Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.
INDICATIONS
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 (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 in postmenopausal women or in men.
It is not known if KISQALI is safe and effective in children.

IMPORTANT SAFETY INFORMATION
What is the most important information I should know about KISQALI?
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. 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

Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.
200 mg tablets

Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.

ABOUT METASTATIC BREAST CANCER

About KISQALI

Support Services

About mBC

Taking KISQALI

Side Effects

FAQs

About KISQALI

Amgen
The stages of breast cancer range from 0-4. Stage 4 is when breast cancer has spread beyond the breast and nearby lymph nodes to other parts of the body. This is also called metastatic or advanced breast cancer.

**KISQALI is approved to treat HR+, HER2- mBC, the most common subtype of mBC**

Hormone receptors (HR) and human epidermal growth factor receptor 2 (HER2) are proteins that can help mBC grow. A plus sign (+) following the protein means that the proteins were found in your cancer cells, and a minus sign (-) means there was either a small amount of the protein or none at all.

**HR+, HER2- 69%**

**HR+, HER2+ 10%**

**HR-, HER2- 10%**

**HR-, HER2+ 4%**

**Other 7%**

**HR+, HER2- mBC is fueled by the hormone estrogen**

**IMPORTANT SAFETY INFORMATION (continued)**

**KISQALI may cause serious side effects, including:**

**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/burning, blistering of the lips, eyes, or mouth; or blisters on the skin or skin peeling, with or without fever.

**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.

Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.
THE ROLE OF MENOPAUSAL STATUS

The type of hormone therapy that you take with KISQALI is in part determined by your menopausal status.

**Premenopausal**

- means that you are still producing estrogen from your ovaries, in addition to estrogen that is created in other tissues throughout the body.
- Premenopausal women are given goserelin and an aromatase inhibitor (AI) along with KISQALI.

**Goserelin** stops the ovaries from making estrogen.

**The AI** stops the creation of estrogen outside of the ovaries to lower the amount that can bind to the cancer cells.

**Postmenopausal**

- means that you are no longer producing estrogen from your ovaries.
- Postmenopausal women are given an AI or fulvestrant along with KISQALI.

**An AI or fulvestrant** lowers the amount of estrogen that can bind to cancer cells.

**IMPORTANT SAFETY INFORMATION (continued)**

KISQALI may cause serious side effects, including: (continued)

**Liver problems (hepatobiliary toxicity).** 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:**
  - 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 right side of your stomach area (abdomen)
  - bleeding or bruising more easily than normal

Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.
UNDERSTANDING OVERALL SURVIVAL

There is a difference between progression-free survival and overall survival:

**PROGRESSION-FREE SURVIVAL (PFS)**
The amount of time cancer doesn’t grow or spread while on treatment. It’s about putting cancer growth on pause.

**OVERALL SURVIVAL (OS)**
The total time living with metastatic breast cancer. It’s about adding more days to a person’s life.

**OTHER WAYS TO DESCRIBE PFS**
- Amount of time disease progression is delayed
- Living longer without your cancer getting worse
- More time without disease progression

**OTHER WAYS TO DESCRIBE OS**
- Living longer
- More time to live
- A chance to live longer

Overall survival is the gold standard in cancer clinical trials. Not all treatments have proven overall survival. KISQALI has—multiple times.

IMPORTANT SAFETY INFORMATION (continued)

KISQALI may cause serious side effects, including: (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. 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.

IMPORTANT SAFETY INFORMATION (continued)

KISQALI may cause serious side effects, including: (continued)

Low white blood cell counts (neutropenia). 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.

Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.
Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.
KISQALI + AN AI HAS BEEN PROVEN TO HELP POSTMENOPAUSAL WOMEN LIVE A LONGER LIFE

In a clinical trial of 668 women, 334 were treated with KISQALI + an AI and 334 women were treated with an AI alone. The main result of the study, or primary end point, was PFS. OS was another result of the study, or secondary end point.

