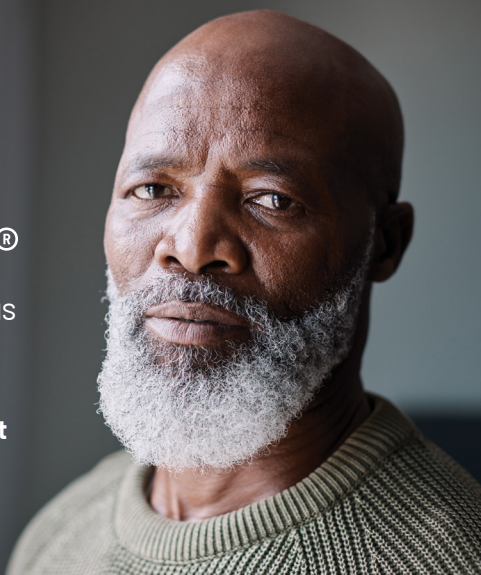


For people who have multiple myeloma¹

It's time for XGEVA[®]

Help prevent serious
bone problems^{1,*}

Ask your doctor about
XGEVA[®] today



Nearly **1.5 million people** with cancer
worldwide have been treated with XGEVA^{®2}

***Serious bone problems are defined as broken bones (fractures), the need for surgery to bones, the need for radiation treatments to the bone, and spinal cord compression.¹**

Indication

XGEVA[®] is a prescription medicine used to prevent fracture, spinal cord compression, or the need for radiation or surgery to bone in patients with multiple myeloma and in patients with bone metastases from solid tumors.

IMPORTANT SAFETY INFORMATION

Do not take XGEVA[®] if you have low blood calcium (hypocalcemia).

Your low blood calcium must be treated before you receive XGEVA[®]. XGEVA[®] can significantly lower the calcium levels in your blood and some deaths have been reported. Take calcium and vitamin D as your doctor tells you to. Tell your doctor right away if you experience spasms, twitches, cramps, or stiffness in your muscles or numbness or tingling in your fingers, toes, or around your mouth.

Please see additional Important Safety Information on pages 10-11.

XGEVA[®]
(denosumab) injection
120 mg/1.7 mL vial

What is my risk of having a serious bone problem?

Without a proper prevention plan in place, you are much more likely to have serious bone problems³



~3 out of 5 people who have multiple myeloma will suffer a serious bone problem³



One fracture can lead to another

> 7x

After one fracture, the risk of more fractures grows much higher⁴

Ask your doctor how you can protect yourself from serious bone problems

How does multiple myeloma affect my bones?

Patients with multiple myeloma often have weak spots in the bones, called lesions (LEE-shuns)⁵



Bone lesions often cause serious bone problems^{5,6}

9 out of 10

people with multiple myeloma develop bone lesions over time⁷

When your bones weaken, you are at risk for serious bone problems. These are defined as:¹



Broken bones (fractures)



A need for surgery to prevent or repair broken bones



A need for radiation treatments to the bone



Pressure on the spinal cord (spinal cord compression)

What signs and symptoms should I look out for?

Common symptoms of a serious bone problem include:⁸

- Sudden, severe pain that prevents movement
- Pain
- Difficulty urinating
- Constipation
- Lack of bowel or bladder control
- Numbness
- Weakness
- Paralysis

Other symptoms could occur.

Make sure to report any new symptoms to your doctor

What's the good news?

There are bone-targeting medicines specifically designed to help prevent serious bone problems before they happen¹

Turn the page to learn about a bone-targeting medicine that's proven to lessen the risk of serious bone problems¹

How can XGEVA® help protect my bones?

XGEVA® helps prevent serious bone problems in people with multiple myeloma

In a clinical study of 1,718 people, XGEVA® given every 4 weeks was compared with zoledronic acid (ZA) and shown to not be worse than ZA¹

NEARLY
23
MONTHS
OF PREVENTION¹

The study measured the time to first serious bone problem¹

Half of people taking XGEVA® went at least 22.8 months without experiencing a serious bone problem¹

Half of people taking ZA went at least 24 months¹

XGEVA® works to restore balance in your bones¹

- XGEVA® works by stopping cells that break down bone from becoming overactive when you have multiple myeloma¹
- XGEVA® slows bone breakdown to help prevent serious bone problems¹

IMPORTANT SAFETY INFORMATION (cont'd)

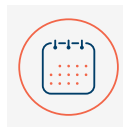
Do not take XGEVA® if you are allergic to denosumab or any of the ingredients of XGEVA®. Serious allergic reactions have happened in people who take XGEVA®. Call your doctor or go to your nearest emergency room right away if you have any symptoms of a serious allergic reaction, including low blood pressure (hypotension); trouble breathing; throat tightness; swelling of the face, lips, or tongue, rash; itching; or hives.

