

With KISQALI, you can live longer, so you can spend more time doing what you love

What is KISQALI?

KISQALI is a prescription medicine used to treat adults with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer that has gotten worse or has spread to other parts of the body (advanced or metastatic), in combination with:

- an aromatase inhibitor as the first endocrine-based therapy; or
- fulvestrant as the first endocrine-based therapy or following disease progression on endocrine therapy

It is not known if KISQALI is safe or effective in children.







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Hear more from Lisa and other people taking KISQALI

IMPORTANT SAFETY INFORMATION

KISQALI may cause serious side effects, including: Lung problems. KISQALI may cause severe or life-threatening inflammation of the lungs during treatment that may lead to death.











KISQALI—a treatment for your type of cancer

KISQALI has helped more than 27,000 people who, like you, have been diagnosed with hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) mBC.

Inside, you will find information about why your doctor has prescribed KISQALI for you and how it may help you live longer.

Let's get started.

IMPORTANT SAFETY INFORMATION (continued)

Lung problems (continued)

Tell your health care provider right away if you have any new or worsening symptoms, including:

- trouble breathing or shortness of breath
- cough with or without mucus
- chest pain









What is KISQALI?



A targeted treatment in pill form, known as a cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitor. It is **not chemotherapy**



Approved for your type of cancer (HR+, HER2- mBC)



Proven to stop your cancer from getting worse* and to help you live significantly longer[†]

*Living without cancer getting worse is called progression-free survival, or PFS, in clinical trials. Median PFS is the length of time when half of the people participating in the trial had not gotten worse. At a 26-month check-in, median PFS was 25.3 months with KISQALI + an aromatase inhibitor (AI) vs 16.0 months with placebo + an AI.

[†]Time spent living with breast cancer is called overall survival, or OS, in clinical trials. Median OS is the length of time when half of the people in the trial were still alive. At an 80-month check-in, median OS was 63.9 months with KISQALI + an AI vs 51.4 months with placebo + an AI.

IMPORTANT SAFETY INFORMATION (continued)

Severe skin reactions. Tell your health care provider or get medical help right away if you get severe rash or rash that keeps getting worse; reddened skin; flu-like symptoms; skin pain or burning, blistering of the lips, eyes, or mouth, blisters on the skin or skin peeling, with or without fever.



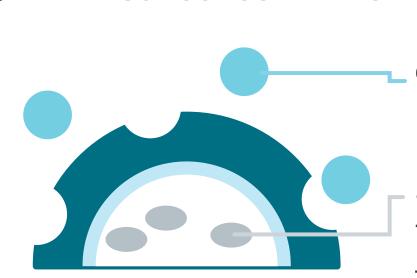






KISQALI + hormone therapy work to stop your cancer from growing and spreading

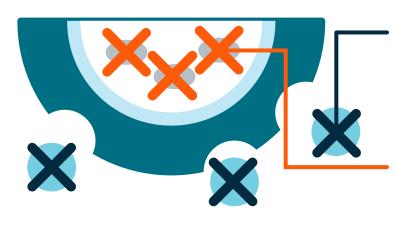
Cancer cell BEFORE treatment



In HR+, HER2- mBC, estrogen and other hormones trigger proteins called CDK4 and CDK6

These proteins fuel the spread of cancer

WITH KISQALI + hormone therapy



Hormone therapy works by stopping estrogen

KISQALI is designed to directly block CDK4 and CDK6 proteins

Learn how KISQALI works

IMPORTANT SAFETY INFORMATION (continued)

Heart rhythm problems (QT prolongation). KISQALI can cause a heart problem known as QT prolongation. This condition can cause an abnormal heartbeat and may lead to death.

