



Starting treatment for HR+, HER2-
metastatic breast cancer (mBC)

MORE
LIFE for living

Patient portrayal.

With KISQALI + hormone therapy, you can live longer, so you can spend more time doing what you love*

*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 aromatase inhibitor (AI) vs 51.4 months with placebo + an AI. KISQALI is not approved for use with tamoxifen.

HER2-, human epidermal growth factor receptor 2-negative;
HR+, hormone receptor-positive.

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 and effective in children.

**KISQALI**[®]
ribociclib 200 mg
tablets



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



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Getting started with KISQALI



“My focus today is on living...the world is big, and I plan on seeing as much of it as possible.”

—Lisa, taking KISQALI and living with mBC

Lisa has taken KISQALI and has been compensated for her time.

[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**[®]
ribociclib 200 mg
tablets





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 + hormone therapy for you and how it may **help you live longer**.

Let's get started.

KISQALI is not approved for use with tamoxifen.

IMPORTANT SAFETY INFORMATION (continued)

Lung problems (continued)

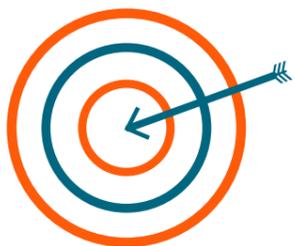
Tell your health care provider right away if you have any new or worsening symptoms, including:

- 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 growing* and can help you live 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 were living without their cancer getting worse. In the MONALEESA-2 study, median PFS at a 15.3-month check-in was not reached for KISQALI + an AI vs 14.7 months with placebo + an AI. This means, at the time of analysis, more than half of the patients taking KISQALI + an AI were living without their disease spreading or getting worse.

[†]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. In the MONALEESA-2 study, 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.

