replace a treatment plan from the patient's doctor or nurse, provide case management services, or serve as a reason to prescribe DARZALEX® or DARZALEX *FASPRO*®.

Please see additional Important Safety Information for DARZALEX® and DARZALEX *FASPRO*® on pages 16-19. Please click here to read the full Prescribing Information for DARZALEX® and click here to read the full Prescribing Information for DARZALEX *FASPRO*®.

Additional resources and teaching tools for your patients

Support for helping your patients understand multiple myeloma treatment and guidance for day-to-day care.

Understanding multiple myeloma and treatment

Some patients may find it helpful to think of multiple myeloma treatment like tending a garden. **Use the following analogy as a teaching tool for deeper understanding.**

1

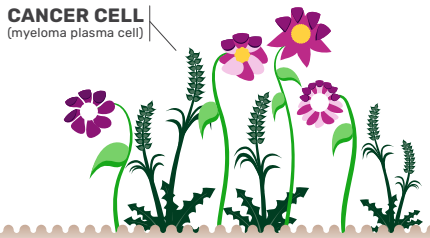
Normal Bone Marrow

Bone marrow can be thought of as a garden. Healthy bone marrow is similar to thriving flowers without the threat of weeds.

2

Disease Diagnosis

A multiple myeloma diagnosis occurs when cancer cells begin to overtake your bone marrow. Early treatment is important. If left untreated, multiple myeloma can get worse over time.[8]



3

Treatment Goals

Treatment aims to slow the growth of cancer cells to gain control of the disease. With continued commitment to treatment, the goal is to control the growth of multiple myeloma cells.[8,10]

4

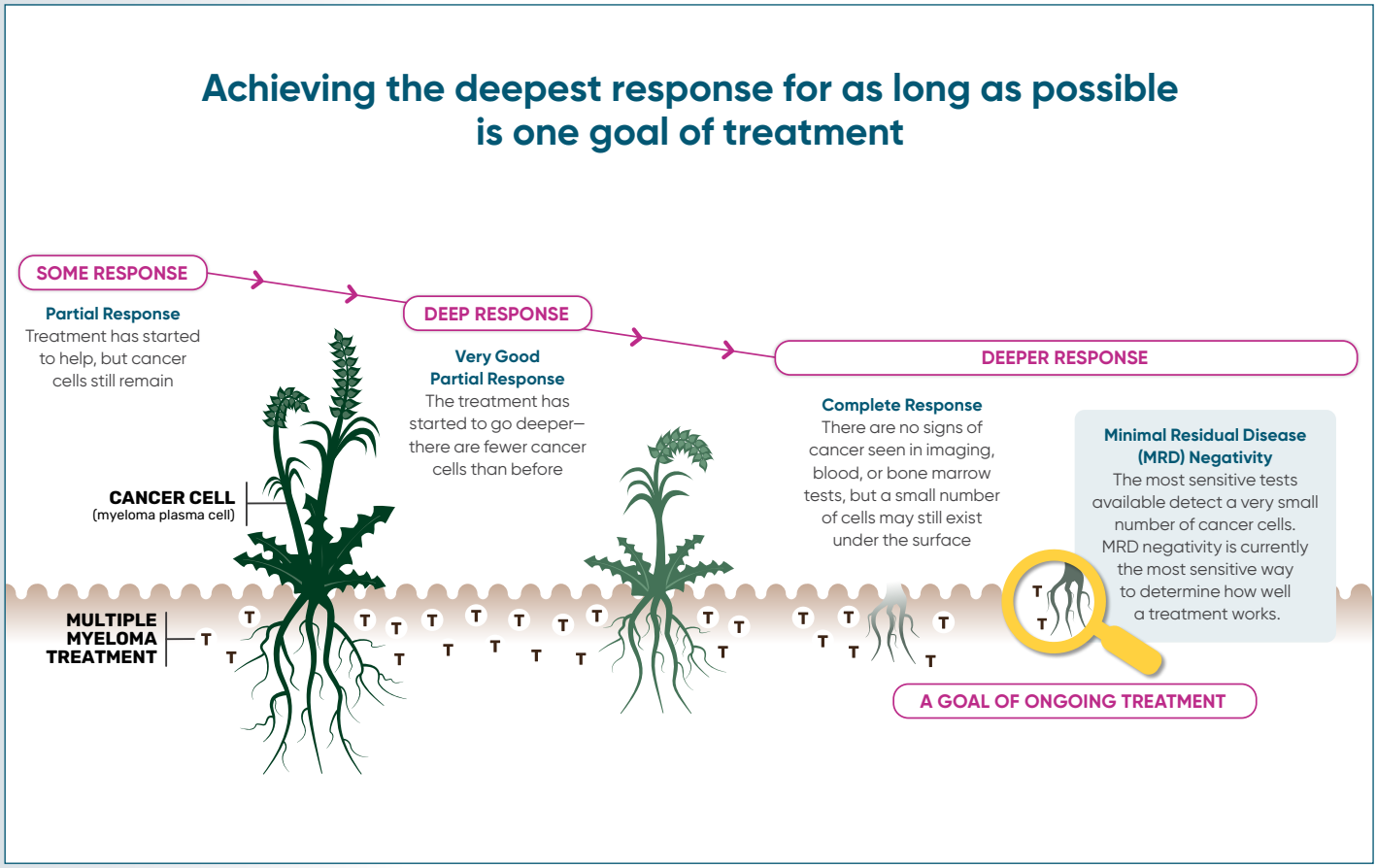
Long-Term Disease Control

Living progression-free can be thought of as how long the disease does not get worse. Consistent treatment over time, called maintenance therapy, may help keep the disease under control—similar to treating weeds in a garden.[8,10]

