SARCLISA is the *first* FDA-approved treatment in combination with VRd* for adults with newly diagnosed multiple myeloma who cannot receive a type of stem cell transplant that uses their own stem cells (autologous stem cell transplant)

LIVE PROGRESSION FREE

In a trial, more patients lived progression free when treated with SARCLISA plus other therapies

At a median follow-up of 60 months, 63% (167 out of 265 patients) lived progression free with SARCLISA + VRd vs 45% (81 out of 181 patients) treated with VRd alone.

A median is the middle number in a group of numbers ordered from smallest to largest.

Living progression free means living without your multiple myeloma getting worse.

*VRd=Velcade® (bortezomib), Revlimid® (lenalidomide), and dexamethasone.

Patient representation.

What is SARCLISA?

SARCLISA is a prescription medicine used in combination with:

- The medicines pomalidomide and dexamethasone, to treat adults who have received at least 2 prior therapies including lenalidomide and a proteasome inhibitor to treat multiple myeloma.
- The medicines carfilzomib and dexamethasone, to treat adults with multiple myeloma who have already received 1 to 3 lines of treatment and they did not work or are no longer working.
- The medicines bortezomib, lenalidomide and dexamethasone, to treat adults with newly diagnosed multiple myeloma who cannot receive a type of stem cell transplant that uses their own stem cells (autologous stem cell transplant).

It is not known if SARCLISA is safe and effective in children.

Important Safety Information

Do not receive SARCLISA if you have a severe allergic reaction to isatuximab-irfc or any of the ingredients in SARCLISA (see the list of ingredients in the full Prescribing Information).

Please see additional Important Safety Information throughout, and accompanying full Prescribing Information, including Patient Information.

SARCLISA®
(isatuximab-irfc)
Injection for intravenous use
500 mg/25 mL, 100 mg/5 mL

You and your doctor – making a treatment decision together

An informed decision starts with the right information

Talking with your doctor about your options is an important step in your treatment journey. If you're considering treatment with SARCLISA, the questions below can help you start the conversation with your doctor.

Questions you may want to ask your doctor about SARCLISA

- What is SARCLISA?
- What are the results of the SARCLISA clinical trials?
- What are the possible side effects of treatment with SARCLISA?
- How will I receive treatment with SARCLISA?
- Are there support options to help me or my loved one afford treatment with SARCLISA?
- What is an autologous stem cell transplant (ASCT)?
- How might combining different treatment options work for me or my loved one?
- Is SARCLISA an option for me?

Consider taking these questions to your next appointment to help you have an informed conversation with your doctor.

Important Safety Information (cont'd)

Before receiving SARCLISA, tell your healthcare provider about all of your medical conditions, including if you:

- Have an infection.
- Have heart problems, if your healthcare provider prescribes SARCLISA in combination with carfilzomib and dexamethasone for you.
- Have had shingles (herpes zoster).
- Are pregnant or plan to become pregnant. SARCLISA can harm your unborn baby.
  - Females who are able to become pregnant should use an effective method of birth control during treatment and for 5 months after your last dose of SARCLISA. Talk to your healthcare provider about birth control methods that you can use during this time.
  - Tell your healthcare provider right away if you think you are pregnant or become pregnant during treatment with SARCLISA.

Please see additional Important Safety Information throughout, and accompanying full Prescribing Information, including Patient Information.

SARCLISA®
(isatuximab-irfc)
Injection for intravenous use
500 mg/25 mL, 100 mg/5 mL

What you'll find in this guide

ABOUT MULTIPLE MYELOMA

What is multiple myeloma?

Multiple myeloma is a type of cancer that affects the blood

Multiple myeloma impacts how your body makes blood cells and fights infections.

- Multiple myeloma damages types of white blood cells called plasma cells. Plasma cells are found in the bone marrow. Healthy plasma cells make antibodies that help the body fight infections. In multiple myeloma, healthy plasma cells sometimes turn into myeloma cells. Myeloma cells grow and multiply much more than normal. They also begin producing harmful antibodies called monoclonal proteins, or M-proteins
- Multiple myeloma cells and M-proteins can cause damage to the bones in which they are located. They can also travel into the blood and harm the body
- Outside the bones, multiple myeloma cells continue to release harmful antibodies into the blood that can travel to and damage different organs, such as the kidneys
- **If someone has not had multiple myeloma before, this kind of myeloma is called newly diagnosed multiple myeloma, or NDMM**
- **Relapse** is when multiple myeloma returns after a previously effective treatment
- **Refractory** is when multiple myeloma is not responding to treatment

Important Safety Information (cont'd)

Before receiving SARCLISA, tell your healthcare provider about all of your medical conditions, including if you: (cont'd)

- Before receiving SARCLISA in combination with either pomalidomide or lenalidomide, females and males must agree to the instructions in the pomalidomide or lenalidomide REMS program. The pomalidomide and lenalidomide REMS program have specific requirements about birth control, pregnancy testing, blood donation, and sperm donation that you need to know. Talk to your healthcare provider to learn more about pomalidomide or lenalidomide.
- Are breastfeeding or plan to breastfeed. It is not known if SARCLISA passes into your breast milk. Do not breastfeed during treatment with SARCLISA.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How is multiple myeloma treated?

