

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use DARZALEX FASPRO safely and effectively. See full prescribing information for DARZALEX FASPRO.

DARZALEX FASPRO® (daratumumab and hyaluronidase-fihj) injection, for subcutaneous use
Initial U.S. Approval: 2020

RECENT MAJOR CHANGES

Indications and Usage (1.1, 1.2)	01/2021
Dosage and Administration (2.2, 2.3)	01/2021
Warnings and Precautions (5.1, 5.2)	01/2021

INDICATIONS AND USAGE

DARZALEX FASPRO is a combination of daratumumab, a CD38-directed cytolytic antibody, and hyaluronidase, an endoglycosidase, indicated for the treatment of adult patients with:

- multiple myeloma in combination with bortezomib, melphalan and prednisone in newly diagnosed patients who are ineligible for autologous stem cell transplant
- multiple myeloma in combination with lenalidomide and dexamethasone in newly diagnosed patients who are ineligible for autologous stem cell transplant and in patients with relapsed or refractory multiple myeloma who have received at least one prior therapy
- multiple myeloma in combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant
- multiple myeloma in combination with bortezomib and dexamethasone in patients who have received at least one prior therapy
- multiple myeloma as monotherapy, in patients who have received at least three prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent or who are double-refractory to a PI and an immunomodulatory agent.
- light chain (AL) amyloidosis in combination with bortezomib, cyclophosphamide and dexamethasone in newly diagnosed patients. This indication is approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s). (1.2)

Limitations of Use:

- DARZALEX FASPRO is not indicated and is not recommended for the treatment of patients with light chain (AL) amyloidosis who have NYHA Class IIIB or Class IV cardiac disease or Mayo Stage IIIB outside of controlled clinical trials (1.2)

DOSAGE AND ADMINISTRATION

For subcutaneous use only.

- Pre-medicate with a corticosteroid, acetaminophen and a histamine-1 receptor antagonist. (2.5)
- The recommended dosage of DARZALEX FASPRO is (1,800 mg daratumumab and 30,000 units hyaluronidase) administered subcutaneously into the abdomen over approximately 3 to 5 minutes according to recommended schedule. (2.2, 2.3)
- Administer post-medications as recommended. (2.5)

DOSAGE FORMS AND STRENGTHS

- Injection:** 1,800 mg daratumumab and 30,000 units hyaluronidase per 15 mL (120 mg and 2,000 units/mL) solution in a single-dose vial (3)

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CONTRAINDICATIONS

Patients with a history of severe hypersensitivity to daratumumab or any of the components of the formulation. (4)

WARNINGS AND PRECAUTIONS

- Hypersensitivity and Other Administration Reactions:** Permanently discontinue DARZALEX FASPRO for life-threatening reactions. (5.1)
- Cardiac Toxicity in Patients with Light Chain (AL) Amyloidosis:** Monitor patients with cardiac involvement more frequently for cardiac adverse reactions and administer supportive care as appropriate. (5.2)
- Neutropenia:** Monitor complete blood cell counts periodically during treatment. Monitor patients with neutropenia for signs of infection. Consider withholding DARZALEX FASPRO to allow recovery of neutrophils. (5.3)
- Thrombocytopenia:** Monitor complete blood cell counts periodically during treatment. Consider withholding DARZALEX FASPRO to allow recovery of platelets. (5.4)
- Embryo-Fetal Toxicity:** Can cause fetal harm. Advise pregnant women of the potential risk to a fetus and advise females of reproductive potential to use effective contraception (5.5, 8.1, 8.3).
- Interference with cross-matching and red blood cell antibody screening:** Type and screen patients prior to starting treatment. Inform blood banks that a patient has received DARZALEX FASPRO. (5.6, 7.1)

ADVERSE REACTIONS

- The most common adverse reaction ($\geq 20\%$) in patients with multiple myeloma who received DARZALEX FASPRO monotherapy is upper respiratory tracts infection. (6.1)
- The most common adverse reactions ($\geq 20\%$) in patients with multiple myeloma who received D-VMP are upper respiratory tract infection, constipation, nausea, fatigue, pyrexia, peripheral sensory neuropathy, diarrhea, cough, insomnia, vomiting, and back pain. (6.1)
- The most common adverse reactions ($\geq 20\%$) in patients with multiple myeloma who received D-Rd are fatigue, diarrhea, upper respiratory tract infection, muscle spasms, constipation, pyrexia, pneumonia and dyspnea. (6.1)
- The most common adverse reactions ($\geq 20\%$) in patients with light chain (AL) amyloidosis are upper respiratory tract infection, diarrhea, peripheral edema, constipation, fatigue, peripheral sensory neuropathy, nausea, insomnia, dyspnea, and cough. (6.1)
- The most common ($\geq 40\%$) hematology laboratory abnormalities with DARZALEX FASPRO are decreased leukocytes, decreased lymphocytes, decreased neutrophils, decreased platelets, and decreased hemoglobin. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Janssen Biotech, Inc. at 1-800-526-7736 (1-800-JANSSEN) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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Revised: 2/2021

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

1.1 Multiple Myeloma

DARZALEX FASPRO is indicated for the treatment of adult patients with multiple myeloma:

- in combination with bortezomib, melphalan and prednisone in newly diagnosed patients who are ineligible for autologous stem cell transplant.
- in combination with lenalidomide and dexamethasone in newly diagnosed patients who are ineligible for autologous stem cell transplant and in patients with relapsed or refractory multiple myeloma who have received at least one prior therapy.
- in combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant.
- in combination with bortezomib and dexamethasone in patients who have received at least one prior therapy.
- as monotherapy, in patients who have received at least three prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent or who are double-refractory to a PI and an immunomodulatory agent.

1.2 Light Chain Amyloidosis

DARZALEX FASPRO in combination with bortezomib, cyclophosphamide and dexamethasone is indicated for the treatment of adult patients with newly diagnosed light chain (AL) amyloidosis.

This indication is approved under accelerated approval based on response rate [see *Clinical Studies (14.1)*]. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

Limitations of Use

DARZALEX FASPRO is not indicated and is not recommended for the treatment of patients with light chain (AL) amyloidosis who have NYHA Class IIIB or Class IV cardiac disease or Mayo Stage IIIB outside of controlled clinical trials [see *Warnings and Precautions (5.2)*].

2 DOSAGE AND ADMINISTRATION

2.1 Important Dosing Information

- **DARZALEX FASPRO is for subcutaneous use only.**
- Administer medications before and after administration of DARZALEX FASPRO to minimize administration-related reactions [see *Dosage and Administration (2.5)*].
- Type and screen patients prior to starting DARZALEX FASPRO.

2.2 Recommended Dosage for Multiple Myeloma

The recommended dose of DARZALEX FASPRO is 1,800 mg/30,000 units (1,800 mg daratumumab and 30,000 units hyaluronidase) administered subcutaneously over approximately 3-5 minutes. Tables 1, 2, 3, and 4 provide the recommended dosing schedule when DARZALEX FASPRO is administered as monotherapy or as part of a combination therapy.

Monotherapy and In Combination with Lenalidomide and Dexamethasone (D-Rd)

Use the dosing schedule provided in Table 1 when DARZALEX FASPRO is administered:

- in combination with lenalidomide and dexamethasone (4-week cycle) OR
- as monotherapy.

Table 1: DARZALEX FASPRO dosing schedule in combination with lenalidomide and dexamethasone (4-week cycle) and for monotherapy

Weeks	Schedule
Weeks 1 to 8	weekly (total of 8 doses)
Weeks 9 to 24 ^a	every two weeks (total of 8 doses)
Week 25 onwards until disease progression ^b	every four weeks

^a First dose of the every-2-week dosing schedule is given at Week 9

^b First dose of the every-4-week dosing schedule is given at Week 25

When DARZALEX FASPRO is administered as part of a combination therapy, *see Clinical Studies (14.2)* and the prescribing information for dosage recommendations for the other drugs.

In Combination with Bortezomib, Melphalan and Prednisone (D-VMP)

Use the dosing schedule provided in Table 2 when DARZALEX FASPRO is administered in combination with bortezomib, melphalan and prednisone (6-week cycle).

Table 2: DARZALEX FASPRO dosing schedule in combination with bortezomib, melphalan and prednisone (6-week cycle)

Weeks	Schedule
Weeks 1 to 6	weekly (total of 6 doses)
Weeks 7 to 54 ^a	every three weeks (total of 16 doses)
Week 55 onwards until disease progression ^b	every four weeks

^a First dose of the every-3-week dosing schedule is given at Week 7

^b First dose of the every-4-week dosing schedule is given at Week 55

When DARZALEX FASPRO is administered as part of a combination therapy, *see Clinical Studies (14.1)* and the prescribing information for dosage recommendations for the other drugs.

In Combination with Bortezomib, Thalidomide, and Dexamethasone (D-VTd)

Use the dosing schedule in Table 3 when DARZALEX FASPRO is administered in combination with bortezomib, thalidomide, and dexamethasone (4-week cycle).

Table 3: DARZALEX FASPRO dosing schedule in combination with bortezomib, thalidomide and dexamethasone (4-week cycle)

Treatment phase	Weeks	Schedule
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Induction	Weeks 1 to 8	weekly (total of 8 doses)
	Weeks 9 to 16 ^a	every two weeks (total of 4 doses)
Stop for high dose chemotherapy and ASCT		
Consolidation	Weeks 1 to 8 ^b	every two weeks (total of 4 doses)

^a First dose of the every-2-week dosing schedule is given at Week 9

^b First dose of the every-2-week dosing schedule is given at Week 1 upon re-initiation of treatment following ASCT

When DARZALEX FASPRO is administered as part of a combination therapy, see the prescribing information for dosage recommendations for the other drugs.

In Combination with Bortezomib and Dexamethasone (D-Vd)

Use the dosing schedule in Table 4 when DARZALEX FASPRO is administered in combination with bortezomib and dexamethasone (3-week cycle).

Table 4: DARZALEX FASPRO dosing schedule in combination with bortezomib and dexamethasone (3-week cycle)

Weeks	Schedule
Weeks 1 to 9	weekly (total of 9 doses)
Weeks 10 to 24 ^a	every three weeks (total of 5 doses)
Week 25 onwards until disease progression ^b	every four weeks

^a First dose of the every-3-week dosing schedule is given at Week 10

^b First dose of the every-4-week dosing schedule is given at Week 25

When DARZALEX FASPRO is administered as part of a combination therapy, see the prescribing information for dosage recommendations for the other drugs.