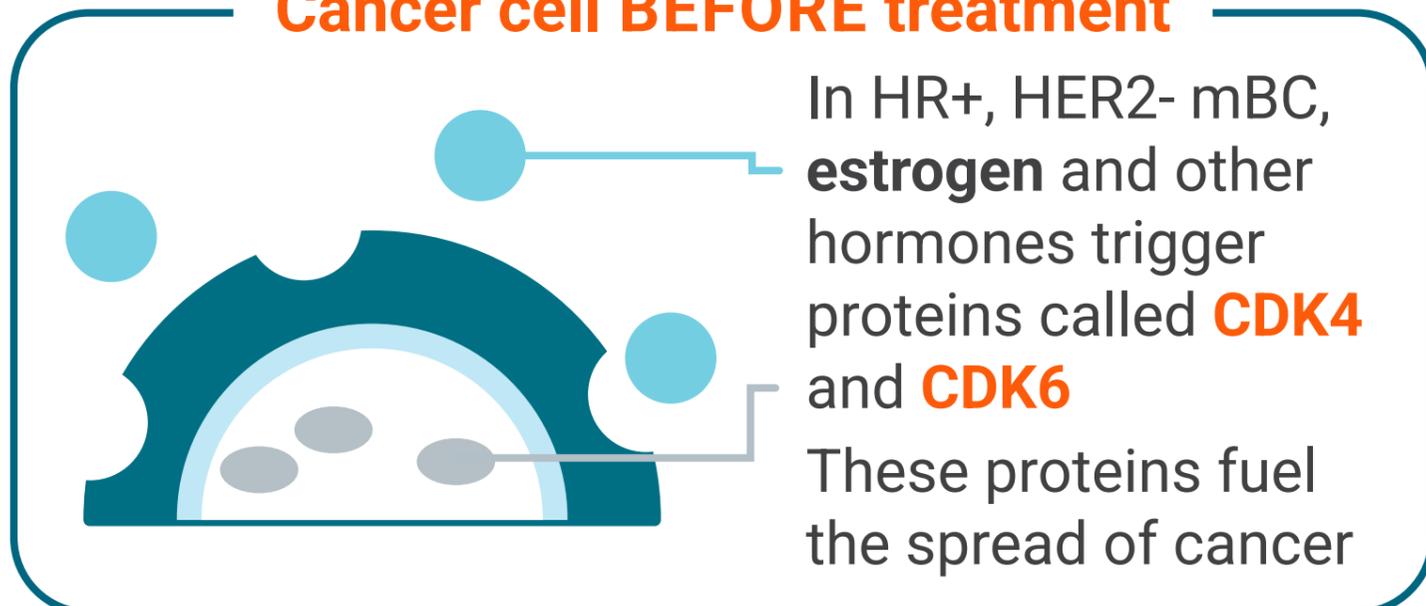




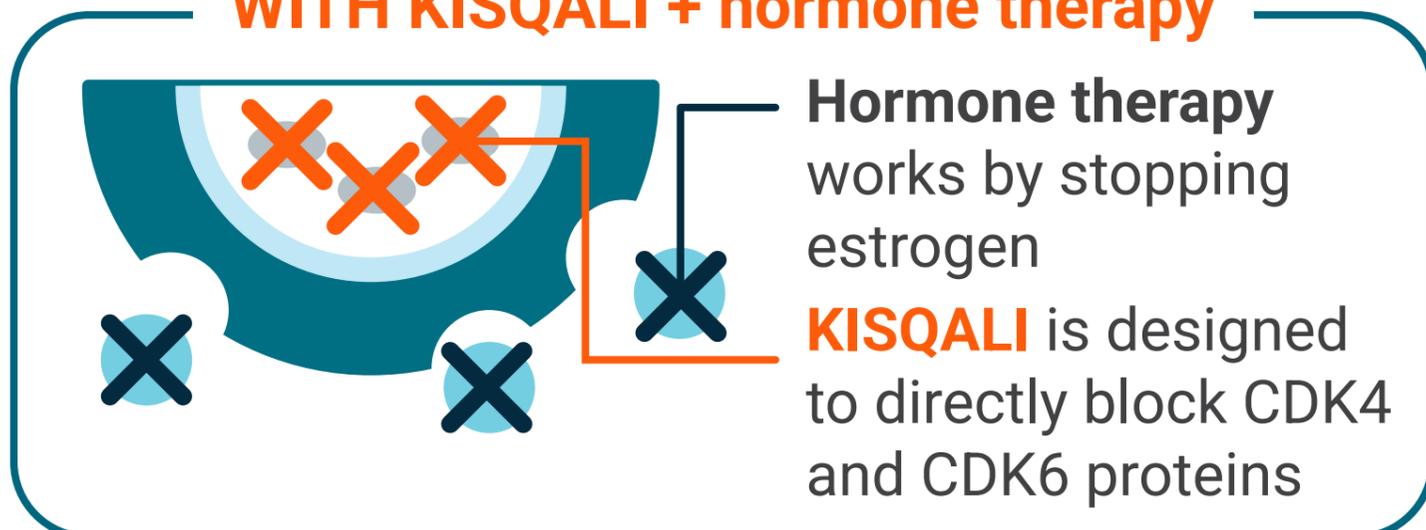
How KISQALI works

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

Cancer cell BEFORE treatment



WITH KISQALI + hormone therapy



KISQALI is not approved for use with tamoxifen.

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**





Results with KISQALI



“KISQALI is a game changer.”

—David, caregiver to Linda who is taking KISQALI and living with mBC

Linda (patient on KISQALI) and David were compensated for their time.

**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:



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



Results with KISQALI

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 nearly 2 years without their cancer getting worse*



KISQALI is not approved for use with tamoxifen.

*In the MONALEESA-2 study of postmenopausal women, median PFS at a 15.3-month check-in was not reached for KISQALI + an AI vs 14.7 months with placebo + an AI. This means that, at the time of analysis, more than half of the patients taking KISQALI + an AI were living without their disease spreading or getting worse. In the MONALEESA-3 study of postmenopausal women, median PFS at a 20-month check-in was 20.5 months with KISQALI + fulvestrant vs 12.8 months with placebo + fulvestrant. In the MONALEESA-7 study of premenopausal women, 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





Results with KISQALI

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 nearly 5 years after starting treatment***

KISQALI has been studied across 3 clinical trials that included thousands of patients with your type of breast cancer

KISQALI is not approved for use with tamoxifen.

*In the MONALEESA-2 study of postmenopausal women, 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 the MONALEESA-3 study of postmenopausal women, median OS at a 39-month check-in was not reached for KISQALI + fulvestrant vs 40 months with placebo + fulvestrant. This means that, at the time of the analysis, more than half of the patients taking KISQALI + fulvestrant were still alive. In the MONALEESA-7 study of premenopausal women, median OS at a 35-month check-in was not reached for KISQALI + an AI + goserelin vs 40.7 months with placebo + an AI + goserelin. This means that, at the time of analysis, more than half of the patients taking KISQALI + an AI + goserelin were still alive.