Treatments may help control multiple myeloma by reducing the number of cancerous cells in the body

Although there is no cure for multiple myeloma, there are various treatment options available:

TARGETED THERAPY	IMMUNOTHERAPY	CHEMOTHERAPY	CORTICOSTEROIDS
focuses on specific weaknesses within cancer cells and blocks them	uses the body's own immune system to kill cancer cells	uses drugs to kill cancer cells	control inflammation

BONE MARROW TRANSPLANT	RADIATION THERAPY	CAR-T CELL THERAPY
replaces diseased bone marrow with healthy bone marrow	uses high-powered energy beams to kill cancer cells	Chimeric antigen receptor T-cell therapy trains your body's white blood cells to find and kill cancer cells

How might combining different treatment options work for you?

Many doctors combine different medications to treat multiple myeloma because each medication has the potential to fight the cancer and/or symptoms in different ways. This combination of medications is often called a treatment regimen.

Your doctor will consider several factors, including your age and overall health, as well as the effectiveness and safety of each medicine, to determine which regimen may be the right fit for you.

It's important to talk to your doctor about which treatment options may be most appropriate for you.

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Not chemotherapy.
A targeted immunotherapy.

Patient representation.

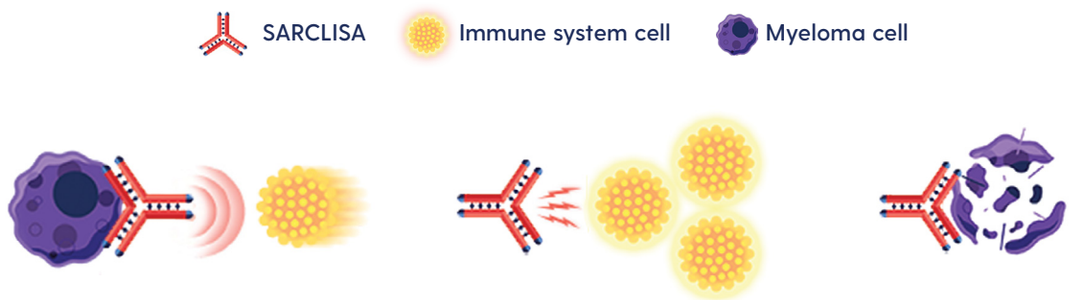
HOW SARCLISA WORKS

SARCLISA: A targeted immunotherapy

Designed to **find and bind**

SARCLISA is not chemotherapy. It is a type of targeted immunotherapy that is able to "find and bind" to myeloma cells. SARCLISA works together with your immune system to help destroy myeloma cells.

SARCLISA works in 3 distinct ways to reduce the number of myeloma cells in your body



SARCLISA **finds and binds** to myeloma cells and exposes them for elimination by your immune system.

SARCLISA helps **boost your immune system**, making it harder for myeloma cells to survive.

SARCLISA **directly kills** myeloma cells.

Important Safety Information (cont'd)

How will I receive SARCLISA?

- SARCLISA will be given to you by your healthcare provider by intravenous (IV) infusion into your vein.
- **SARCLISA in combination with pomalidomide and dexamethasone, or SARCLISA in combination with carfilzomib and dexamethasone** is given in treatment cycles of 28 days (4 weeks).
  - Cycle 1 (28-day cycle), SARCLISA is given weekly.
  - Cycle 2 and beyond (28-day cycles), SARCLISA is given every 2 weeks.

Please see additional Important Safety Information throughout, and accompanying full Prescribing Information, including Patient Information.

CLINICAL TRIAL RESULTS:
For Adults With Newly Diagnosed Multiple Myeloma Not Eligible for Transplant

Trial 3: SARCLISA + Velcade®, Revlimid®, and dexamethasone (VRd) helped more patients live progression free vs VRd alone

Trial 3 measured **progression-free survival**, which means the length of time patients lived without having their multiple myeloma getting worse.

At 5 years (60 months)

SARCLISA + VRd		VRd alone
63%	VS	45%
of patients lived without their multiple myeloma getting worse		of patients lived without their multiple myeloma getting worse

At a median follow-up of 60 months, 63% (167 out of 265 patients) lived progression free with SARCLISA + Velcade (bortezomib), Revlimid (lenalidomide), and dexamethasone (VRd) vs 45% (81 out of 181 patients) treated with VRd alone.