2.3 Recommended Dosage for Light Chain Amyloidosis

In Combination with Bortezomib, Cyclophosphamide and Dexamethasone (D-VCd)

Use the dosing schedule provided in Table 5 when DARZALEX FASPRO is administered in combination with bortezomib, cyclophosphamide and dexamethasone (4-week cycle).

Table 5: DARZALEX FASPRO dosing schedule in combination with bortezomib, cyclophosphamide and dexamethasone (4-week cycle)

Weeks	Schedule
Weeks 1 to 8	weekly (total of 8 doses)
Weeks 9 to 24 ^a	every two weeks (total of 8 doses)
Week 25 onwards until disease progression or a maximum of 2 years ^b	every four weeks

^a First dose of the every-2-week dosing schedule is given at Week 9

^b First dose of the every-4-week dosing schedule is given at Week 25

When DARZALEX FASPRO is administered as part of a combination therapy, see *Clinical Studies (14.2)* and the prescribing information for dosage recommendations for the other drugs.

2.4 Administration

If a dose of DARZALEX FASPRO is missed, administer the dose as soon as possible and adjust the dosing schedule to maintain the dosing interval.

2.5 Recommended Concomitant Medications

Pre-medication

Administer the following pre-medications 1-3 hours before each dose of DARZALEX FASPRO:

- Acetaminophen 650 to 1,000 mg orally
- Diphenhydramine 25 to 50 mg (or equivalent) orally or intravenously
- Corticosteroid (long- or intermediate-acting)

Monotherapy

Administer methylprednisolone 100 mg (or equivalent) orally or intravenously. Consider reducing the dose of methylprednisolone to 60 mg (or equivalent) following the second dose of DARZALEX FASPRO.

In Combination

Administer dexamethasone 20 mg (or equivalent) orally or intravenously prior to every DARZALEX FASPRO administration.

When dexamethasone is the background regimen-specific corticosteroid, the dexamethasone dose that is part of the background regimen will serve as pre-medication on DARZALEX FASPRO administration days [see *Clinical Studies (14)*].

Do not administer background regimen-specific corticosteroids (e.g. prednisone) on DARZALEX FASPRO administration days when patients have received dexamethasone (or equivalent) as a pre-medication.

Post-medication

Administer the following post-medications:

Monotherapy

Administer methylprednisolone 20 mg (or an equivalent dose of an intermediate- or long-acting corticosteroid) orally for 2 days starting the day after the administration of DARZALEX FASPRO.

In Combination

Consider administering oral methylprednisolone at a dose of less than or equal to 20 mg (or an equivalent dose of an intermediate- or long-acting corticosteroid) beginning the day after administration of DARZALEX FASPRO.

If a background regimen-specific corticosteroid (e.g. dexamethasone, prednisone) is administered the day after the administration of DARZALEX FASPRO, additional corticosteroids may not be needed [see *Clinical Studies (14)*].

If the patient does not experience a major systemic administration-related reaction after the first 3 doses of DARZALEX FASPRO, consider discontinuing the administration of corticosteroids (excluding any background regimen-specific corticosteroid).

For patients with a history of chronic obstructive pulmonary disease, consider prescribing short and long-acting bronchodilators and inhaled corticosteroids. Following the first 4 doses of DARZALEX FASPRO, consider discontinuing these additional post-medication, if the patient does not experience a major systemic administration-related reaction.

Prophylaxis for Herpes Zoster Reactivation

Initiate antiviral prophylaxis to prevent herpes zoster reactivation within 1 week after starting DARZALEX FASPRO and continue for 3 months following the end of treatment [*see Adverse Reactions (6.1)*].

2.6 Dosage Modifications for Adverse Reactions

No dose reductions of DARZALEX FASPRO are recommended. Consider withholding DARZALEX FASPRO to allow recovery of blood cell counts in the event of myelosuppression [*see Warnings and Precautions (5.3, 5.4)*].

2.7 Preparation and Administration

DARZALEX FASPRO should be administered by a healthcare provider.

To prevent medication errors, check the vial labels to ensure that the drug being prepared and administered is DARZALEX FASPRO for subcutaneous use. **Do not administer DARZALEX FASPRO intravenously.**

DARZALEX FASPRO is ready to use.

Preparation

- Remove the DARZALEX FASPRO vial from refrigerated storage [2°C to 8°C (36°F to 46°F)] and equilibrate to ambient temperature [15°C to 30°C (59°F to 86°F)]. Store the unpunctured vial at ambient temperature and ambient light for a maximum of 24 hours. Keep out of direct sunlight. Do not shake.
- Withdraw 15 mL from the vial into a syringe.
- DARZALEX FASPRO is compatible with polypropylene or polyethylene syringe material; polypropylene, polyethylene, or polyvinyl chloride (PVC) subcutaneous infusion sets; and stainless steel transfer and injection needles. Use the product immediately.
- After the solution of DARZALEX FASPRO is withdrawn into the syringe, replace the transfer needle with a syringe closing cap. Label the syringe appropriately to include the route of administration per institutional standards. Label the syringe with the peel-off label.

- To avoid needle clogging, attach the hypodermic injection needle or subcutaneous infusion set to the syringe immediately prior to injection.
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not use if opaque particles, discoloration or other foreign particles are present.

Storage

- If the syringe containing DARZALEX FASPRO is not used immediately, store the DARZALEX FASPRO solution for up to 4 hours at ambient temperature and ambient light. Discard after 4 hours, if not used.

Administration

- **Inject 15 mL of DARZALEX FASPRO into the subcutaneous tissue of the abdomen approximately 3 inches [7.5 cm] to the right or left of the navel over approximately 3-5 minutes.** No data are available on performing the injection at other sites of the body.
- Rotate injection sites for successive injections.
- Never inject DARZALEX FASPRO into areas where the skin is red, bruised, tender, hard or areas where there are scars.
- Pause or slow down delivery rate if the patient experiences pain. In the event pain is not alleviated by pausing or slowing down delivery rate, a second injection site may be chosen on the opposite side of the abdomen to deliver the remainder of the dose.
- During treatment with DARZALEX FASPRO, do not administer other medications for subcutaneous use at the same site as DARZALEX FASPRO.

3 DOSAGE FORMS AND STRENGTHS

Injection: 1,800 mg daratumumab and 30,000 units hyaluronidase per 15 mL (120 mg and 2,000 units/mL) colorless to yellow and clear to opalescent solution in a single-dose vial.

4 CONTRAINDICATIONS

DARZALEX FASPRO is contraindicated in patients with a history of severe hypersensitivity to daratumumab, hyaluronidase or any of the components of the formulation [*see Warnings and Precautions (5.1) and Adverse Reactions (6.3)*].

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity and Other Administration Reactions

Both systemic administration-related reactions, including severe or life-threatening reactions, and local injection-site reactions can occur with DARZALEX FASPRO.

Systemic Reactions

In a pooled safety population of 683 patients with multiple myeloma (N=490) or light chain (AL) amyloidosis (N=193) who received DARZALEX FASPRO as monotherapy or as part of a

combination therapy, 10% of patients experienced a systemic administration-related reaction (Grade 2: 3.5%, Grade 3: 1%). Systemic administration-related reactions occurred in 9% of patients with the first injection, 0.4% with the second injection, and cumulatively 1% with subsequent injections. The median time to onset was 3.2 hours (range: 9 minutes to 3.5 days). Of the 117 systemic administration-related reactions that occurred in 66 patients, 100 (85%) occurred on the day of DARZALEX FASPRO administration. Delayed systemic administration-related reactions have occurred in 1% of the patients.

Severe reactions included hypoxia, dyspnea, hypertension and tachycardia. Other signs and symptoms of systemic administration-related reactions may include respiratory symptoms, such as bronchospasm, nasal congestion, cough, throat irritation, allergic rhinitis, and wheezing, as well as anaphylactic reaction, pyrexia, chest pain, pruritus, chills, vomiting, nausea, and hypotension.

Pre-medicate patients with histamine-1 receptor antagonist, acetaminophen and corticosteroids [see *Dosage and Administration* (2.5)]. Monitor patients for systemic administration-related reactions, especially following the first and second injections. For anaphylactic reaction or life-threatening (Grade 4) administration-related reactions, immediately and permanently discontinue DARZALEX FASPRO. Consider administering corticosteroids and other medications after the administration of DARZALEX FASPRO depending on dosing regimen and medical history to minimize the risk of delayed (defined as occurring the day after administration) systemic administration-related reactions [see *Dosage and Administration* (2.5)].

Local Reactions

In this pooled safety population, injection-site reactions occurred in 9% of patients, including Grade 2 reactions in 0.7%. The most frequent (>1%) injection-site reaction was injection site erythema. These local reactions occurred a median of 5 minutes (range: 0 minutes to 4.7 days) after starting administration of DARZALEX FASPRO. Monitor for local reactions and consider symptomatic management.

5.2 Cardiac Toxicity in Patients with Light Chain (AL) Amyloidosis

Serious or fatal cardiac adverse reactions occurred in patients with light chain (AL) amyloidosis who received DARZALEX FASPRO in combination with bortezomib, cyclophosphamide and dexamethasone [see *Adverse Reactions* (6.1)]. Serious cardiac disorders occurred in 16% and fatal cardiac disorders occurred in 10% of patients. Patients with NYHA Class IIIA or Mayo Stage IIIA disease may be at greater risk. Patients with NYHA Class IIIB or IV disease were not studied.

Monitor patients with cardiac involvement of light chain (AL) amyloidosis more frequently for cardiac adverse reactions and administer supportive care as appropriate.

5.3 Neutropenia

Daratumumab may increase neutropenia induced by background therapy [see *Adverse Reactions* (6.1)].

Monitor complete blood cell counts periodically during treatment according to manufacturer's prescribing information for background therapies. Monitor patients with neutropenia for signs of infection. Consider withholding DARZALEX FASPRO until recovery of neutrophils. In lower body weight patients receiving DARZALEX FASPRO, higher rates of Grade 3-4 neutropenia were observed.

5.4 Thrombocytopenia

Daratumumab may increase thrombocytopenia induced by background therapy [*see Adverse Reactions (6.1)*].

Monitor complete blood cell counts periodically during treatment according to manufacturer's prescribing information for background therapies. Consider withholding DARZALEX FASPRO until recovery of platelets.