[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

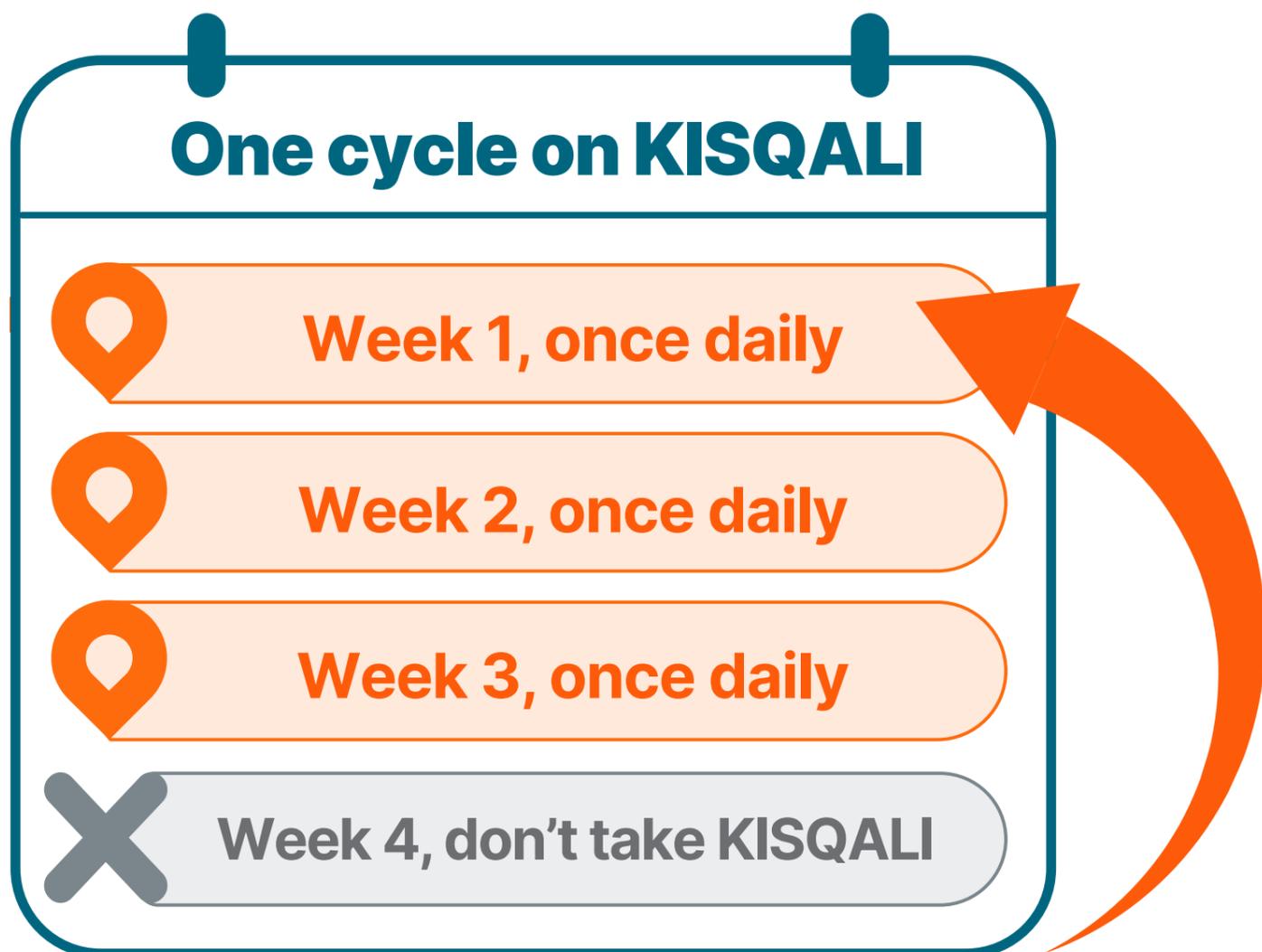




How to take KISQALI

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

- ✓ 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)

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





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 help your doctor decide if KISQALI is right for you. 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)

- have kidney problems
- 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



diarrhea



tiredness



decreased blood cell counts*



headache



increased liver and kidney function tests[†]



nausea/vomiting

These are not all the possible side effects of KISQALI. For additional side effects, see page 19. If you experience any side effects, the most important thing you can do is talk to your doctor.

*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.

[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





Managing side effects (continued)

Studies show that even with a reduced dose, the benefit of KISQALI + hormone therapy is maintained*

*Data from clinical trials were further analyzed to assess the results when a dose reduction was required. These analyses were not preplanned, and results should be interpreted with caution. Take KISQALI exactly as your doctor tells you to, and do not stop taking KISQALI or change the dose without talking to your doctor. The recommended dose of KISQALI (in combination with an AI or fulvestrant) for mBC is 600 mg orally once a day for 3 weeks on, followed by 1 week off.

KISQALI is not approved for use with tamoxifen.

Get tips on managing side effects

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





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. Your participation is key to getting the most from your care.

**By taking control of your care,
you can feel more empowered**

[See how KISQALI can help you](#)

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





Patient portrayal.

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](#)



 **KISQALI**®
ribociclib 200 mg
tablets





IMPORTANT SAFETY INFORMATION (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.

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 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.



Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

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