Trial 3: SARCLISA + Velcade, Revlimid, and dexamethasone (VRd)

A clinical trial that included 446 patients with newly diagnosed multiple myeloma who were not eligible for autologous stem cell transplant (ASCT). The clinical trial was conducted in 2 phases: an induction phase and a continuous phase. Of the 446 patients in the trial, 265 patients received SARCLISA + VRd and 181 patients received VRd alone in the induction phase. Following the induction phase, Velcade was discontinued for both treatment arms, and patients went on to receive SARCLISA + Revlimid and dexamethasone (Rd) or Rd alone in the continuous phase.

The trial compared how long patients lived progression free and how patients responded to treatment.

Important Safety Information (cont'd)

How will I receive SARCLISA? (cont'd)

- **SARCLISA in combination with bortezomib, lenalidomide, and dexamethasone** is given in treatment cycles of 42 days (6 weeks) from cycle 1 to 4 and in treatment cycles of 28 days (4 weeks) from cycle 5.
  - Cycle 1 (42-day cycle), SARCLISA is given weekly (Days 1, 8, 15, 22, and 29).
  - Cycles 2 to 4 (42-day cycles), SARCLISA is given every 2 weeks (Days 1, 15, and 29).
  - Cycles 5 to 17 (28-day cycles), SARCLISA is given every 2 weeks (Days 1 and 15).
  - Cycles 18 and beyond (28-day cycles), SARCLISA is given every 4 weeks.

Trial 3: More patients achieved a complete response or better with SARCLISA + VRd vs VRd alone

Trial 3 also measured **complete response or better**, which means that a patient's multiple myeloma improved with treatment to the point where there are no signs of myeloma cells detected by certain tests.

3 out of 4 achieved a complete response or better with SARCLISA + VRd

At a median follow-up of 60 months, 75% (198 out of 265 patients) treated with SARCLISA + VRd achieved complete response or better vs 64% (116 out of 181 patients) treated with VRd alone.

More patients achieved both MRD negativity and complete response or better with SARCLISA + VRd vs VRd alone

Trial 3 also measured **minimal (or measurable) residual disease**, or MRD, which refers to the small number of myeloma cells that may survive in the body after treatment. MRD testing is highly sensitive and can detect 1 myeloma cell in 100,000 healthy cells, and can help your doctor understand how you are responding to treatment.

At 5 years (60 months)

SARCLISA + VRd		VRd alone
55%	VS	41%

At a median follow-up of 60 months, in patients who achieved complete response or better, **55%** (147 out of 265 patients) also achieved MRD negativity vs **41%** (74 out of 181 patients) treated with VRd alone.

Please see additional Important Safety Information throughout, and accompanying full Prescribing Information, including Patient Information.

SARCLISA®
(isatuximab-irfc)
Injection for intravenous use
500 mg/25 mL, 100 mg/5 mL

CLINICAL TRIAL RESULTS:
For Adults With Previously Treated Multiple Myeloma

Trial 2: SARCLISA + Kyprolis® and dexamethasone (Kd) helped patients live progression free longer vs Kd alone

SARCLISA + Kd
Median of
~42
MONTHS

VS

Kd alone
Median of
~21
MONTHS

LONGEST RESULTS EVER REPORTED

in a Phase 3 trial that included patients who had stopped responding to Revlimid®*

*Based on a review of published Phase 3 trials that included patients with previously treated multiple myeloma who stopped responding to Revlimid (lenalidomide). **This information should be interpreted with caution as direct comparisons between different trials cannot be made, and various factors differ between trials.** These factors include differences in patient populations and how different treatments work and how they are given, all of which can affect trial results, including treatment effectiveness and possible side effects. Contact your doctor with any questions you have about these results.

At a median follow-up of 44 months, patients lived progression free for a median of 41.7 months with SARCLISA + Kyprolis (carfilzomib) and dexamethasone (Kd) vs 20.8 months with Kd alone. At the time of this analysis, 56% (101 of 179 patients) lived progression free with SARCLISA + Kd vs 45% (55 of 123 patients) treated with Kd alone. In an earlier analysis, at a median follow-up of 20.7 months, 74% (133 of 179 patients) lived progression free with SARCLISA + Kd vs 59% (73 of 123 patients) treated with Kd alone. A median is the middle number in a group of numbers ordered from smallest to largest.

Trial 2: SARCLISA + Kyprolis and dexamethasone

In a clinical trial of 302 patients with previously treated multiple myeloma who had received 1 to 3 prior treatments, 179 patients received SARCLISA + Kd and 123 patients received Kd alone.

Trial 1: SARCLISA + Pomalyst® and dexamethasone (Pd) helped more patients live progression free vs Pd alone

AROUND **HALF** of patients treated with SARCLISA + Pd lived progression free

At a median follow-up of 11.6 months, **53%** (81 of 154 patients) lived progression free with SARCLISA + Pomalyst (pomalidomide) and dexamethasone (Pd) vs **42%** (64 of 153 patients) treated with Pd alone.