Please see additional Important Safety Information on pages 10-11.

What makes XGEVA® different from zoledronic acid?



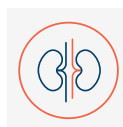
Convenient shot given under the skin in the upper arm, upper thigh, or stomach area. It does not involve infusion through the vein¹



Administered once every 4 weeks in your doctor's office¹



Works a different way from other bone-targeting medicines. XGEVA® specifically blocks an important target that leads to bone breakdown^{1,6,9}



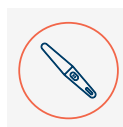
XGEVA® is not cleared from your body by the kidneys, so there's no need to adjust your dose if you have lower kidney function (renal impairment)

If your kidney function is not normal, your risk of seriously low calcium levels increases^{1,7}

What else should I know?



You cannot start XGEVA® if you have low blood calcium, so your doctor will first test your blood calcium levels¹



For women, your doctor will check if you are pregnant before starting XGEVA®. You should use highly effective birth control when taking XGEVA®¹

Schedule your XGEVA® shot **every 4 weeks** as prescribed for the best chance of preventing serious bone problems¹

XGEVA®
(denosumab) injection
120 mg/1.7 mL vial



How can I stay on track with XGEVA®?

Sticking to your treatment schedule helps give you the best chance of preventing serious bone problems^{1,*}

- **Schedule** appointments for every 4 weeks in advance¹
- **Record** appointments in your calendar
- **Ask** family or friends for help getting to your doctor's office
- **Write** down questions to ask your doctor before appointments

***Serious bone problems are defined as broken bones (fractures), the need for surgery to bones, the need for radiation treatments to the bone, and spinal cord compression.¹**

Sign up at [XGEVA.com/updates](https://www.amgen.com/updates)
for personalized support, including emails, access to resources, and more

IMPORTANT SAFETY INFORMATION (cont'd)

What is the most important information you should know about XGEVA®?

Do not take XGEVA® if you take other products containing denosumab (for example, Prolia®). XGEVA® should not be taken with other products containing denosumab.

Please see additional Important Safety Information on pages 10-11.

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AMGEN® Support⁺

We're right here, right when you need us

Personalized patient support designed for you

Amgen® SupportPlus Co-Pay Program

The Amgen SupportPlus Co-Pay Program may help patients with commercial or private insurance lower their out-of-pocket costs.

- Pay as little as \$0* out-of-pocket for each dose
- Can be applied to deductible, co-insurance, and co-payment*
- No income eligibility requirement



Amgen® Nurse Partners

Amgen Nurse Partners[†] will be with you along the way to offer support and provide information about resources to help you access your prescribed Amgen medication. Amgen Nurse Partners can provide support, including:

- Guidance on resources that may help lower out-of-pocket medication costs
- Assistance to help you stay on track with your medication
- Support for stress management and emotional wellness

Call Amgen® SupportPlus at **866-264-2778**
Monday through Friday 9:00 AM to 8:00 PM ET
or Visit [AmgenSupportPlus.com](https://www.amgensupportplus.com)

*Eligibility criteria and program maximums apply. See [AmgenSupportPlus.com/Copay](https://www.amgensupportplus.com/Copay) for full Terms and Conditions.

[†]Amgen Nurse Partners are only available to patients that are prescribed certain Amgen products. They are not part of your treatment team and do not provide medical advice, nursing, or case management services. Amgen Nurse Partners will not inject patients with Amgen medications. Patients should always consult their healthcare provider regarding medical decisions or treatment concerns.

Important Safety Information

Do not take XGEVA® if you have low blood calcium (hypocalcemia). Your low blood calcium must be treated before you receive XGEVA®. XGEVA® can significantly lower the calcium levels in your blood and some deaths have been reported. Take calcium and vitamin D as your doctor tells you to. Tell your doctor right away if you experience spasms, twitches, cramps, or stiffness in your muscles or numbness or tingling in your fingers, toes, or around your mouth.

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Severe jaw bone problems (osteonecrosis)
Severe jaw bone problems may happen when you take XGEVA®. Your doctor should examine your mouth before you start, and while you are taking XGEVA®. Tell your dentist that you are taking XGEVA®. It is important for you to practice good mouth care during treatment with XGEVA®. In studies of patients with bone involvement, the rate of severe jaw problems was higher the longer they were being treated with XGEVA®.

Unusual thigh bone fracture
Unusual thigh bone fracture has been reported. Symptoms of a fracture include new or unusual pain in your hip, groin, or thigh.