5.5 Embryo-Fetal Toxicity

Based on the mechanism of action, DARZALEX FASPRO can cause fetal harm when administered to a pregnant woman. DARZALEX FASPRO may cause depletion of fetal immune cells and decreased bone density. Advise pregnant women of the potential risk to a fetus. Advise females with reproductive potential to use effective contraception during treatment with DARZALEX FASPRO and for 3 months after the last dose [*see Use in Specific Populations (8.1, 8.3)*].

The combination of DARZALEX FASPRO with lenalidomide or thalidomide is contraindicated in pregnant women, because lenalidomide and thalidomide may cause birth defects and death of the unborn child. Refer to the lenalidomide or thalidomide prescribing information on use during pregnancy.

5.6 Interference with Serological Testing

Daratumumab binds to CD38 on red blood cells (RBCs) and results in a positive Indirect Antiglobulin Test (Indirect Coombs test). Daratumumab-mediated positive indirect antiglobulin test may persist for up to 6 months after the last daratumumab administration. Daratumumab bound to RBCs masks detection of antibodies to minor antigens in the patient's serum [*see References (15)*]. The determination of a patient's ABO and Rh blood type are not impacted [*see Drug Interactions (7.1)*].

Notify blood transfusion centers of this interference with serological testing and inform blood banks that a patient has received DARZALEX FASPRO. Type and screen patients prior to starting DARZALEX FASPRO [*see Dosage and Administration (2.1)*].

5.7 Interference with Determination of Complete Response

Daratumumab is a human IgG kappa monoclonal antibody that can be detected on both the serum protein electrophoresis (SPE) and immunofixation (IFE) assays used for the clinical monitoring of endogenous M-protein [*see Drug Interactions (7.1)*]. This interference can impact the determination of complete response and of disease progression in some DARZALEX FASPRO-treated patients with IgG kappa myeloma protein.

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- Hypersensitivity and Other Administration Reactions [*see Warning and Precautions (5.1)*].
- Cardiac Toxicity in Patients with Light Chain (AL) Amyloidosis [*see Warning and Precautions (5.2)*].
- Neutropenia [*see Warning and Precautions (5.3)*].
- Thrombocytopenia [*see Warning and Precautions (5.4)*].

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Newly Diagnosed Multiple Myeloma

In Combination with Bortezomib, Melphalan and Prednisone

The safety of DARZALEX FASPRO with bortezomib, melphalan and prednisone (D-VMP) was evaluated in a single-arm cohort of PLEIADES [*see Clinical Studies (14.1)*]. Patients received DARZALEX FASPRO 1,800 mg/30,000 units administered subcutaneously once weekly from weeks 1 to 6, once every 3 weeks from weeks 7 to 54 and once every 4 weeks starting with week 55 until disease progression or unacceptable toxicity (N=67) in combination with bortezomib, melphalan and prednisone. Among these patients, 93% were exposed for 6 months or longer and 19% were exposed for greater than one year.

Serious adverse reactions occurred in 39% of patients who received DARZALEX FASPRO. Serious adverse reactions in >5% of patients included pneumonia and pyrexia. Fatal adverse reactions occurred in 3% of patients.

Permanent discontinuation of DARZALEX FASPRO due to an adverse reaction occurred in 4.5% of patients. The adverse reaction resulting in permanent discontinuation of DARZALEX FASPRO in more than 1 patient was neutropenic sepsis.

Dosage interruptions (defined as dose delays or skipped doses) due to an adverse reaction occurred in 51% of patients who received DARZALEX FASPRO. Adverse reactions requiring dosage interruptions in >5% of patients included thrombocytopenia, neutropenia, anemia, and pneumonia.

The most common adverse reactions ($\geq 20\%$) were upper respiratory tract infection, constipation, nausea, fatigue, pyrexia, peripheral sensory neuropathy, diarrhea, cough, insomnia, vomiting, and back pain.

Table 6 summarizes the adverse reactions in patients who received DARZALEX FASPRO with bortezomib, melphalan and prednisone (D-VMP) in PLEIADES.

Table 6: Adverse Reactions (≥10%) in Patients Who Received DARZALEX FASPRO with Bortezomib, Melphalan and Prednisone (D-VMP) in PLEIADES

Adverse Reaction	DARZALEX FASPRO with Bortezomib, Melphalan and Prednisone (N=67)	
	All Grades (%)	Grades ≥3 (%)
Infections		
Upper respiratory tract infection ^a	39	0
Bronchitis	16	0
Pneumonia ^b	15	7 [#]
Gastrointestinal disorders		
Constipation	37	0
Nausea	36	0
Diarrhea	33	3 [#]
Vomiting	21	0
Abdominal pain ^c	13	0
General disorders and administration site conditions		
Fatigue ^d	36	3
Pyrexia	34	0
Edema peripheral ^e	13	1 [#]
Nervous system disorders		
Peripheral sensory neuropathy	34	1 [#]
Dizziness	10	0
Respiratory, thoracic and mediastinal disorders		
Cough ^f	24	0
Psychiatric disorders		
Insomnia	22	3 [#]
Musculoskeletal and connective tissue disorders		
Back pain	21	3 [#]
Musculoskeletal chest pain	12	0
Metabolism and nutrition disorders		
Decreased appetite	15	1 [#]
Skin and subcutaneous tissue disorders		
Rash	13	0
Pruritus	12	0
Vascular disorders		
Hypertension	13	6 [#]
Hypotension	10	3 [#]

^a Upper respiratory tract infection includes nasopharyngitis, respiratory syncytial virus infection, respiratory tract infection, rhinitis, tonsillitis, upper respiratory tract infection, and viral pharyngitis.

^b Pneumonia includes lower respiratory tract infection, lung infection, pneumocystis jirovecii pneumonia, pneumonia, and pneumonia bacterial.

^c Abdominal pain includes abdominal pain, and abdominal pain upper.

^d Fatigue includes asthenia, and fatigue.

^e Edema peripheral includes edema, edema peripheral, and peripheral swelling.

^f Cough includes cough, and productive cough.

[#] Only grade 3 adverse reactions occurred.

Clinically relevant adverse reactions in <10% of patients who received DARZALEX FASPRO with bortezomib, melphalan and prednisone (D-VMP) included:

- **General disorders and administration site conditions:** infusion reaction, injection site reaction, chills

- **Infections:** herpes zoster, urinary tract infection, influenza, sepsis
- **Musculoskeletal and connective tissue disorders:** arthralgia, muscle spasms
- **Nervous system disorders:** headache, paresthesia
- **Metabolism and nutrition disorders:** hypocalcemia, hyperglycemia
- **Respiratory, thoracic and mediastinal disorders:** dyspnea, pulmonary edema
- **Cardiac disorders:** atrial fibrillation

Table 7 summarizes the laboratory abnormalities in patients who received DARZALEX FASPRO with bortezomib, melphalan and prednisone (D-VMP) in PLEIADES.

Table 7: Select Hematology Laboratory Abnormalities Worsening from Baseline in Patients Who Received DARZALEX FASPRO with Bortezomib, Melphalan and Prednisone (D-VMP) in PLEIADES

Laboratory Abnormality	DARZALEX FASPRO with Bortezomib, Melphalan and Prednisone ^a	
	All Grades (%)	Grades 3-4 (%)
Decreased leukocytes	96	52
Decreased lymphocytes	93	84
Decreased platelets	93	42
Decreased neutrophils	88	49
Decreased hemoglobin	48	19

^a Denominator is based on the safety population treated with D-VMP (N=67).

Relapsed/Refractory Multiple Myeloma

In Combination with Lenalidomide and Dexamethasone

The safety of DARZALEX FASPRO with lenalidomide and dexamethasone (D-Rd) was evaluated in a single-arm cohort of PLEIADES [see *Clinical Studies (14.2)*]. Patients received DARZALEX FASPRO 1,800 mg/30,000 units administered subcutaneously once weekly from weeks 1 to 8, once every 2 weeks from weeks 9 to 24 and once every 4 weeks starting with week 25 until disease progression or unacceptable toxicity (N=65) in combination with lenalidomide and dexamethasone. Among these patients, 92% were exposed for 6 months or longer and 20% were exposed for greater than one year.

Serious adverse reactions occurred in 48% of patients who received DARZALEX FASPRO. Serious adverse reactions in >5% of patients included pneumonia, influenza and diarrhea. Fatal adverse reactions occurred in 3.1% of patients.

Permanent discontinuation of DARZALEX FASPRO due to an adverse reaction occurred in 11% of patients who received DARZALEX FASPRO. Adverse reactions resulting in permanent discontinuation of DARZALEX FASPRO in more than 1 patient were pneumonia and anemia.

Dosage interruptions due to an adverse reaction occurred in 63% of patients who received DARZALEX FASPRO. Adverse reactions requiring dosage interruptions in >5% of patients included neutropenia, pneumonia, upper respiratory tract infection, influenza, dyspnea, and blood creatinine increased.

The most common adverse reactions ($\geq 20\%$) were fatigue, diarrhea, upper respiratory tract infection, muscle spasms, constipation, pyrexia, pneumonia, and dyspnea.

Table 8 summarizes the adverse reactions in patients who received DARZALEX FASPRO with lenalidomide and dexamethasone (D-Rd) in PLEIADES.

Table 8: Adverse Reactions ($\geq 10\%$) in Patients Who Received DARZALEX FASPRO with Lenalidomide and Dexamethasone (D-Rd) in PLEIADES

Adverse Reaction	DARZALEX FASPRO with Lenalidomide and Dexamethasone (N=65)	
	All Grades (%)	Grades ≥ 3 (%)
General disorders and administration site conditions		
Fatigue ^a	52	5 [#]
Pyrexia	23	2 [#]
Edema peripheral	18	3 [#]
Gastrointestinal disorders		
Diarrhea	45	5 [#]
Constipation	26	2 [#]
Nausea	12	0
Vomiting	11	0
Infections		
Upper respiratory tract infection ^b	43	3 [#]
Pneumonia ^c	23	17
Bronchitis ^d	14	2 [#]
Urinary tract infection	11	0
Musculoskeletal and connective tissue disorders		
Muscle spasms	31	2 [#]
Back pain	14	0
Respiratory, thoracic and mediastinal disorders		
Dyspnea ^e	22	3
Cough ^f	14	0
Nervous system disorders		
Peripheral sensory neuropathy	17	2 [#]
Psychiatric disorders		
Insomnia	17	5 [#]
Metabolism and nutrition disorders		
Hyperglycemia	12	9 [#]
Hypocalcemia	11	0

^a Fatigue includes asthenia, and fatigue.