Trial 1: SARCLISA + Pomalyst and dexamethasone

In a clinical trial of 307 patients with previously treated multiple myeloma who had received at least 2 prior treatments, including Revlimid and a proteasome inhibitor,† 154 patients received SARCLISA + Pd and 153 patients received Pd alone.

The trials compared how long patients lived progression free and how patients responded to treatment.

†Examples of proteasome inhibitors include Velcade® (bortezomib), Kyprolis, and Ninlaro® (ixazomib).

Important Safety Information (cont'd)

How will I receive SARCLISA? (cont'd)

- Your healthcare provider will decide how many treatments you will receive.
- Your healthcare provider will give you medicines before each infusion of SARCLISA to help reduce the risk of infusion reactions (make them less frequent and severe).
- If you miss any appointments, call your healthcare provider as soon as possible to reschedule your appointment.

Please see additional Important Safety Information throughout, and accompanying full Prescribing Information, including Patient Information.

SARCLISA®
(isatuximab-irfc)
Injection for intravenous use
500 mg/25 mL, 100 mg/5 mL

Patient representation.

CLINICAL TRIAL RESULTS:
For Adults With Previously Treated Multiple Myeloma (cont'd)

The majority of patients responded to SARCLISA combinations in two Phase 3 trials

SARCLISA + Kyprolis® (carfilzomib) and dexamethasone (Kd)

87% responded to SARCLISA + Kd

83% responded to treatment with Kd alone. The difference between SARCLISA + Kd and Kd alone was not statistically meaningful.

SARCLISA + Pomalyst® (pomalidomide) and dexamethasone (Pd)

60% responded to SARCLISA + Pd

vs **35%** who responded to treatment with Pd alone.

Important Safety Information (cont'd)

What are the possible side effects of SARCLISA?

SARCLISA may cause serious side effects, including:

- **Infusion reactions.** Infusion reactions are common with SARCLISA and can sometimes be severe or life threatening.
  - Your healthcare provider will prescribe medicines before each infusion of SARCLISA to help decrease your risk for infusion reactions or to help make any infusion reaction less severe. You will be monitored for infusion reactions during each infusion of SARCLISA.
  - Your healthcare provider may slow down or stop your infusion, or completely stop treatment with SARCLISA if you have an infusion reaction.

Please see additional Important Safety Information throughout, and accompanying full Prescribing Information, including Patient Information.

SARCLISA®
(isatuximab-irfc)
Injection for intravenous use
500 mg/25 mL, 100 mg/5 mL

Possible side effects of SARCLISA

Infusion reactions

SARCLISA is given by a healthcare provider as an intravenous (IV) infusion into your vein. Medicines given by IV infusion can sometimes cause unwanted reactions.

Infusion reactions are common with SARCLISA and can sometimes be severe or life threatening.

Your healthcare provider will prescribe medicines before each infusion of SARCLISA to help reduce the risk of infusion reactions (make them less frequent and severe). You will be monitored for infusion reactions during each infusion of SARCLISA.

Your healthcare provider may slow down or stop your infusion, or completely stop treatment with SARCLISA if you have an infusion reaction.

Get medical help right away if you develop any of the following symptoms of infusion reaction during or after an infusion of SARCLISA:

- shortness of breath, wheezing, or trouble breathing
- swelling of the face, mouth, throat, or tongue
- throat tightness
- palpitations
- dizziness, lightheadedness, or fainting
- headache
- cough
- rash or itching
- nausea
- runny or stuffy nose
- chills

Infections

SARCLISA can cause infections that are severe, life-threatening, or that may lead to death. Your healthcare provider will monitor you for signs and symptoms of infection before and during treatment with SARCLISA. Your healthcare provider may prescribe medicines for you to help prevent infections and treat you as needed if you develop an infection during treatment with SARCLISA.

Tell your healthcare provider right away if you develop a fever or any signs or symptoms of infection during treatment with SARCLISA.

Decreased white blood cell counts

Decreased white blood cell counts are common with SARCLISA and certain white blood cells can be severely decreased. Fever can occur with low white blood cell counts and may be a sign that you have an infection.

Your healthcare provider will check your blood cell counts during treatment with SARCLISA and may prescribe a medicine to help increase your white blood cell counts.

Tell your healthcare provider right away if you develop any fever or symptoms of infection during treatment with SARCLISA.

Risk of new cancers

New cancers have happened in people during and after treatment with SARCLISA. Your healthcare provider will monitor you for new cancers during treatment with SARCLISA.