Risk of high calcium levels in patients with Giant Cell Tumor of Bone and in patients who are still growing
Patients with a type of cancer called Giant Cell Tumor of Bone and patients with bones that are not fully matured are at a greater risk to develop high blood calcium levels after they stop taking XGEVA®, that can be serious.

Increased risk of broken bones in the spine after discontinuing XGEVA®
After your treatment with XGEVA® is stopped, your risk for breaking bones in your spine can increase, especially if you have a history of risk factors such as osteoporosis or prior fractures.

Possible harm to your unborn baby
You should not become pregnant while taking XGEVA®. Tell your doctor right away if you are pregnant, plan to become pregnant, or suspect you are pregnant. XGEVA® can harm your unborn baby.

Tell your doctor if you:

- Are taking any other medicine containing denosumab (for example, Prolia)
- Have symptoms of low blood calcium such as muscle stiffness or cramps
- Have symptoms of severe jaw bone problems such as pain or numbness
- Have ongoing pain or slow healing after dental surgery
- Have symptoms of high blood calcium such as nausea, vomiting, headache, and decreased alertness
- Are pregnant, plan to become pregnant, suspect you are pregnant, or breastfeeding

While taking XGEVA®, you should:

- Tell your doctor about all medications you are taking. Your doctor needs to know if you are taking other medications that also lower blood calcium levels.
- Take good care of your teeth and gums and visit a dentist as recommended
- Tell your dentist that you are taking XGEVA®
- Tell your doctor if you plan to have dental surgery or teeth removed
- Talk to your doctor before you stop taking XGEVA® about your risk for broken bones in your spine.
- Women of child bearing age should use highly effective contraception while taking XGEVA® and for at least 5 months after the last dose of XGEVA®

What are the possible side effects of XGEVA®?

In patients with bone metastases from solid tumors using XGEVA®, the most common side effects were tiredness/weakness, low phosphate levels in your blood, and nausea. The most common serious side effect of XGEVA® was shortness of breath.

In multiple myeloma patients receiving XGEVA®, the most common side effects were diarrhea, nausea, low red blood cells, low blood platelets and calcium levels, back pain, swelling of the lower legs or hands, upper respiratory tract infection, rash, and headache. The most common serious adverse reaction in multiple myeloma patients was pneumonia.

These are not all the possible side effects of XGEVA®. For more information, ask your doctor or pharmacist.

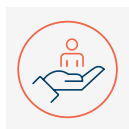
Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA1088.

Please [click here](#) for Prescribing Information.

XGEVA®
(denosumab) injection
120 mg/1.7 mL vial

Ask your doctor
if XGEVA® is
right for you

XGEVA®
(denosumab) injection
120 mg/1.7 mL vial



Sign up for XGEVA® Cares

- Personalized support from Nurse Navigators
- Help paying for XGEVA®
- Medication reminders
- Emails with tips and resources



Find helpful information and resources

- Downloadable tools
- Tips and advice
- Patient stories
- Links to advocacy groups

Visit [XGEVA.com/updates](https://www.xgeva.com/updates)
to learn more

References: **1.** XGEVA® (denosumab) prescribing information, Amgen. **2.** Data on file, Amgen; 2020. **3.** Melton LJ 3rd, Kyle RA, Achenbach SJ, Oberg AL, Rajkumar SV. Fracture risk with multiple myeloma: a population-based study. *J Bone Miner Res.* 2005;20:487-493. **4.** Saad F, Lipton A, Cook R, Chen YM, Smith M, Coleman R. Pathologic fractures correlate with reduced survival in patients with malignant bone disease. *Cancer.* 2007;110:1860-1867. **5.** Kyle RA, Gertz MA, Witzig TE, et al. Review of 1027 patients with newly diagnosed multiple myeloma. *Mayo Clin Proc.* 2003;78:21-33. **6.** Heusschen R, Muller J, Withofs N, Baron F, Beguin Y, Caers J. Multiple myeloma bone disease: from mechanisms to next generation therapy. *Belg J Hematol.* 2017;8:66-74. **7.** Raje N, Terpos E, Willenbacher W, et al. Denosumab versus zoledronic acid in bone disease treatment of newly diagnosed multiple myeloma: an international, double-blind, double-dummy, randomised, controlled, phase 3 study. *Lancet Oncol.* 2018;19:370-381. **8.** Advanced and Metastatic Cancers. American Cancer Society. <https://www.cancer.org/cancer/managing-cancer/advanced-cancer.html>. Accessed April 29, 2025. **9.** Roodman GD. Pathogenesis of myeloma bone disease. *Leukemia.* 2009;23:435-441.

Please see Important Safety Information on pages 10-11.



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