^b Upper respiratory tract infection includes nasopharyngitis, pharyngitis, respiratory tract infection viral, rhinitis, sinusitis, upper respiratory tract infection, and upper respiratory tract infection bacterial.

^c Pneumonia includes lower respiratory tract infection, lung infection, and pneumonia.

^d Bronchitis includes bronchitis, and bronchitis viral.

^e Dyspnea includes dyspnea, and dyspnea exertional.

^f Cough includes cough, and productive cough.

[#] Only grade 3 adverse reactions occurred.

Clinically relevant adverse reactions in $<10\%$ of patients who received DARZALEX FASPRO with lenalidomide and dexamethasone (D-Rd) included:

- **Musculoskeletal and connective tissue disorders:** arthralgia, musculoskeletal chest pain
- **Nervous system disorders:** dizziness, headache, paresthesia
- **Skin and subcutaneous tissue disorders:** rash, pruritus
- **Gastrointestinal disorders:** abdominal pain
- **Infections:** influenza, sepsis, herpes zoster
- **Metabolism and nutrition disorders:** decreased appetite
- **Cardiac disorders:** atrial fibrillation
- **General disorders and administration site conditions:** chills, infusion reaction, injection site reaction
- **Vascular disorders:** hypotension, hypertension

Table 9 summarizes the laboratory abnormalities in patients who received DARZALEX FASPRO with lenalidomide and dexamethasone (D-Rd) in PLEIADES.

Table 9: Select Hematology Laboratory Abnormalities Worsening from Baseline in Patients Who Received DARZALEX FASPRO with Lenalidomide and Dexamethasone (D-Rd) in PLEIADES

Laboratory Abnormality	DARZALEX FASPRO with Lenalidomide and Dexamethasone^a	
	All Grades (%)	Grades 3-4 (%)
Decreased leukocytes	94	34
Decreased lymphocytes	82	58
Decreased platelets	86	9
Decreased neutrophils	89	52
Decreased hemoglobin	45	8

^a Denominator is based on the safety population treated with D-Rd (N=65).

Monotherapy

The safety of DARZALEX FASPRO as monotherapy was evaluated in COLUMBA [see *Clinical Trials (14.2)*]. Patients received DARZALEX FASPRO 1,800 mg/30,000 units administered subcutaneously or daratumumab 16 mg/kg administered intravenously; each administered once weekly from weeks 1 to 8, once every 2 weeks from weeks 9 to 24 and once every 4 weeks starting with week 25 until disease progression or unacceptable toxicity. Among patients receiving DARZALEX FASPRO, 37% were exposed for 6 months or longer and 1% were exposed for greater than one year.

Serious adverse reactions occurred in 26% of patients who received DARZALEX FASPRO. Fatal adverse reactions occurred in 5% of patients. Fatal adverse reactions occurring in more than 1 patient were general physical health deterioration, septic shock, and respiratory failure.

Permanent discontinuation due to an adverse reaction occurred in 10% of patients who received DARZALEX FASPRO. Adverse reactions resulting in permanent discontinuation of DARZALEX FASPRO in more than 2 patients were thrombocytopenia and hypercalcemia.

Dosage interruptions due to an adverse reaction occurred in 26% of patients who received DARZALEX FASPRO. Adverse reactions requiring dosage interruption in >5% of patients included thrombocytopenia.

The most common adverse reaction ($\geq 20\%$) was upper respiratory tract infection.

Table 10 summarizes the adverse reactions in COLUMBA.

Table 10: Adverse Reactions ($\geq 10\%$) in Patients Who Received DARZALEX FASPRO or Intravenous Daratumumab in COLUMBA

Adverse Reaction	DARZALEX FASPRO (N=260)		Intravenous Daratumumab (N=258)	
	All Grades (%)	Grade ≥ 3 (%)	All Grades (%)	Grade ≥ 3 (%)
Infections				
Upper respiratory tract infection ^a	24	1 [#]	22	1 [#]
Pneumonia ^b	8	5	10	6 [@]
Gastrointestinal disorders				
Diarrhea	15	1 [#]	11	0.4 [#]
Nausea	8	0.4 [#]	11	0.4 [#]
General disorders and administration site conditions				
Fatigue ^c	15	1 [#]	16	2 [#]
Infusion reactions ^d	13	2 [#]	34	5 [#]
Pyrexia	13	0	13	1 [#]
Chills	6	0.4 [#]	12	1 [#]
Musculoskeletal and connective tissue disorders				
Back pain	10	2 [#]	12	3 [#]
Respiratory, thoracic and mediastinal disorders				
Cough ^e	9	1 [#]	14	0
Dyspnea ^f	6	1 [#]	11	1 [#]

^a Upper respiratory tract infection includes acute sinusitis, nasopharyngitis, pharyngitis, respiratory syncytial virus infection, respiratory tract infection, rhinitis, rhinovirus infection, sinusitis, and upper respiratory tract infection.

^b Pneumonia includes lower respiratory tract infection, lung infection, pneumocystis jirovecii pneumonia, and pneumonia.

^c Fatigue includes asthenia, and fatigue.

^d Infusion reactions includes terms determined by investigators to be related to infusion.

^e Cough includes cough, and productive cough.

^f Dyspnea includes dyspnea, and dyspnea exertional.

[#] Only grade 3 adverse reactions occurred.

[@] Grade 5 adverse reactions occurred.

Clinically relevant adverse reactions in <10% of patients who received DARZALEX FASPRO included:

- **General disorders and administration site conditions:** injection site reaction, peripheral edema
- **Musculoskeletal and connective tissue disorders:** arthralgia, musculoskeletal chest pain, muscle spasms
- **Gastrointestinal disorders:** constipation, vomiting, abdominal pain
- **Metabolism and nutrition disorders:** decreased appetite, hyperglycemia, hypocalcemia, dehydration
- **Psychiatric disorders:** insomnia

- **Vascular disorders:** hypertension, hypotension
- **Nervous system disorders:** dizziness, peripheral sensory neuropathy, paresthesia
- **Infections:** bronchitis, influenza, urinary tract infection, herpes zoster, sepsis, hepatitis B reactivation
- **Skin and subcutaneous tissue disorders:** pruritus, rash
- **Cardiac disorders:** atrial fibrillation
- **Respiratory, thoracic and mediastinal disorders:** pulmonary edema

Table 11 summarizes the laboratory abnormalities in COLUMBA.

Table 11: Select Hematology Laboratory Abnormalities Worsening from Baseline in Patients Receiving DARZALEX FASPRO or Intravenous Daratumumab in COLUMBA

Laboratory Abnormality	DARZALEX FASPRO ^a		Intravenous Daratumumab ^a	
	All Grades (%)	Grades 3-4 (%)	All Grades (%)	Grades 3-4 (%)
Decreased leukocytes	65	19	57	14
Decreased lymphocytes	59	36	56	36
Decreased neutrophils	55	19	43	11
Decreased platelets	43	16	45	14
Decreased hemoglobin	42	14	39	16

^a Denominator is based on the safety population treated with DARZALEX FASPRO (N=260) and Intravenous Daratumumab (N=258).

Light Chain Amyloidosis

In Combination with Bortezomib, Cyclophosphamide and Dexamethasone

The safety of DARZALEX FASPRO with bortezomib, cyclophosphamide and dexamethasone (D-VCd) was evaluated in ANDROMEDA [see *Clinical Studies (14.2)*]. Patients received DARZALEX FASPRO 1,800 mg/30,000 units administered subcutaneously once weekly from weeks 1 to 8, once every 2 weeks from weeks 9 to 24 and once every 4 weeks starting with week 25 until disease progression or unacceptable toxicity or a maximum of 2 years. Among patients who received D-VCd, 74% were exposed for 6 months or longer and 32% were exposed for greater than one year.

Serious adverse reactions occurred in 43% of patients who received DARZALEX FASPRO in combination with VCd. Serious adverse reactions that occurred in at least 5% of patients in the D-VCd arm were pneumonia (9%), cardiac failure (8%), and sepsis (5%). Fatal adverse reactions occurred in 11% of patients. Fatal adverse reactions that occurred in more than one patient included cardiac arrest (4%), sudden death (3%), cardiac failure (3%), and sepsis (1%).

Permanent discontinuation of DARZALEX FASPRO due to an adverse reaction occurred in 5% of patients. Adverse reactions resulting in permanent discontinuation of DARZALEX FASPRO in more than one patient were pneumonia, sepsis, and cardiac failure.

Dosage interruptions (defined as dose delays or skipped doses) due to an adverse reaction occurred in 36% of patients who received DARZALEX FASPRO. Adverse reactions which

required a dosage interruption in $\geq 3\%$ of patients included upper respiratory tract infection (9%), pneumonia (6%), cardiac failure (4%), fatigue (3%), herpes zoster (3%), dyspnea (3%), and neutropenia (3%).

The most common adverse reactions ($\geq 20\%$) were upper respiratory tract infection, diarrhea, peripheral edema, constipation, fatigue, peripheral sensory neuropathy, nausea, insomnia, dyspnea, and cough.

Table 12 below summarizes the adverse reactions in patients who received DARZALEX FASPRO with Vcd in ANDROMEDA.

Table 12: Adverse Reactions ($\geq 10\%$) in Patients with AL Amyloidosis Who Received DARZALEX FASPRO with Bortezomib, Cyclophosphamide and Dexamethasone (D-Vcd) with a Difference Between Arms of $>5\%$ Compared to Vcd in ANDROMEDA

Adverse Reaction	D-Vcd (N=193)		Vcd (N=188)	
	All Grades (%)	Grades 3-4 (%)	All Grades (%)	Grades 3-4 (%)
Infections				
Upper respiratory tract infection ^a	40	1 [#]	21	1 [#]
Pneumonia ^b	15	10	9	5
Gastrointestinal disorders				
Diarrhea	36	6 [#]	30	4
Constipation	34	2 [#]	29	0
Nervous system disorders				
Peripheral sensory neuropathy	31	3 [#]	20	2 [#]
Respiratory, thoracic and mediastinal disorders				
Dyspnea ^c	26	4	20	4 [#]
Cough ^d	20	1 [#]	11	0
Musculoskeletal and connective tissue disorders				
Back pain	12	2 [#]	6	0
Arthralgia	10	0	5	0
Muscle spasms	10	1 [#]	5	0
Cardiac disorders				
Arrhythmia ^e	11	4	5	2
General disorders and administration site conditions				
Injection site reactions ^f	11	0	0	0

[#] Only grade 3 adverse reactions occurred.