- Your health care provider should check your heart and do blood tests before and during treatment with KISQALI
- Tell your health care provider right away if you have a change in your heartbeat (a fast or irregular heartbeat), or if you feel dizzy or faint









On the following pages: Learn how KISQALI can help you live longer

IMPORTANT SAFETY INFORMATION (continued)

Liver problems. KISQALI can cause serious liver problems. Your health care provider should do blood tests to check your liver before and during treatment with KISQALI. Tell your health care provider right away if you get any of the following signs and symptoms of liver problems:









KISQALI + hormone therapy can help stop your cancer from getting worse—and help you live significantly longer

Half of all patients with HR+, HER2- mBC:

Lived 2 years without their cancer getting worse*



*In one study, median PFS at a 26-month check-in was 25.3 months with KISQALI + an AI vs 16.0 months with placebo + an AI. In another study, median PFS at a 20-month check-in was 20.5 months with KISQALI + fulvestrant vs 12.8 months with placebo + fulvestrant. In a third study, median PFS at a 19-month check-in was 27.5 months with KISQALI + an AI + goserelin vs 13.8 months with placebo + an AI + goserelin.

IMPORTANT SAFETY INFORMATION (continued)

Liver problems (continued)

- yellowing of your skin or the whites of your eyes (jaundice)
- dark or brown (tea-colored) urine
- feeling very tired









KISQALI + hormone therapy can help stop your cancer from getting worse—and help you live significantly longer (continued)

Half of all patients with HR+, HER2- mBC:

Lived 5 years after starting treatment*

KISQALI has been proven to show consistent results across 3 clinical trials that included thousands of patients with your type of breast cancer

*In one study, median OS at an 80-month check-in was 63.9 months with KISQALI + an AI vs 51.4 months with placebo + an AI. In another study, median OS at a 71-month check-in was 52.2 months with KISQALI + fulvestrant vs 41.5 months with placebo + fulvestrant. This 71-month analysis was not preplanned to detect a false positive or show a difference between treatments. In a third study, median OS at a 54-month check-in was 58.7 months with KISQALI + an AI + goserelin vs 47.7 months with placebo + an AI + goserelin.

See the proof behind these results

IMPORTANT SAFETY INFORMATION (continued)

Liver problems (continued)

- loss of appetite
- pain on the upper right side of your stomach area (abdomen)
- bleeding or bruising more easily than normal





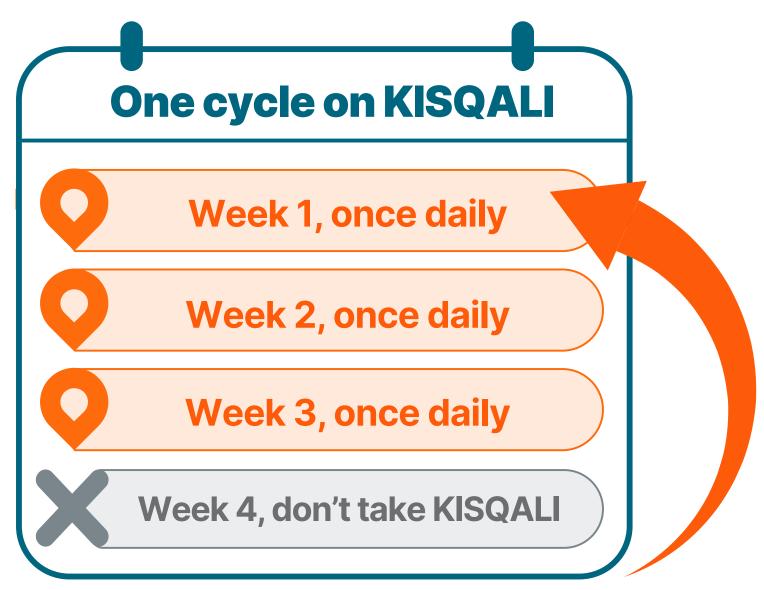




How to take KISQALI

KISQALI is taken

- 600 mg (three 200-mg pills) orally, once a day
- With or without food
- · 3 weeks on, followed by 1 week off



One treatment cycle is 28 days.