Proven to help postmenopausal women live longer
Significantly more effective at delaying disease progression than placebo + an AI

KISQALI + AN AI HAS BEEN PROVEN TO HELP POSTMENOPAUSAL WOMEN LIVE A LONGER LIFE

In this clinical trial, KISQALI + an AI extended the length of time women were alive from the start of treatment—also called OS.

At an 80-month check-in, results showed the median OS was 63.9 months for KISQALI + an AI vs 51.4 months for placebo + an AI. Median OS is the length of time when half of the women were still alive.

More than a 1-YEAR INCREASE in OS

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

• have any heart problems, including heart failure, irregular heartbeats, and QT prolongation
• have ever had a heart attack
• have a slow heartbeat (bradycardia)
• 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 any other medical conditions

Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.
In a clinical trial of 672 women who were premenopausal or perimenopausal when the study started, the median age was 44 years (ranging 25 to 58). In a subgroup analysis of this trial, 248 women were treated with KISQALI + an AI (letrozole or anastrozole) + goserelin, and 247 women were treated with an AI + goserelin. The main result of the study, or primary end point, was PFS. OS was another result of the study, or secondary end point.

- Proven to help premenopausal women live longer
- Significantly more effective at delaying disease progression than placebo + an AI + goserelin

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

- If you are breastfeeding. KISQALI can harm your baby through breastfeeding.

#### Side Effects

**About KISQALI**

Support Services

**About mBC**

Taking KISQALI

Side Effects

Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.
In a clinical trial of 726 women, 484 were treated with KISQALI + fulvestrant and 242 women were treated with fulvestrant alone. The main result of the study, or primary end point, was PFS. OS was another result of the study, or secondary end point.

- Proven to help postmenopausal women live longer
- Significantly more effective at delaying disease progression than placebo + fulvestrant

Median Overall Survival at a 56-Month Check-In

Proven to help women live a longer life

At a 56-month check-in, results showed the median OS was 53.7 months for KISQALI + fulvestrant vs 41.5 months for placebo + fulvestrant. This 56-month analysis was not preplanned to detect a false positive or show a difference between treatments. Median OS is the length of time when half of the women were still alive.

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
- Talk to your health care provider about birth control methods that may be right for you during this time.
- 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.

About a 1-YEAR INCREASE in OS

In a clinical trial of 726 women, 484 were treated with KISQALI + fulvestrant and 242 women were treated with fulvestrant alone. The main result of the study, or primary end point, was PFS. OS was another result of the study, or secondary end point.

KISQALI + FULVESTRANT HAS BEEN PROVEN TO HELP POSTMENOPAUSAL WOMEN LIVE A LONGER LIFE

Proven to help women live a longer life

In this clinical trial, KISQALI + fulvestrant extended the length of time women were alive from the start of treatment—also called OS.

Median Overall Survival at a 56-Month Check-In

4+ YEARS

About a 1-YEAR INCREASE in OS

At a 56-month check-in, results showed the median OS was 53.7 months for KISQALI + fulvestrant vs 41.5 months for placebo + fulvestrant. This 56-month analysis was not preplanned to detect a false positive or show a difference between treatments. Median OS is the length of time when half of the women were still alive.

IMPORTANT SAFETY INFORMATION (continued)

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

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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:

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- Talk to your health care provider about birth control methods that may be right for you during this time.
- 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.

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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:

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- Talk to your health care provider about birth control methods that may be right for you during this time.
- 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.

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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:

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- Talk to your health care provider about birth control methods that may be right for you during this time.
- 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.

KISQALI + FULVESTRANT HAS BEEN PROVEN TO HELP POSTMENOPAUSAL WOMEN LIVE A LONGER LIFE

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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:

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- Talk to your health care provider about birth control methods that may be right for you during this time.
- 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.