^a Upper respiratory tract infection includes laryngitis, nasopharyngitis, pharyngitis, respiratory syncytial virus infection, respiratory tract infection, respiratory tract infection viral, rhinitis, rhinovirus infection, sinusitis, tonsillitis, tracheitis, upper respiratory tract infection, upper respiratory tract infection bacterial, and viral upper respiratory tract infection.

^b Pneumonia includes lower respiratory tract infection, pneumonia, pneumonia aspiration, and pneumonia pneumococcal.

^c Dyspnea includes dyspnea, and dyspnea exertional.

^d Cough includes cough, and productive cough.

^e Arrhythmia includes atrial flutter, atrial fibrillation, supraventricular tachycardia, bradycardia, arrhythmia, bradyarrhythmia, cardiac flutter, extrasystoles, supraventricular extrasystoles, ventricular arrhythmia, ventricular extrasystoles, atrial tachycardia, ventricular tachycardia

^f Injection site reactions includes terms determined by investigators to be related to daratumumab injection.

Clinically relevant adverse reactions not included in Table 12 and occurred in patients who received DARZALEX FASPRO with bortezomib, cyclophosphamide and dexamethasone (D-Vcd) included:

- **Skin and subcutaneous tissue disorders:** rash, pruritus
- **Nervous system disorders:** paresthesia

- **General disorders and administration site conditions:** infusion reaction, chills
- **Cardiac disorders:** cardiac failure^a, cardiac arrest
- **Metabolism and nutrition disorders:** hyperglycemia, hypocalcemia, dehydration
- **Infections:** bronchitis, herpes zoster, sepsis, urinary tract infection, influenza
- **Vascular disorders:** hypertension
- **Musculoskeletal and connective tissue disorders:** musculoskeletal chest pain
- **Gastrointestinal disorders:** pancreatitis
- **Respiratory, thoracic and mediastinal disorders:** pulmonary edema

^a Cardiac failure includes cardiac dysfunction, cardiac failure, cardiac failure congestive, cardiovascular insufficiency, diastolic dysfunction, pulmonary edema, and left ventricular dysfunction occurred in 11% of patients.

Table 13 summarizes the laboratory abnormalities in patients who received DARZALEX FASPRO with VCd in ANDROMEDA.

Table 13: Select Hematology Laboratory Abnormalities Worsening from Baseline in Patients Who Received DARZALEX FASPRO with Bortezomib, Cyclophosphamide and Dexamethasone (D-VCd) in ANDROMEDA

Laboratory Abnormality	D-VCd		VCd	
	All Grades (%)	Grades 3-4 (%)	All Grades (%)	Grades 3-4 (%)
Decreased lymphocytes	81	54	71	46
Decreased hemoglobin	66	6	70	6
Decreased leukocytes	60	7	46	4
Decreased platelets	46	3	40	4
Decreased neutrophils	30	6	18	4

Denominator is based on the number of patients with a baseline and post-baseline laboratory value for each laboratory test, N=188 for D-VCd and N=186 for VCd.

Cardiac Adverse Reactions in Light Chain (AL) Amyloidosis

Among patients who received DARZALEX FASPRO in combination with VCd, 72% of patients had baseline cardiac involvement with Mayo Cardiac Stage I (3%), Stage II (46%) and Stage III (51%). Serious cardiac disorders occurred in 16% of patients (8% of patients with Mayo Cardiac Stage I and II and 28% of patients with Stage III). Serious cardiac disorders in >2% of patients included cardiac failure (8%), cardiac arrest (4%) and arrhythmia (4%). Fatal cardiac disorders occurred in 10% of patients (5% of patients with Mayo Cardiac Stage I and II and 19% of patients with Stage III) who received DARZALEX FASPRO in combination with VCd. Fatal cardiac disorders that occurred in more than one patient in the D-VCd arm included cardiac arrest (4%), sudden death (3%), and cardiac failure (3%).

6.2 Immunogenicity

As with all therapeutic proteins, there is the potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in

an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies in the studies described below with the incidence of antibodies in other studies or to other daratumumab products or other hyaluronidase products may be misleading.

In patients with multiple myeloma and light chain (AL) amyloidosis who received DARZALEX FASPRO as monotherapy or as part of a combination therapy, less than 1% of 633 patients developed treatment-emergent anti-daratumumab antibodies.

In patients with multiple myeloma and light chain (AL) amyloidosis who received DARZALEX FASPRO as monotherapy or as part of a combination therapy, 7% of 628 patients developed treatment-emergent anti-rHuPH20 antibodies. The anti-rHuPH20 antibodies did not appear to affect daratumumab exposure. None of the patients who tested positive for anti-rHuPH20 antibodies tested positive for neutralizing antibodies.

6.3 Postmarketing Experience

The following adverse reactions have been identified with use of intravenous daratumumab. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Immune System: Anaphylactic reaction

Gastrointestinal: Pancreatitis

7 DRUG INTERACTIONS

7.1 Effects of Daratumumab on Laboratory Tests

Interference with Indirect Antiglobulin Tests (Indirect Coombs Test)

Daratumumab binds to CD38 on RBCs and interferes with compatibility testing, including antibody screening and cross matching. Daratumumab interference mitigation methods include treating reagent RBCs with dithiothreitol (DTT) to disrupt daratumumab binding [see References (15)] or genotyping. Since the Kell blood group system is also sensitive to DTT treatment, supply K-negative units after ruling out or identifying alloantibodies using DTT-treated RBCs.

If an emergency transfusion is required, administer non-cross-matched ABO/RhD-compatible RBCs per local blood bank practices.

Interference with Serum Protein Electrophoresis and Immunofixation Tests

Daratumumab may be detected on serum protein electrophoresis (SPE) and immunofixation (IFE) assays used for monitoring disease monoclonal immunoglobulins (M protein). False positive SPE and IFE assay results may occur for patients with IgG kappa myeloma protein impacting initial assessment of complete responses by International Myeloma Working Group (IMWG) criteria. In DARZALEX FASPRO-treated patients with persistent very good partial response, where daratumumab interference is suspected, consider using a FDA-approved

daratumumab-specific IFE assay to distinguish daratumumab from any remaining endogenous M protein in the patient's serum, to facilitate determination of a complete response.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

DARZALEX FASPRO can cause fetal harm when administered to a pregnant woman. The assessment of associated risks with daratumumab products is based on the mechanism of action and data from target antigen CD38 knockout animal models (*see Data*). There are no available data on the use of DARZALEX FASPRO in pregnant women to evaluate drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Animal reproduction studies have not been conducted.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

The combination of DARZALEX FASPRO and lenalidomide or thalidomide is contraindicated in pregnant women, because lenalidomide and thalidomide may cause birth defects and death of the unborn child. Lenalidomide and thalidomide are only available through a REMS program. Refer to the lenalidomide or thalidomide prescribing information on use during pregnancy.

Clinical Considerations

Fetal/Neonatal Adverse Reactions

Immunoglobulin G1 (IgG1) monoclonal antibodies are transferred across the placenta. Based on its mechanism of action, DARZALEX FASPRO may cause depletion of fetal CD38 positive immune cells and decreased bone density. Defer administering live vaccines to neonates and infants exposed to daratumumab *in utero* until a hematology evaluation is completed.

Data

Animal Data

DARZALEX FASPRO for subcutaneous injection contains daratumumab and hyaluronidase. Mice that were genetically modified to eliminate all CD38 expression (CD38 knockout mice) had reduced bone density at birth that recovered by 5 months of age. Data from studies using CD38 knockout animal models also suggest the involvement of CD38 in the regulation of humoral immune responses (mice), feto-maternal immune tolerance (mice), and early embryonic development (frogs).

No systemic exposure of hyaluronidase was detected in monkeys given 22,000 U/kg subcutaneously (12 times higher than the human dose) and there were no effects on embryo-fetal

development in pregnant mice given 330,000 U/kg hyaluronidase subcutaneously daily during organogenesis, which is 45 times higher than the human dose.

There were no effects on pre- and post-natal development through sexual maturity in offspring of mice treated daily from implantation through lactation with 990,000 U/kg hyaluronidase subcutaneously, which is 134 times higher than the human doses.

8.2 Lactation

Risk Summary

There is no data on the presence of daratumumab and hyaluronidase in human milk, the effects on the breastfed child, or the effects on milk production. Maternal immunoglobulin G is known to be present in human milk. Published data suggest that antibodies in breast milk do not enter the neonatal and infant circulations in substantial amounts. Because of the potential for serious adverse reactions in the breastfed child when DARZALEX FASPRO is administered with lenalidomide or thalidomide and dexamethasone, advise women not to breastfeed during treatment with DARZALEX FASPRO. Refer to lenalidomide or thalidomide prescribing information for additional information.

Data

Animal Data

No systemic exposure of hyaluronidase was detected in monkeys given 22,000 U/kg subcutaneously (12 times higher than the human dose) and there were no effects on post-natal development through sexual maturity in offspring of mice treated daily during lactation with 990,000 U/kg hyaluronidase subcutaneously, which is 134 times higher than the human doses.

8.3 Females and Males of Reproductive Potential

DARZALEX FASPRO can cause fetal harm when administered to a pregnant woman [*see Use in Specific Populations (8.1)*].

Pregnancy Testing

With the combination of DARZALEX FASPRO with lenalidomide or thalidomide, refer to the lenalidomide or thalidomide labeling for pregnancy testing requirements prior to initiating treatment in females of reproductive potential.

Contraception

Advise females of reproductive potential to use effective contraception during treatment with DARZALEX FASPRO and for 3 months after the last dose. Additionally, refer to the lenalidomide or thalidomide labeling for additional recommendations for contraception.

8.4 Pediatric Use

Safety and effectiveness of DARZALEX FASPRO in pediatric patients have not been established.

8.5 Geriatric Use

Of the 291 patients who received DARZALEX FASPRO as monotherapy for relapsed and refractory multiple myeloma, 37% were 65 to <75 years of age, and 19% were 75 years of age or older. No overall differences in effectiveness of DARZALEX FASPRO have been observed between patients ≥ 65 years of age and younger patients. Adverse reactions that occurred at a higher frequency ($\geq 5\%$ difference) in patients ≥ 65 years of age included upper respiratory tract infection, urinary tract infection, dizziness, cough, dyspnea, diarrhea, nausea, fatigue, and peripheral edema. Serious adverse reactions that occurred at a higher frequency ($\geq 2\%$ difference) in patients ≥ 65 years of age included pneumonia.