IMPORTANT SAFETY INFORMATION (continued)

Low white blood cell counts (neutropenia). Low white blood cell counts are very common during treatment with KISQALI and may result in infections that may be severe. Your health care provider should check your white blood cell counts before and during treatment with KISQALI.









How to take KISQALI (continued)

If your doctor has prescribed KISQALI with



An **aromatase inhibitor (AI)**, you will take this medication orally once a day, every day, for the full 28-day cycle



Fulvestrant, you will receive an injection on Days 1, 15, and 29 during the first month, and once a month after that. Your doctor will provide your dosing schedule

If you are premenopausal or male, your doctor may also prescribe **goserelin** injections. Your doctor will provide your dosing schedule.

On the following pages: Learn the DOs and DON'Ts of taking KISQALI

IMPORTANT SAFETY INFORMATION (continued)

Low white blood cell counts (neutropenia) (continued)
Tell your health care provider right away if you have

signs and symptoms of low white blood cell counts or infections, such as fever and chills.

Your health care provider may tell you to decrease your dose, temporarily stop, or completely stop taking KISQALI if you develop certain serious side effects during treatment with KISQALI.









The DOs and DON'Ts of taking KISQALI

Be sure to take KISQALI as your doctor has instructed. Do not change your dose or stop taking KISQALI unless your doctor tells you. Please keep the following in mind:





Do try to take KISQALI at the same time every day, preferably in the morning



Do swallow KISQALI pills whole. Do not chew, crush, or split them



Do store KISQALI in its original packaging at room temperature between 68°F to 77°F (20°C to 25°C) for up to 2 months

IMPORTANT SAFETY INFORMATION (continued) What should I tell my health care provider before taking KISQALI?

Before you take KISQALI, tell your health care provider if you:

- have any heart problems, including heart failure, irregular heartbeats, and QT prolongation
- have ever had a heart attack
- have a slow heartbeat (bradycardia)
- have high blood pressure that is not controlled
- have decreased thyroid gland function (hypothyroidism)









The DOs and DON'Ts of taking KISQALI (continued)

Be sure to take KISQALI as your doctor has instructed. Do not change your dose or stop taking KISQALI unless your doctor tells you. Please keep the following in mind:



DON'T

- Don't take more than 1 dose of KISQALI a day, even if you miss a dose or if you vomit after taking KISQALI. Take your next dose at your regular time
- Don't take any KISQALI pills that are broken, cracked, or look damaged
- Don't eat grapefruit or drink grapefruit juice if you are taking KISQALI

IMPORTANT SAFETY INFORMATION (continued)

What should I tell my health care provider before taking KISQALI? (continued)

- have problems with the amount of potassium, calcium, phosphorus, or magnesium in your blood
- have fever, chills, or any other signs or symptoms of infection
- have liver problems
- have kidney problems









Monitoring your progress



As part of your treatment with KISQALI, you may be required to have some routine tests so your doctor can monitor how your body is responding to the medication.

Heart monitoring*

(**During first 2 weeks**) An electrocardiogram (ECG or EKG). This test is quick and painless and monitors the electrical activity of the heart over time. An ECG can show if there are abnormal conditions and changes in the way electric currents pass through the heart.

Blood monitoring*

(During first 6 months) Blood tests can be used to check your overall health and determine how well your treatment is working. Some specific tests include electrolyte panels, complete blood counts, and liver function tests.

*Your doctor will let you know if additional monitoring is needed.

When starting a new medicine, it helps to take note of how you are feeling

IMPORTANT SAFETY INFORMATION (continued)

What should I tell my health care provider before taking KISQALI? (continued)

Before you take KISQALI, tell your health care provider if you:

are pregnant, or plan to become pregnant. KISQALI can harm your unborn baby









Managing side effects

In a clinical study, KISQALI was proven to be safe and effective. The most common side effects were mild to moderate.