This teaching tool may help your patients understand the importance of starting treatment as soon as possible

Levels of response for multiple myeloma

The different levels of multiple myeloma treatment response may be new to patients just receiving a diagnosis. **Use the following analogy and content as a teaching tool to help provide better understanding around the goals of treatment.**



A new multiple myeloma diagnosis may be overwhelming for some patients. Encourage them to ask questions and communicate concerns with you and their care team

Supportive care for managing day-to-day challenges

Patients with multiple myeloma face many challenges each day. Supportive care and reminders could help them stay ahead of potential issues. Encourage patients to ask you or someone on their care team about:

Protecting their bones

Common symptoms to watch for include bone pain (especially in the back, hips, and skull), bone weakness (osteoporosis), or broken bones[10]

Protecting their kidneys

Blood tests or urine tests may show signs of kidney damage from myeloma proteins, causing patients to feel weak, have shortness of breath, become itchy, or see swelling of the legs[10]

Reducing risk of infection

Patients with multiple myeloma may experience infections, like pneumonia, that may impact (or interrupt) their treatment schedule[10]

Managing effects on blood cells

Treatment of low counts of red blood cells, white blood cells, and platelets may help reduce fatigue, infections, and bleeding[10]

Communicating side effects

Encourage patients to maintain open communication on all side effects of treatment and to reach out to their care team immediately

Leaning on their support system

Remind patients that their care team goes beyond healthcare professionals and includes their care partner, friends, and family

Day-to-day care can be a lot to process. Consider reminding your patients to invite someone to their appointments who can provide support and help take notes.

Your continued guidance may help drive patient success:

Address continuity of care concerns to help ease the transition of care

When patients transition to another center, they may be vulnerable to breakdowns in care. Many factors can contribute to discontinuation of treatment during this transition[11]:

- ✕ Gaps in communication
- ✕ Incomplete transfer and misunderstanding of patient information/medical records
- ✕ The need for additional education for older patients, their family, and/or care partners
- ✕ The absence of a single point person
- ✕ Limited access to essential services (eg, transportation)
- ✕ Differences in treatment approach or insurance coverage between centers

You play a vital role in helping to make sure that a patient's treatment continues even though they are no longer being treated at your facility

- **Provide your patient with a comprehensive discharge and follow-up plan**
- **Confirm the receiving center obtains and understands your patient's full medical history**
- **Ensure your patient has contact information for the transitioning center and the receiving center**
- **Check your patient's insurance coverage at the receiving center and help them enroll in patient support programs**

References: 1. DARZALEX® [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc. **2.** Facon T, Kumar S, Plesner T, et al; the MAIA Trial Investigators. Daratumumab plus lenalidomide and dexamethasone for untreated myeloma. *N Engl J Med.* 2019;380(22):2104-2115. **3.** Facon T, Kumar SK, Plesner T, et al. Daratumumab, lenalidomide, and dexamethasone versus lenalidomide and dexamethasone alone in newly diagnosed multiple myeloma (MAIA): overall survival results from a randomised, open-label, phase 3 trial. *Lancet Oncol.* 2021;22(11):1582-1596. **4.** Kumar SK, Moreau P, Bahlis N, et al. Daratumumab plus lenalidomide and dexamethasone (D-Rd) versus lenalidomide and dexamethasone (Rd) alone in transplant-ineligible patients with newly diagnosed multiple myeloma (NDMM): updated analysis of the phase 3 MAIA study. Poster presented at: 64th American Society of Hematology (ASH) Annual Meeting & Exposition; December 10-13, 2022; New Orleans, LA. **5.** Data on file. Janssen Biotech, Inc. **6.** DARZALEX *FASPRO*® [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc. **7.** Sweiss K, Wirth SM, Sharp L, et al. Collaborative physician-pharmacist–managed multiple myeloma clinic improves guideline adherence and prevents treatment delays. *J Oncol Pract.* 2018;14(11):e674-e682. **8.** Dimopoulos MA, Richardson PG, Moreau P, Anderson KC. Current treatment landscape for relapsed and/or refractory multiple myeloma. *Nat Rev Clin Oncol.* 2015;12(1):42-54. **9.** Kumar SK, Dimopoulos MA, Kastritis E, et al. Natural history of relapsed myeloma, refractory to immunomodulatory drugs and proteasome inhibitors: a multicenter IMWG study. *Leukemia.* 2017;31(11):2443-2448. **10.** American Cancer Society. Multiple myeloma early detection, diagnosis, and staging. Cancer.org. Accessed August 23, 2023. https://www.cancer.org/cancer/types/multiple-myeloma/detection-diagnosis-staging.html **11.** Naylor M, Keating SA. Transitional care: moving patients from one care setting to another. *Am J Nurs.* 2008;108(suppl 9):58-63.

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