KISQALI + FULVESTRANT HAS BEEN PROVEN TO HELP POSTMENOPAUSAL WOMEN LIVE A LONGER LIFE

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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
- Talk to your health care provider about birth control methods that may be right for you during this time.
- 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.
Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.
**HOW TO TAKE KISQALI**

KISQALI is a convenient once-daily oral tablet

KISQALI is taken orally on a 4-week dosing cycle in combination with either an oral aromatase inhibitor (AI) (e.g., letrozole or anastrozole) or fulvestrant, an injection administered by your healthcare provider.

For the first 3 weeks in a cycle, you’ll take your 3 KISQALI pills once daily. On the fourth week, you won’t take any KISQALI pills. If you’re taking an oral AI, on the fourth week, you’ll only take one pill. If you’re receiving fulvestrant, talk to your doctor about your injection schedule.

**Recommended dosing for KISQALI + hormone therapy**

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>WEEK 2</th>
<th>WEEK 3</th>
<th>WEEK 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KISQALI</strong></td>
<td></td>
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<tr>
<td>600 mg (three 200-mg tablets) once daily for 3 weeks, followed by 1 week without taking KISQALI</td>
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</tbody>
</table>

Treatment is taken once daily during that week of the cycle.

Treatment is not taken during that week of the cycle.

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>WEEK 2</th>
<th>WEEK 3</th>
<th>WEEK 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AI when taken with KISQALI</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow your doctor’s recommended dosing schedule</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FIRST MONTH (3 doses)**

- **Fulvestrant when taken with KISQALI**
  - 500 mg dose on days 1, 15, and 29 during the first month of treatment, and 500 mg dose once monthly thereafter

**FOLLOWING MONTHS**

DAY 1

DAY 15

DAY 29


day 1

day 15

day 29

Month 1

KISQALI gives you and your doctor the flexibility to reduce your dose to help manage side effects.

**IMPORTANT SAFETY INFORMATION (continued)**

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

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.

**Recommended dosing for KISQALI + hormone therapy**

**FIRST MONTH (3 doses)**

- **Fulvestrant when taken with KISQALI**
  - 500 mg dose on days 1, 15, and 29 during the first month of treatment, and 500 mg dose once monthly thereafter

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**IMPORTANT SAFETY INFORMATION (continued)**

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

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.

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KISQALI gives you and your doctor the flexibility to reduce your dose to help manage side effects.

**IMPORTANT SAFETY INFORMATION (continued)**

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

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.
Q&A FOR TAKING KISQALI

When should I take KISQALI? Take it each day at about the same time, preferably in the morning, with or without food.

How much KISQALI should I take? Take the recommended dose of KISQALI prescribed by your doctor. Do not take more than prescribed.

Can I break up the tablets? Swallow KISQALI tablets whole. Do not chew, crush, or split KISQALI tablets.

What should I do if a tablet looks damaged? Do not take any KISQALI tablets that are broken, cracked, or that look damaged.

What if I miss a dose or vomit after taking KISQALI? If you miss a dose of KISQALI or vomit after taking a dose of KISQALI, do not take another dose on that day. Take your next dose at your regular time.

What if I take too much KISQALI? Call your doctor right away or go to the nearest hospital emergency room.

What should I avoid while taking KISQALI? Avoid grapefruit and grapefruit juice.

IMPORTANT SAFETY INFORMATION (continued)

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.

The most common side effects of KISQALI include:

- decreased white blood cell counts
- nausea
- increased kidney function test
- decreased red blood cell counts
- tiredness
- abnormal liver function tests
- decreased platelet counts
- diarrhea
- vomiting
- constipation
- infections
- hair loss
- low blood sugar level
- rash
- back pain
- low blood sugar level

Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.
It's only natural to have concerns about side effects when starting a new treatment. 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. Contact your doctor if you experience any of the following side effects.