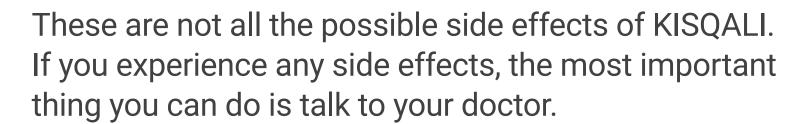






infections vomiting vomiting tiredness diarrhea headache had ache diarrhea decreased blood cell counts*

increased liver and kidney function tests†



*Tell your doctor right away if you have signs and symptoms of low blood cell counts or infections, such as fever and chills.

[†]Tell your doctor right away if you get any of these signs and symptoms of liver problems: yellowing of your skin or the whites of your eyes (jaundice), dark or brown (tea-colored) urine, feeling very tired, loss of appetite, pain on the upper right side of your stomach area (abdomen), bleeding or bruising more easily than normal.

> Studies have shown that if your doctor reduces your dose, KISQALI keeps working to help you live longer[‡]

[‡]In studies of patients taking KISQALI + hormone therapy, people who had their dose reduced lived as long as those who did not have their dose reduced. In one study, median OS was 66 months with a dose reduction and 61 months without. In 2 additional studies, the majority of people taking KISQALI, dose reduction or not, were still alive, so it was too soon to calculate median OS.

Get tips on managing side effects

IMPORTANT SAFETY INFORMATION (continued)

What should I tell my health care provider before taking **KISQALI?** (continued)

 If you are able to become pregnant, your health care provider should do a pregnancy test before you start treatment with KISQALI









Partnering with your doctor



Understanding your cancer diagnosis and treatment plan can help you feel more in control. Your doctor and care team are there to make sure you have the best experience possible with KISQALI. Now's the time to ask questions and talk about your concerns.

Taking an active role in your care can help you get the most out of treatment

See how KISQALI can help you

IMPORTANT SAFETY INFORMATION (continued)

What should I tell my health care provider before taking KISQALI? (continued)

- Females who are able to become pregnant and who take KISQALI should use effective birth control during treatment and for at least 3 weeks after the last dose of KISQALI
- Talk to your health care provider about birth control methods that may be right for you during this time









Novartis Patient Support™

Personalized support that can help you start, stay, and save on treatment

What does personalized support mean? It means that at every step you'll get help from a go-to team member with **financial**, **insurance**, **and ongoing support**.

Sign up for support, or call 1-866-433-8000









IMPORTANT SAFETY INFORMATION (continued)

What should I tell my health care provider before taking KISQALI? (continued)

- If you become pregnant or think you are pregnant, tell your health care provider right away
- are breastfeeding or plan to breastfeed. It is not known if KISQALI passes into your breast milk. Do not breastfeed during treatment with KISQALI and for at least 3 weeks after the last dose of KISQALI

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. KISQALI and other medicines may affect each other, causing side effects. Know the medicines you take. Keep a list of them to show your health care provider or pharmacist when you get a new medicine.

What should I avoid while taking KISQALI?

Avoid eating grapefruit and avoid drinking grapefruit juice during treatment with KISQALI since these may increase the amount of KISQALI in your blood.









IMPORTANT SAFETY INFORMATION (continued)

The most common side effects of KISQALI in people with advanced or metastatic breast cancer include:

- decreased white blood cell counts
- decreased red blood cell counts
- increased liver function tests
- infections
- nausea
- increased kidney function test
- tiredness

- decreased platelet counts
- diarrhea
- vomiting
- headache
- constipation
- hair loss
- cough
- rash
- back pain
- · low blood sugar level









IMPORTANT SAFETY INFORMATION (continued)

KISQALI may cause fertility problems in males, which may affect your ability to father a child. Talk to your health care provider if this is a concern for you.

Tell your health care provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of KISQALI. For more information, ask your health care provider or pharmacist. Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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





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