Clinical studies of DARZALEX FASPRO as part of a combination therapy for patients with multiple myeloma did not include sufficient numbers of patients aged 65 and older to determine whether they respond differently from younger patients.

Of the 193 patients who received DARZALEX FASPRO as part of a combination therapy for light chain (AL) amyloidosis, 35% were 65 to <75 years of age, and 10% were 75 years of age or older. Clinical studies of DARZALEX FASPRO as part of a combination therapy for patients with light chain (AL) amyloidosis did not include sufficient numbers of patients aged 65 and older to determine whether effectiveness differs from that of younger patients. Adverse reactions that occurred at a higher frequency in patients ≥ 65 years of age were peripheral edema, asthenia, pneumonia and hypotension.

No clinically meaningful differences in the pharmacokinetics of daratumumab were observed in geriatric patients compared to younger adult patients [*see Clinical Pharmacology (12.3)*].

11 DESCRIPTION

Daratumumab is an immunoglobulin G1 kappa (IgG1 κ) human monoclonal antibody that binds to the CD38 antigen. Daratumumab is produced in Chinese Hamster Ovary (CHO) cells using recombinant DNA technology. The molecular weight of daratumumab is approximately 148 kDa.

Hyaluronidase (recombinant human) is an endoglycosidase used to increase the dispersion and absorption of co-administered drugs when administered subcutaneously. It is a glycosylated single-chain protein produced by Chinese Hamster Ovary cells containing a DNA plasmid encoding for a soluble fragment of human hyaluronidase (PH20). Hyaluronidase (recombinant human) has a molecular weight of approximately 61 kDa.

DARZALEX FASPRO[®] (daratumumab and hyaluronidase-fihj) injection is a sterile, preservative-free, colorless to yellow, and clear to opalescent solution supplied in a single-dose vial for subcutaneous administration.

Each DARZALEX FASPRO 15 mL single-dose vial contains 1,800 mg of daratumumab and 30,000 units of hyaluronidase, L-histidine (4.9 mg), L-histidine hydrochloride monohydrate (18.4 mg), L-methionine (13.5 mg), polysorbate 20 (6 mg), sorbitol (735.1 mg), and Water for Injection, USP.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

CD38 is a transmembrane glycoprotein (48 kDa) expressed on the surface of hematopoietic cells, including clonal plasma cells in multiple myeloma and light chain (AL) amyloidosis, as well as other cell types. Surface CD38 has multiple functions, including receptor mediated adhesion, signaling, and modulation of cyclase and hydrolase activity. Daratumumab is an IgG1 κ human monoclonal antibody (mAb) that binds to CD38 and inhibits the growth of CD38 expressing tumor cells by inducing apoptosis directly through Fc mediated cross linking as well as by immune-mediated tumor cell lysis through complement dependent cytotoxicity (CDC), antibody dependent cell mediated cytotoxicity (ADCC) and antibody dependent cellular phagocytosis (ADCP). A subset of myeloid derived suppressor cells (CD38+MDSCs), regulatory T cells (CD38+T_{regs}) and B cells (CD38+B_{regs}) are decreased by daratumumab.

Hyaluronan is a polysaccharide found in the extracellular matrix of the subcutaneous tissue. It is depolymerized by the naturally occurring enzyme hyaluronidase. Unlike the stable structural components of the interstitial matrix, hyaluronan has a half-life of approximately 0.5 days. Hyaluronidase increases permeability of the subcutaneous tissue by depolymerizing hyaluronan. In the doses administered, hyaluronidase in DARZALEX FASPRO acts locally. The effects of hyaluronidase are reversible and permeability of the subcutaneous tissue is restored within 24 to 48 hours.

12.2 Pharmacodynamics

NK cells express CD38 and are susceptible to daratumumab mediated cell lysis. Decreases in absolute counts and percentages of total NK cells (CD16+CD56+) and activated (CD16+CD56^{dim}) NK cells in peripheral whole blood and bone marrow were observed with DARZALEX FASPRO treatment.

Cardiac Electrophysiology

DARZALEX FASPRO as a large protein has a low likelihood of direct ion channel interactions. There is no evidence from non-clinical or clinical data to suggest that DARZALEX FASPRO has the potential to delay ventricular repolarization.

Exposure-Response Relationship

The exposure-response relationship and time course of pharmacodynamics of DARZALEX FASPRO have not been fully characterized.

12.3 Pharmacokinetics

Following the recommended dose of DARZALEX FASPRO 1,800 mg/30,000 units, C_{max} increased 4.8-fold and AUC_{0-7 days} increased 5.4-fold from the 1st dose to the 8th dose.

Table 14 lists the observed mean (\pm SD) maximum trough concentrations (C_{trough}) after the 8th dose, simulated median (5th-95th percentiles) maximum C_{trough} after the 8th dose, simulated median (5th-95th percentiles) C_{max} after the 8th dose, and simulated median (5th-95th percentiles) area under the curve (AUC_{0-7day}) after the 8th dose following DARZALEX FASPRO

1,800 mg/30,000 units administered subcutaneously or daratumumab 16 mg/kg administered intravenously in patients with multiple myeloma or light chain (AL) amyloidosis.

Table 14: Daratumumab Exposure for Patients with Multiple Myeloma or Light Chain (AL) Amyloidosis

Parameter	Intravenous Daratumumab 16 mg/kg in Patients with Multiple Myeloma	DARZALEX FASPRO 1,800 mg/30,000 units in Patients with Multiple Myeloma	DARZALEX FASPRO 1,800 mg/30,000 units in Patients with Light Chain (AL) Amyloidosis
Observed mean±SD max C _{trough} after 8 th dose (µg/mL)	522±226 ^{a,b}	593±306 ^{a,b}	597±232 ^c
Simulated median (5 th -95 th percentiles) max C _{trough} after 8 th dose (µg/mL)	472 (144-809) ^d	563 (177-1063) ^d	662 (315-1037) ^e
Simulated median (5 th -95 th percentiles) C _{max} after 8 th dose (µg/mL)	688 (369-1061) ^d	592 (234-1114) ^d	729 (390-1105) ^e
Simulated median (5 th -95 th percentiles) AUC _{0-7days} after 8 th dose (µg/mL•day)	4019 (1740-6370) ^d	4017 (1515-7564) ^d	4855 (2562-7522) ^e

^a Geometric mean ratio between 1,800 mg SC and 16 mg/kg was 108% (90% CI: 96, 122) in patients with multiple myeloma

^b Source: MMY3012 Primary Analysis Clinical Study Report

^c Source: AMY3001 Primary Analysis Clinical Study Report

^d Source: Population Pharmacokinetics and Exposure-response Analysis Report for Subcutaneously Administered Daratumumab in Multiple Myeloma Subjects

^e Source: Population Pharmacokinetics and Exposure-response Analysis Report for Daratumumab Subcutaneous Administration for the Treatment of Subjects with AL Amyloidosis

Absorption

At the recommended dose of DARZALEX FASPRO 1,800 mg/30,000 units, the absolute bioavailability is 69%, with peak concentrations occurring around 3 days (T_{max}) in patients with multiple myeloma. Peak concentrations occurred around 4 days in patients with light chain (AL) amyloidosis.

Distribution

The estimated mean (coefficient of variation, CV) volume of distribution for the central compartment is 5.2 L (37%) and peripheral compartment was 3.8 L in patients with multiple myeloma. The estimated mean volume of distribution was 10.8 L (28%) in patients with light chain (AL) amyloidosis.

Elimination

Daratumumab is cleared by parallel linear and nonlinear saturable target mediated clearances. The estimated mean (CV%) linear clearance of daratumumab is 119 mL/day (59%) in patients with multiple myeloma and is 210 mL/day (42%) in patients with light chain (AL) amyloidosis. The estimated mean (CV%) elimination half-life associated with linear clearance is 20 days

(22%) in patients with multiple myeloma and 28 days (74%) in patients with light chain (AL) amyloidosis.

Specific Populations

The following population characteristics have no clinically meaningful effect on the pharmacokinetics of daratumumab in patients administered DARZALEX FASPRO as monotherapy or as combination therapy: sex, age (33 to 92 years), renal impairment [Creatinine clearance (CL_{cr}) 15 to 89 mL/min as determined by the Cockcroft-Gault formula], and mild hepatic impairment (total bilirubin 1 to 1.5 times ULN and AST>ULN). The effect of moderate and severe hepatic impairment on daratumumab pharmacokinetics is unknown.

Racial or Ethnic Groups

Of 190 patients with light chain (AL) amyloidosis who received DARZALEX FASPRO and had a maximum C_{trough} after the 8th dose, African-Americans (4%) had 24% higher daratumumab mean maximum C_{trough} after the 8th dose compared to that of Whites (83%) and Asians (10%) had 16% higher mean maximum C_{trough} after the 8th dose compared to that of Whites. The difference in exposure between that of Asians and Whites could be explained in part by differences in body size. The effect of African-American race on exposure and related safety and efficacy of daratumumab is unknown.

Body Weight

In patients with multiple myeloma who received DARZALEX FASPRO 1,800 mg/30,000 units as monotherapy, the mean maximum C_{trough} after the 8th dose was 12% lower in the higher body weight (BW) group (>85 kg), while the mean maximum C_{trough} after the 8th dose was 81% higher in the lower BW group (≤50 kg) compared to the corresponding BW groups in the intravenous daratumumab arm.

In patients with light chain (AL) amyloidosis who received DARZALEX FASPRO 1,800 mg/30,000 units in combination and had a maximum C_{trough} after the 8th dose, the mean maximum C_{trough} after the 8th dose was 22% lower in the higher BW group (>85 kg), while the mean maximum C_{trough} was 37% higher in the lower BW group (≤50 kg) compared to the patients with body weight of 51-85 kg.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

No carcinogenicity or genotoxicity studies have been conducted with daratumumab. No animal studies have been performed to evaluate the potential effects of daratumumab on reproduction or development, or to determine potential effects on fertility in males or females.