### Serious side effects

#### LUNG PROBLEMS
KISQALI may cause severe or life-threatening inflammation of the lungs during treatment that 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 any new or worsening symptoms, including:
- trouble breathing or shortness of breath
- cough with or without mucus
- chest pain

#### 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.

#### 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/burning, blistering of the lips, eyes, or mouth, or blisters on the skin or skin peeling, with or without fever.

#### LIVER PROBLEMS (hepatobiliary toxicity)
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:
- 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 right side of your stomach area (abdomen)
- bleeding or bruising more easily than normal

#### 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. 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.

If you have any side effects, your doctor may direct you to stop taking KISQALI for a while, use a lower dose, or stop taking it permanently. Always follow your doctor’s instructions.

Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.
GET PERSONALIZED SUPPORT

We understand that starting a new treatment can feel overwhelming, and that you may have a lot of questions. That’s why the Novartis Patient Support team is here for you. Your free personalized program can help you and your caregivers throughout your KISQALI treatment journey. When you sign up, you’ll have access to educational resources and a team of experts who can help support you.

Sign up for the Novartis Patient Support Program to receive:

• A Patient Starter Kit to help you have a smooth start to treatment with KISQALI
• Email communications tailored to your treatment journey
• 1-on-1 support from a Patient Navigator who can guide you through various aspects of treatment
• Educate about KISQALI, dosing and administration, and side effects
• Provide information on lifestyle support while you’re taking KISQALI
• Educate about insurance coverage process and financial assistance information
• Navigate to other Novartis patient access programs and resources

*The Patient Navigator Program is available for select Novartis Oncology products. Patient Navigator service does not involve the practice of nursing or provide clinical advice and counseling.

For more information on Novartis Patient Support programs, call 1-800-282-7630, prompt 3.

IMPORTANT SAFETY INFORMATION (continued)
The most common side effects of KISQALI include: (continued)

KISQALI may cause fertility problems if you are male and take KISQALI. This 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.

Please see Important Safety Information throughout, and the Summary of Important Information on pages 34-37.
WHAT IS KISQALI? KISQALI® is a prescription medicine used to treat adults with HER2-negative, 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 (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 in postmenopausal women or in men.

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

WHAT SHOULD I TELL MY HEALTHCARE PROVIDER BEFORE TAKING KISQALI? Before you take KISQALI, tell your healthcare provider if you:
• have any heart problems, including heart failure, irregular heartbeats, and QT prolongation
• have ever had a heart attack
• have a slow heart rate (bradycardia)
• 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 any other medical conditions
• are pregnant, or plan to become pregnant. KISQALI can harm your unborn baby
• If you are able to become pregnant, your healthcare provider should do a pregnancy test before you start treatment with KISQALI.
• 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.

Liver problems (hepatobiliary toxicity). KISQALI can cause serious liver problems. Your healthcare provider should do blood tests to check your liver before and during treatment with KISQALI.

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT KISQALI? 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. Tell your healthcare 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

Severe skin reactions. Tell your healthcare 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/burning, blistering of the lips, eyes, or mouth; or blisters on the skin or skin peeling, with or without fever.

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

Liver problems (hepatobiliary toxicity). KISQALI® can cause serious liver problems. Your healthcare provider should do blood tests to check your liver before and during treatment with KISQALI. Tell your healthcare provider right away if you get any of the following 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 right side of your stomach area (abdomen)
• bleeding or bruising more easily than normal

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 healthcare provider should check your white blood cell counts before and during treatment with KISQALI. Tell your healthcare provider right away if you have signs and symptoms of low white blood cell counts or infections such as fever and chills.

Your healthcare 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.

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WHAT SHOULD I TELL MY HEALTH CARE PROVIDER BEFORE TAKING KISQALI? (continued)

° Talk to your health care provider about birth control methods that may be right for you during this time.
° 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.

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.

WHAT OTHER MEDICATIONS MIGHT INTERACT WITH KISQALI?

Tell your health care provider about all of the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements (especially St. John's wort). 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.

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Hear what living longer means to actual KISQALI patients by visiting www.KISQALI.com.