Change in blood tests

SARCLISA may affect the results of blood tests to match your blood type for about 6 months after your last infusion of SARCLISA. Your healthcare provider will do blood tests to match your blood type before you start treatment with SARCLISA. **Tell all of your healthcare providers that you are being treated with SARCLISA before receiving blood transfusions.**

Common side effects that may occur with SARCLISA in combination with Pomalyst® and dexamethasone

- upper respiratory tract infection
- lung infection (pneumonia)
- diarrhea
- decreased red blood cell count (anemia)
- decreased platelet count (thrombocytopenia)

Common side effects that may occur with SARCLISA in combination with Kyprolis® and dexamethasone

- upper respiratory tract infection
- tiredness and weakness
- high blood pressure
- diarrhea
- lung infection (pneumonia)
- trouble breathing
- trouble sleeping
- bronchitis
- cough
- back pain
- decreased red blood cell count (anemia)
- decreased platelet count (thrombocytopenia)

Common side effects that may occur with SARCLISA in combination with Velcade®, Revlimid®, and dexamethasone

- upper respiratory tract infection
- diarrhea
- tiredness and weakness
- tingling or numbness of the arms or legs
- lung infection (pneumonia)
- muscle or bone pain
- clouding of your eye (cataract)
- constipation
- swelling of the hands, legs, ankles and feet
- rash
- trouble sleeping
- COVID-19
- decreased red blood cell count (anemia)
- decreased platelet count (thrombocytopenia)

Heart failure

Heart failure can happen during treatment with SARCLISA in combination with carfilzomib and dexamethasone. **Tell your healthcare provider right away if you develop any of the following symptoms:**

- trouble breathing
- cough
- swelling of your ankles, feet, and legs

These are not all the possible side effects of SARCLISA. For more information, ask your healthcare provider or pharmacist.

Please see additional Important Safety Information throughout, and accompanying full Prescribing Information, including Patient Information.

SARCLISA®
(isatuximab-irfc)
Injection for intravenous use
500 mg/25 mL, 100 mg/5 mL

HOW SARCLISA IS GIVEN

Treatment with SARCLISA

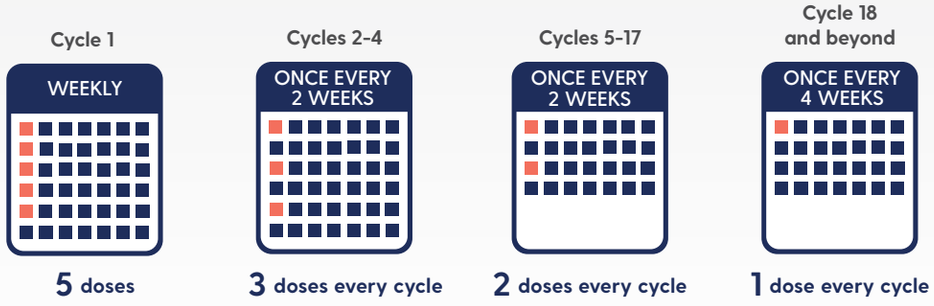
Fewer infusions after the first cycle

SARCLISA is given by a healthcare provider as an intravenous (IV) infusion into your vein. Depending on where you are in your treatment journey with multiple myeloma, there are different treatment schedules for SARCLISA.

For newly diagnosed non-transplant patients

Cycles 1 to 4 are 6 weeks each

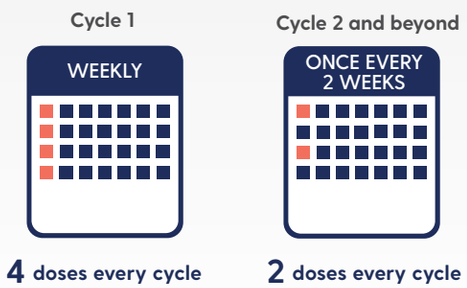
Cycles 5 and beyond are 4 weeks each



Note: In this treatment regimen, SARCLISA is given with Velcade® (bortezomib), Revlimid® (lenalidomide), and dexamethasone.

For previously treated patients

Cycles 1, 2, and beyond are 4 weeks each



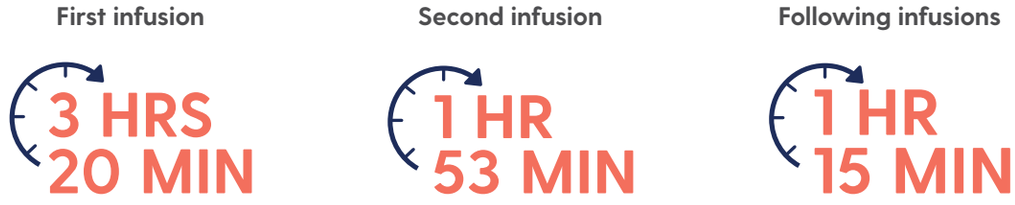
Note: In this treatment regimen, SARCLISA is given with either Kyprolis® (carfilzomib) and dexamethasone or Pomalyst® (pomalidomide) and dexamethasone.

Your healthcare provider will decide how many treatments you will receive. Once prescribed, your doctor and other members of your healthcare team will explain how you will receive SARCLISA along with other medicines depending on your prescribed treatment regimen.