No carcinogenicity, genotoxicity, or fertility studies were conducted for recombinant human hyaluronidase. There were no effects on reproductive tissues and function and no systemic exposure of hyaluronidase in monkeys given 22,000 U/kg/week subcutaneously (12 times higher than the human dose) for 39 weeks. As hyaluronidase is a recombinant form of the endogenous human hyaluronidase, no carcinogenicity, mutagenesis, or effects on fertility are expected.

14 CLINICAL STUDIES

14.1 Newly Diagnosed Multiple Myeloma

In Combination with Bortezomib, Melphalan and Prednisone

The efficacy of DARZALEX FASPRO with bortezomib, melphalan and prednisone (D-VMP) was evaluated in a single-arm cohort of PLEIADES (NCT03412565), a multi-cohort, open-label trial. Eligible patients were required to have newly diagnosed multiple myeloma who are ineligible for transplant. Patients received DARZALEX FASPRO 1,800 mg/30,000 units administered subcutaneously once weekly from weeks 1 to 6, once every 3 weeks from weeks 7 to 54 and once every 4 weeks starting with week 55 until disease progression or unacceptable toxicity; bortezomib 1.3 mg/m² subcutaneously twice weekly on Weeks 1, 2, 4 and 5 for the first 6-week cycle (Cycle 1; 8 doses), followed by once weekly on Weeks 1, 2, 4 and 5 for eight more 6-week cycles (Cycles 2-9; 4 doses per cycle); and melphalan 9 mg/m² and prednisone 60 mg/m² orally on Days 1 to 4 of the nine 6-week cycles (Cycles 1-9). The major efficacy outcome measure was overall response rate (ORR).

A total of 67 patients received DARZALEX FASPRO with VMP. The median age was 75 years (range: 66 to 86); 46% were male; 69% were White, 8% Asian, and 2% Black or African American; and 33% had ISS Stage I, 45% had ISS Stage II, and 22% had ISS Stage III disease.

Efficacy results are summarized in Table 15.

Table 15: Efficacy Results from PLEIADES in Patients Who Received D-VMP

	D-VMP (N=67)
Overall response rate (sCR+CR+VGPR+PR), n (%) ^a	59 (88%)
95% CI (%)	(78%, 95%)
Stringent complete response (sCR)	5 (8%)
Complete response (CR)	7 (10%)
Very good partial response (VGPR)	31 (46%)
Partial response (PR)	16 (24%)

CI=confidence interval

^a Based on treated patients

14.2 Relapsed/Refractory Multiple Myeloma

In Combination with Lenalidomide and Dexamethasone

The efficacy of DARZALEX FASPRO with lenalidomide and dexamethasone (D-Rd) was evaluated in a single-arm cohort of PLEIADES (NCT03412565), a multi-cohort, open-label trial. Patients received DARZALEX FASPRO 1,800 mg/30,000 units administered subcutaneously once weekly from weeks 1 to 8, once every 2 weeks from weeks 9 to 24 and once every 4 weeks starting with week 25 until disease progression or unacceptable toxicity with lenalidomide 25 mg once daily orally on Days 1-21 of each 28-day cycle; and dexamethasone 40 mg per week (or a reduced dose of 20 mg per week for patients >75 years or BMI <18.5). The major efficacy outcome measure was ORR.

A total of 65 patients received DARZALEX FASPRO with Rd. The median age was 69 years (range: 33 to 82 years); 69% were male; 69% were White, and 3% Black or African American; and 42% had ISS Stage I, 30% had ISS Stage II, and 28% had ISS Stage III disease. Patients had received a median of 1 prior line of therapy. A total of 52% of patients had a prior ASCT; 95% of patients received a prior PI; 59% received a prior immunomodulatory agent, including 22% who received prior lenalidomide; and 54% of patients received both a prior PI and immunomodulatory agent.

Efficacy results are summarized in Table 16.

Table 16: Efficacy Results from PLEIADES in Patients Who Received D-Rd

	D-Rd (N=65)
Overall response rate (sCR+CR+VGPR+PR), n (%) ^a	59 (91%)
95% CI (%)	(81%, 97%)
Stringent complete response (sCR)	4 (6%)
Complete response (CR)	8 (12%)
Very good partial response (VGPR)	30 (46%)
Partial response (PR)	17 (26%)

CI=confidence interval

^a Based on treated patients

Monotherapy

The efficacy of DARZALEX FASPRO as monotherapy was evaluated in COLUMBA (NCT03277105), an open-label, randomized, non-inferiority study. Eligible patients were required to have relapsed or refractory multiple myeloma who had received at least 3 prior lines of therapy including a proteasome inhibitor and an immunomodulatory agent or who were double-refractory to a proteasome inhibitor and an immunomodulatory agent. Patients were randomized to receive DARZALEX FASPRO 1,800 mg/30,000 units administered subcutaneously or daratumumab 16 mg/kg administered intravenously; each administered once weekly from weeks 1 to 8, once every 2 weeks from weeks 9 to 24 and once every 4 weeks starting with week 25 until unacceptable toxicity or disease progression. The major efficacy outcome measures were ORR by the IMWG response criteria and maximum C_{trough} at pre-dose Cycle 3 Day 1 [see *Clinical Pharmacology* (12.3)]. Randomization was stratified by body weight, myeloma type, and number of prior lines of therapy.

A total of 522 patients were randomized: 263 to the DARZALEX FASPRO arm and 259 to the intravenous daratumumab arm. The median age was 67 years (range: 33 to 92 years); 55% were male; and 78% were White, 14% Asian, and 3% Black or African American. The median weight was 73 kg (range: 29 to 138). Patients had received a median of 4 prior lines of therapy. A total of 51% of patients had a prior ASCT; 100% of patients received both a PI and an immunomodulatory agent. Forty-nine percent of patients were refractory both a PI and an immunomodulatory agent. Eighty-two percent of patients were refractory to their last line of prior systemic therapy.

The results show that DARZALEX FASPRO 1,800 mg/30,000 units administered subcutaneously is non-inferior to daratumumab 16 mg/kg administered intravenously in terms of ORR and maximum trough concentration [see *Clinical Pharmacology* (12.3)]. Median

progression-free survival was 5.6 months in the DARZALEX FASPRO arm and 6.1 months in the intravenous daratumumab arm. ORR results are provided in Table 17.

Table 17: Efficacy Results from COLUMBA

	DARZALEX FASPRO (N=263)	Intravenous Daratumumab (N=259)
Overall response (sCR+CR+VGPR+PR), n (%) ^a	108 (41%)	96 (37%)
95% CI (%)	(35%, 47%)	(31%, 43%)
Ratio of response rates (95% CI)		1.11 (0.89, 1.37)
CR or better, n (%)	5 (1.9%)	7 (2.7%)
Very good partial response (VGPR)	45 (17%)	37 (14%)
Partial response (PR)	58 (22%)	52 (20%)

^a Based on intent-to-treat population.

14.3 Light Chain Amyloidosis

In Combination with Bortezomib, Cyclophosphamide and Dexamethasone

The efficacy of DARZALEX FASPRO with VCd was evaluated in ANDROMEDA (NCT03201965), an open-label, randomized, active-controlled trial. Eligible patients were required to have newly diagnosed light chain (AL) amyloidosis with at least one affected organ, measurable hematologic disease, Cardiac Stage I-IIIa (based on European Modification of Mayo 2004 Cardiac Stage), and NYHA Class I-IIIa. Patients with NYHA Class IIIB and IV were excluded. Patients were randomized to receive bortezomib 1.3 mg/m² administered subcutaneously, cyclophosphamide 300 mg/m² (max dose 500 mg) administered orally or intravenously, and dexamethasone 40 mg (or a reduced dose of 20 mg for patients >70 years or body mass index <18.5 or who have hypervolemia, poorly controlled diabetes mellitus or prior intolerance to steroid therapy) administered orally or intravenously on Days 1, 8, 15, and 22 of each 28-day cycle with or without DARZALEX FASPRO 1,800 mg/30,000 units subcutaneously once weekly from weeks 1 to 8, once every 2 weeks from weeks 9 to 24 and once every 4 weeks starting with week 25 until disease progression or a maximum of two years. When DARZALEX FASPRO and dexamethasone were administered on the same day, dexamethasone 20 mg was administered before DARZALEX FASPRO with the remaining dose of dexamethasone administered after DARZALEX FASPRO if applicable. The major efficacy outcome measure was confirmed hematologic complete response (HemCR) rate based on Consensus Criteria as determined by the Independent Review Committee (negative serum and urine immunofixation, involved free light chain level decrease to less than the upper limit of normal, and normal free light chain ratio). Randomization was stratified by Cardiac Stage (European Modification of Mayo 2004 Cardiac Stage) countries that typically offer autologous stem cell transplant (ASCT) for patients with light chain (AL) amyloidosis, and renal function.

A total of 388 patients were randomized: 195 to D-VCd and 193 to VCd. The median patient age was 64 years (range: 34 to 87 years); 58% were male; 76% White, 17% Asian, and 3% Black or African American; 23% had light chain (AL) amyloidosis Cardiac Stage I, 40% had Stage II, and 37% had Stage IIIa. The median number of organs involved was 2 (range: 1-6) and 66% of patients had 2 or more organs involved. Vital organ involvement was: cardiac 71%, renal 59% and hepatic 8%. The majority (79%) of patients had lambda free light chain disease.

Efficacy results are summarized in Table 18.

Table 18: Efficacy results from ANDROMEDA^a

	D-VCd (n=195)	VCd (n=193)
Hematologic complete response (HemCR), n (%)	82 (42%)	26 (13%)
p-value ^b	<0.0001	
Very good partial response (VGPR), n (%)	71 (36%)	69 (36%)
Partial response (PR), n (%)	26 (13%)	53 (27%)
Hematologic VGPR or better (HemCR + VGPR), n (%)	153 (78%)	95 (49%)
Major organ deterioration progression-free survival ^c , Hazard ratio with 95% CI	0.58 (0.37, 0.92)	

D-VCd=daratumumab-bortezomib-cyclophosphamide-dexamethasone; VCd=bortezomib-cyclophosphamide-dexamethasone

^a Based on intent-to-treat population

^b p-value from Cochran Mantel-Haenszel Chi-Squared test.

^c Major organ deterioration-PFS defined as hematologic progression, major organ (cardiac or renal) deterioration or death

The median time to HemCR was 59 days (range: 8 to 299 days) in the D-VCd arm and 59 days (range: 16 to 340 days) in the VCd arm. The median time to VGPR or better was 17 days (range: 5 to 336 days) in the D-VCd arm and 25 days (range: 8 to 171 days) in the VCd arm. The median duration of HemCR had not been reached in either arm.