Talk with your doctor about whether a SARCLISA combination is right for you.

Shorter infusion times as treatment continues

Estimated infusion times for SARCLISA



Before each infusion of SARCLISA, you will receive other medicines to help reduce possible infusion reactions. Infusion times may be longer if you experience an infusion reaction while receiving SARCLISA. See page 14 for more information about infusion reactions.

If you miss any appointments, call your doctor as soon as possible to reschedule.

Important Safety Information (cont'd)

SARCLISA may cause serious side effects, including: (cont'd)

Get medical help right away if you develop any of the following symptoms of infusion reaction during or after an infusion of SARCLISA:

- shortness of breath, wheezing, or trouble breathing
- swelling of the face, mouth, throat, or tongue
- throat tightness
- palpitations
- dizziness, lightheadedness, or fainting
- headache
- cough
- rash or itching
- nausea
- runny or stuffy nose
- chills

Please see additional Important Safety Information throughout, and accompanying full Prescribing Information, including Patient Information.

SARCLISA® (isatuximab-irfc)
Injection for intravenous use
500 mg/25 mL, 100 mg/5 mL

Patient representation.

Preparing for your infusions

Plan ahead to help make your experience more comfortable

Wear comfortable clothing and consider bringing a blanket, pillow, or anything else that would help you feel at ease.

Take along a book, tablet, music, or anything to help pass the time and make your experience more enjoyable.

Bring a snack and something to drink in case you get hungry or thirsty.

If possible, arrange for your caregiver, a family member, or a friend to join you.

Consider bringing this guide with you, along with a list of questions you may have for your healthcare team.

Important Safety Information (cont'd)

SARCLISA may cause serious side effects, including: (cont'd)

- **Infections.** SARCLISA can cause infections that are severe, life-threatening, or that may lead to death. Your healthcare provider will monitor you for signs and symptoms of infection before and during treatment with SARCLISA. Your healthcare provider may prescribe medicines for you to help prevent infections and treat you as needed if you develop an infection during treatment with SARCLISA. **Tell your healthcare provider right away if you develop a fever or any signs or symptoms of infection during treatment with SARCLISA.**

Please see additional Important Safety Information throughout, and accompanying full Prescribing Information, including Patient Information.

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careASSIST®
Patient Support by Sanofi

Sign up for support that's tailored to you

Once enrolled, you will receive free, personalized guidance and resources through the CareASSIST program

With you at every step

You'll be paired with a Case Manager who will get to know you. They'll help you:

- Navigate the insurance process
- Better understand your condition and treatment
- Connect with resources that provide emotional, logistical, and health-related support
- Pay as little as $0* out of pocket through the **CareASSIST Copay Program** pending eligibility
- See if you qualify for the **CareASSIST Patient Assistance Program**, which allows you to receive your medication at no cost
- Identify other financial assistance programs that may be able to help with treatment costs


Patient representation.

Enrolling in CareASSIST is easy, quick, and free

Scan the QR code to get started

*__Important Notice:__ Maximum benefit of $25,000 per calendar year. Prescription must be for an approved indication. Not valid for prescriptions covered by or submitted for reimbursement, in whole or in part, under Medicare, Medicaid, VA, DoD, TRICARE, or similar federal or state programs including any state pharmaceutical assistance programs. Not valid where prohibited by law. This offer is nontransferable, limited to one per person, and cannot be combined with any other offer or discount. Any savings provided by the program may vary depending on patients' out-of-pocket costs. Sanofi reserves the right to modify or discontinue the program at any time without notice. All program details provided upon registration.

Patient representation.

PATIENT AND CAREGIVER RESOURCES

Get information and helpful resources about SARCLISA and multiple myeloma

Download this guide and other helpful resources at **SARCLISA.com/resources**

Scan with your smartphone camera

More helpful resources

Multiple myeloma information and support networks

These organizations and networks can offer helpful information about living with multiple myeloma, updates and the latest research on the disease, and help connect you with emotional support, including others living with multiple myeloma.*

International Myeloma Foundation
myeloma.org | 800-452-2873

Leukemia & Lymphoma Society (LLS)
lls.org | 800-955-4572

Multiple Myeloma Research Foundation
themmrf.org | 203-229-0464

HealthTree Foundation for Multiple Myeloma
healthtree.org/myeloma/community | 800-709-1113

*This listing is provided as a resource only and does not constitute an endorsement by Sanofi of any particular organization or its programming. Additional resources on this topic may be available and should be investigated. Sanofi does not review or control the content of non-Sanofi websites. These listings do not constitute an endorsement by Sanofi of information provided by any other organizations.

Important Safety Information (cont'd)

SARCLISA may cause serious side effects, including: (cont'd)

- **Decreased white blood cell counts.** Decreased white blood cell counts are common with SARCLISA and certain white blood cells can be severely decreased. Fever can occur with low white blood cell counts and may be a sign that you have an infection. Your healthcare provider will check your blood cell counts during treatment with SARCLISA and may prescribe a medicine to help increase your white blood cell counts. **Tell your healthcare provider right away if you develop any fever or symptoms of infection during treatment with SARCLISA.**

- **Risk of new cancers.** New cancers have happened in people during and after treatment with SARCLISA. Your healthcare provider will monitor you for new cancers during treatment with SARCLISA.

Please see additional Important Safety Information throughout, and accompanying full Prescribing Information, including Patient Information.

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Glossary of terms

Autologous stem cell transplant (ASCT): A procedure in which stem cells are removed from your body before chemotherapy treatment, and then returned afterward.

Complete response (CR): A complete response means that there is no detectable monoclonal protein (M-protein) in the body.

Immune system: The body's natural defense system against infections and diseases.

Infusion reaction: Symptoms that sometimes develop when a patient receives intravenous medicines.

Intravenous (IV) infusion: A treatment given by needle or tube directly into a vein.

Median: The middle number in a group of numbers ordered from smallest to largest.

Minimal (or measurable) residual disease (MRD): This refers to the small number of myeloma cells that may survive in the body after treatment.

Progression-free survival (PFS): How long during or after the treatment of a disease, including multiple myeloma, that a patient lives without their disease getting worse. In clinical trials, measuring progression-free survival is one way to see how well a treatment works.

Proteasome inhibitor: A type of treatment that slows the growth of myeloma cells and kills myeloma cells by interfering with a certain cell function.

Refractory: When myeloma does not respond to treatment or stops responding to treatment.

Relapse: When the signs and symptoms of myeloma return after a period of improvement.

Remission or response: Remission means there is a complete or partial disappearance of the signs and symptoms of multiple myeloma and that the disease is under control. Response to treatment is sometimes referred to as remission.

What is SARCLISA?

SARCLISA is a prescription medicine used in combination with:

- The medicines pomalidomide and dexamethasone, to treat adults who have received at least 2 prior therapies including lenalidomide and a proteasome inhibitor to treat multiple myeloma.
- The medicines carfilzomib and dexamethasone, to treat adults with multiple myeloma who have already received 1 to 3 lines of treatment and they did not work or are no longer working.
- The medicines bortezomib, lenalidomide and dexamethasone, to treat adults with newly diagnosed multiple myeloma who cannot receive a type of stem cell transplant that uses their own stem cells (autologous stem cell transplant).

It is not known if SARCLISA is safe and effective in children.

Important Safety Information

Do not receive SARCLISA if you have a severe allergic reaction to isatuximab-irfc or any of the ingredients in SARCLISA (see the list of ingredients in the full Prescribing Information).

Before receiving SARCLISA, tell your healthcare provider about all of your medical conditions, including if you:

- Have an infection.
- Have heart problems, if your healthcare provider prescribes SARCLISA in combination with carfilzomib and dexamethasone for you.
- Have had shingles (herpes zoster).
- Are pregnant or plan to become pregnant. SARCLISA can harm your unborn baby.
  - Females who are able to become pregnant should use an effective method of birth control during treatment and for 5 months after your last dose of SARCLISA. Talk to your healthcare provider about birth control methods that you can use during this time.
  - Tell your healthcare provider right away if you think you are pregnant or become pregnant during treatment with SARCLISA.
  - Before receiving SARCLISA in combination with either pomalidomide or lenalidomide, females and males must agree to the instructions in the pomalidomide or lenalidomide REMS program. The pomalidomide and lenalidomide REMS program have specific requirements about birth control, pregnancy testing, blood donation, and sperm donation that you need to know. Talk to your healthcare provider to learn more about pomalidomide or lenalidomide.
- Are breastfeeding or plan to breastfeed. It is not known if SARCLISA passes into your breast milk. Do not breastfeed during treatment with SARCLISA.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How will I receive SARCLISA?

- SARCLISA will be given to you by your healthcare provider by intravenous (IV) infusion into your vein.
- **SARCLISA in combination with pomalidomide and dexamethasone, or SARCLISA in combination with carfilzomib and dexamethasone** is given in treatment cycles of 28 days (4 weeks).
  - Cycle 1 (28-day cycle), SARCLISA is given weekly.
  - Cycle 2 and beyond (28-day cycles), SARCLISA is given every 2 weeks.

Please see additional Important Safety Information throughout, and accompanying full Prescribing Information, including Patient Information.

SARCLISA®
(isatuximab-irfc)
Injection for intravenous use
500 mg/25 mL, 100 mg/5 mL

Important Safety Information (cont'd)

How will I receive SARCLISA? (cont'd)

- **SARCLISA in combination with bortezomib, lenalidomide, and dexamethasone** is given in treatment cycles of 42 days (6 weeks) from cycle 1 to 4 and in treatment cycles of 28 days (4 weeks) from cycle 5.
  - Cycle 1 (42-day cycle), SARCLISA is given weekly (Days 1, 8, 15, 22, and 29).
  - Cycles 2 to 4 (42-day cycles), SARCLISA is given every 2 weeks (Days 1, 15, and 29).
  - Cycles 5 to 17 (28-day cycles), SARCLISA is given every 2 weeks (Days 1 and 15).
  - Cycles 18 and beyond (28-day cycles), SARCLISA is given every 4 weeks.
- Your healthcare provider will decide how many treatments you will receive.
- Your healthcare provider will give you medicines before each infusion of SARCLISA to help reduce the risk of infusion reactions (make them less frequent and severe).
- If you miss any appointments, call your healthcare provider as soon as possible to reschedule your appointment.

What are the possible side effects of SARCLISA?

SARCLISA may cause serious side effects, including:

- **Infusion reactions.** Infusion reactions are common with SARCLISA and can sometimes be severe or life threatening.
  - Your healthcare provider will prescribe medicines before each infusion of SARCLISA to help decrease your risk for infusion reactions or to help make any infusion reaction less severe. You will be monitored for infusion reactions during each infusion of SARCLISA.
  - Your healthcare provider may slow down or stop your infusion, or completely stop treatment with SARCLISA if you have an infusion reaction.

Get medical help right away if you develop any of the following symptoms of infusion reaction during or after an infusion of SARCLISA:

- shortness of breath, wheezing, or trouble breathing
- swelling of the face, mouth, throat, or tongue
- throat tightness
- palpitations
- dizziness, lightheadedness, or fainting
- headache
- cough
- rash or itching
- nausea
- runny or stuffy nose
- chills

- **Infections.** SARCLISA can cause infections that are severe, life-threatening, or that may lead to death. Your healthcare provider will monitor you for signs and symptoms of infection before and during treatment with SARCLISA. Your healthcare provider may prescribe medicines for you to help prevent infections and treat you as needed if you develop an infection during treatment with SARCLISA. **Tell your healthcare provider right away if you develop a fever or any signs or symptoms of infection during treatment with SARCLISA.**
  - **Decreased white blood cell counts.** Decreased white blood cell counts are common with SARCLISA and certain white blood cells can be severely decreased. Fever can occur with low white blood cell counts and may be a sign that you have an infection. Your healthcare provider will check your blood cell counts during treatment with SARCLISA and may prescribe a medicine to help increase your white blood cell counts. **Tell your healthcare provider right away if you develop any fever or symptoms of infection during treatment with SARCLISA.**
- **Risk of new cancers.** New cancers have happened in people during and after treatment with SARCLISA. Your healthcare provider will monitor you for new cancers during treatment with SARCLISA.

- **Change in blood tests.** SARCLISA may affect the results of blood tests to match your blood type for about 6 months after your last infusion of SARCLISA. Your healthcare provider will do blood tests to match your blood type before you start treatment with SARCLISA. **Tell all of your healthcare providers that you are being treated with SARCLISA before receiving blood transfusions.**

The most common side effects of SARCLISA in combination with pomalidomide and dexamethasone include:

- upper respiratory tract infection
- lung infection (pneumonia)
- diarrhea
- decreased red blood cell count (anemia)
- decreased platelet count (thrombocytopenia)

The most common side effects of SARCLISA in combination with carfilzomib and dexamethasone include:

- upper respiratory tract infection
- tiredness and weakness
- high blood pressure
- diarrhea
- lung infection (pneumonia)
- trouble breathing
- trouble sleeping
- bronchitis
- cough
- back pain
- decreased red blood cell count (anemia)
- decreased platelet count (thrombocytopenia)

The most common side effects of SARCLISA in combination with bortezomib, lenalidomide and dexamethasone include:

- upper respiratory tract infection
- diarrhea
- tiredness and weakness
- tingling or numbness of the arms or legs
- lung infection (pneumonia)
- muscle or bone pain
- clouding of your eye (cataract)
- constipation
- swelling of the hands, legs, ankles and feet
- rash
- trouble sleeping
- COVID-19
- decreased red blood cell count (anemia)
- decreased platelet count (thrombocytopenia)

Heart failure can happen during treatment with SARCLISA in combination with carfilzomib and dexamethasone. **Tell your healthcare provider right away if you develop any of the following symptoms:**

- trouble breathing
- cough
- swelling of your ankles, feet, or legs

These are not all the possible side effects of SARCLISA. For more information, ask your healthcare provider or pharmacist.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see accompanying full Prescribing Information, including Patient Information.

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Injection for intravenous use
500 mg/25 mL, 100 mg/5 mL

Visit **SARCLISA.com** for additional resources and support

Scan with your smartphone camera

Please see additional Important Safety Information throughout, and accompanying full Prescribing Information, including Patient Information.

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