The median follow-up for the study is 11.4 months. Overall survival (OS) data were not mature. A total of 56 deaths were observed [N=27 (13.8%) D-VCd vs. N=29 (15%) VCd group].

15 REFERENCES

1. Chapuy, CI, RT Nicholson, MD Aguad, et al., 2015, Resolving the daratumumab interference with blood compatibility testing, *Transfusion*, 55:1545-1554 (accessible at <http://onlinelibrary.wiley.com/doi/10.1111/trf.13069/epdf>).

16 HOW SUPPLIED/STORAGE AND HANDLING

DARZALEX FASPRO[®] (daratumumab and hyaluronidase-fihj) injection is a sterile, preservative-free, colorless to yellow, and clear to opalescent solution for subcutaneous use supplied as individually packaged single-dose vials providing 1,800 mg of daratumumab and 30,000 units of hyaluronidase per 15 mL (NDC 57894-503-01).

Store DARZALEX FASPRO vials in a refrigerator at 2°C to 8°C (36°F to 46°F) in the original carton to protect from light.

Do not freeze or shake.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Hypersensitivity and Other Administration Reactions

Advise patients to seek immediate medical attention for any of the following signs and symptoms of systemic administration-related reactions: itchy, runny or blocked nose; chills,

nausea, throat irritation, cough, headache, shortness of breath or difficulty breathing [see *Warnings and Precautions* (5.1)].

Cardiac Toxicity in Patients with Light Chain (AL) Amyloidosis

Advise patients to immediately contact their healthcare provider if they have signs or symptoms of cardiac adverse reactions [see *Warnings and Precautions* (5.2)].

Neutropenia

Advise patients to contact their healthcare provider if they have a fever [see *Warnings and Precautions* (5.3)].

Thrombocytopenia

Advise patients to contact their healthcare provider if they have bruising or bleeding [see *Warnings and Precautions* (5.4)].

Embryo-Fetal Toxicity

Advise pregnant women of the potential hazard to a fetus. Advise females of reproductive potential to inform their healthcare provider of a known or suspected pregnancy [see *Warnings and Precautions* (5.5), *Use in Specific Populations* (8.1, 8.3)].

Advise females of reproductive potential to avoid becoming pregnant during treatment with DARZALEX FASPRO and for at least 3 months after the last dose [see *Use in Specific Populations* (8.1, 8.3)].

Advise patients that lenalidomide and thalidomide have the potential to cause fetal harm and have specific requirements regarding contraception, pregnancy testing, blood and sperm donation, and transmission in sperm. Lenalidomide and thalidomide are only available through a REMS program [see *Use in Specific Populations* (8.1, 8.3)].

Interference with Laboratory Tests

Advise patients to inform their healthcare provider, including personnel at blood transfusion centers, that they are taking DARZALEX FASPRO, in the event of a planned transfusion [see *Warnings and Precautions* (5.6)].

Advise patients that DARZALEX FASPRO can affect the results of some tests used to determine complete response in some patients and additional tests may be needed to evaluate response [see *Warnings and Precautions* (5.7)].

Hepatitis B Virus (HBV) Reactivation

Advise patients to inform healthcare providers if they have ever had or might have a hepatitis B infection and that DARZALEX FASPRO could cause hepatitis B virus to become active again [see *Adverse Reactions* (6.1)].

Product of Switzerland

Manufactured by:
Janssen Biotech, Inc.
Horsham, PA 19044
U.S. License Number 1864

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PATIENT INFORMATION

DARZALEX (Dar'-zah-lex) FASPRO® (Fas-pro) (daratumumab and hyaluronidase-fihj) injection, for subcutaneous use

DARZALEX FASPRO may be used with other medicines called lenalidomide or thalidomide and dexamethasone. You should also read **the Medication Guide that comes with lenalidomide or thalidomide if you use DARZALEX FASPRO with lenalidomide or thalidomide**. You can ask your healthcare provider or pharmacist for information about dexamethasone.

What is DARZALEX FASPRO?

DARZALEX FASPRO is a prescription medicine used to treat adult patients with multiple myeloma:

- in combination with the medicines bortezomib, melphalan and prednisone, in people with newly diagnosed multiple myeloma who cannot receive a type of stem cell transplant that uses their own stem cells (autologous stem cell transplant).
- in combination with the medicines lenalidomide and dexamethasone in people with newly diagnosed multiple myeloma who cannot receive a type of stem cell transplant that uses their own stem cells (autologous stem cell transplant) and in people whose multiple myeloma has come back or did not respond to treatment, who have received at least one prior medicine to treat multiple myeloma.
- in combination with the medicines bortezomib, thalidomide, and dexamethasone in newly diagnosed people who are eligible to receive a type of stem cell transplant that uses their own stem cells (autologous stem cell transplant).
- in combination with the medicines bortezomib and dexamethasone in people who have received at least one prior medicine to treat multiple myeloma.
- alone in people who have received at least three prior medicines, including a proteasome inhibitor and an immunomodulatory agent, **or** did not respond to a proteasome inhibitor and an immunomodulatory agent.

DARZALEX FASPRO is a prescription medicine also used in combination with the medicines bortezomib, cyclophosphamide and dexamethasone in patients with newly diagnosed light chain (AL) amyloidosis.

It is not known if DARZALEX FASPRO is safe and effective in children.

Do not receive DARZALEX FASPRO if you have a history of a severe allergic reaction to daratumumab or any of the ingredients in DARZALEX FASPRO. See the end of this leaflet for a complete list of ingredients in DARZALEX FASPRO.

Before you receive DARZALEX FASPRO, tell your healthcare provider about all of your medical conditions, including if you:

- have a history of breathing problems
- have had shingles (herpes zoster)
- have ever had or might now have a hepatitis B infection as DARZALEX FASPRO could cause hepatitis B virus to become active again. Your healthcare provider will check you for signs of this infection before, during and for some time after treatment with DARZALEX FASPRO. Tell your healthcare provider right away if you get worsening tiredness or yellowing of your skin or white part of your eyes.
- are pregnant or plan to become pregnant. DARZALEX FASPRO may harm your unborn baby. Tell your healthcare provider right away if you become pregnant or think that you may be pregnant during treatment with DARZALEX FASPRO.
 - Females who are able to become pregnant should use an effective method of birth control (contraception) during treatment and for at least 3 months after your final dose of DARZALEX FASPRO. Talk to your healthcare provider about birth control methods that you can use during this time.
 - Before starting DARZALEX FASPRO in combination with lenalidomide or thalidomide and dexamethasone, females and males must agree to the instructions in the lenalidomide or thalidomide REMS program.
 - The lenalidomide and thalidomide REMS have more information about effective methods of birth control, pregnancy testing, and blood donation for females who can become pregnant.
 - For males who have female partners who can become pregnant, there is information in the lenalidomide and thalidomide REMS about sperm donation and how lenalidomide and thalidomide can pass into human semen.
- are breastfeeding or plan to breastfeed. It is not known if DARZALEX FASPRO passes into your breast milk.

Before you receive DARZALEX FASPRO for light chain (AL) amyloidosis, tell your healthcare provider if you have a history of heart problems. DARZALEX FASPRO should not be used in light chain (AL) amyloidosis patients with highly advanced heart disease outside of clinical trials.

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 DARZALEX FASPRO?

- DARZALEX FASPRO may be given alone or together with other medicines used to treat multiple myeloma.

- DARZALEX FASPRO will be given to you by your healthcare provider as an injection under the skin, in the stomach area (abdomen).
- DARZALEX FASPRO is injected over 3 to 5 minutes.
- Your healthcare provider will decide the time between doses as well as how many treatments you will receive.
- Your healthcare provider will give you medicines before each dose of DARZALEX FASPRO and after each dose of DARZALEX FASPRO to help reduce the risk of serious allergic reactions and other reactions due to release of certain substances by your body (systemic).

If you miss any appointments, call your healthcare provider as soon as possible to reschedule your appointment.

What are the possible side effects of DARZALEX FASPRO?

DARZALEX FASPRO may cause serious reactions, including:

- **Serious allergic reactions and other severe injection-related reactions.** Serious allergic reactions and reactions due to release of certain substances by your body (systemic) that can lead to death, can happen with DARZALEX FASPRO. Tell your healthcare provider or get medical help right away if you get any of these symptoms during or after an injection of DARZALEX FASPRO.
 - shortness of breath or trouble breathing
 - dizziness or lightheadedness (hypotension)
 - cough
 - wheezing
 - heart beating faster than usual
 - low oxygen in the blood (hypoxia)
 - throat tightness
 - runny or stuffy nose
 - headache
 - itching
 - high blood pressure
 - nausea
 - vomiting
 - chills
 - fever
 - chest pain
- **Injection site reactions.** Skin reactions at or near the injection site (local), including injection site reactions, can happen with DARZALEX FASPRO. Symptoms at the site of injection may include itching, swelling, bruising, pain, rash, bleeding, or redness of the skin. These reactions sometimes happen more than 24 hours after an injection of DARZALEX FASPRO.
- **Decreases in blood cell counts.** DARZALEX FASPRO can decrease white blood cell counts which help fight infections and blood cells called platelets which help to clot blood. Your healthcare provider will check your blood cell counts during treatment with DARZALEX FASPRO. Tell your healthcare provider if you develop fever or have signs of bruising or bleeding.
- **Changes in blood tests.** DARZALEX FASPRO can affect the results of blood tests to match your blood type. These changes can last for up to 6 months after your final dose of DARZALEX FASPRO. Your healthcare provider will do blood tests to match your blood type before you start treatment with DARZALEX FASPRO. **Tell all of your healthcare providers that you are being treated with DARZALEX FASPRO before receiving blood transfusions.**
- **Heart problems in patients with light chain (AL) amyloidosis.** Heart problems, in some cases fatal, have occurred. Your healthcare provider will monitor you closely during treatment with DARZALEX FASPRO. Call your healthcare provider right away if any of the following symptoms occur: chest pain, feeling faint, swollen legs, shortness of breath, or abnormal heart rhythm.

The most common side effects of DARZALEX FASPRO when used alone include cold-like symptoms (upper respiratory infection).

The most common side effects of DARZALEX FASPRO used in combination therapy include:

- tiredness
- fever
- cold-like symptoms (upper-respiratory infection)
- nausea
- cough
- nerve damage causing tingling, numbness or pain
- diarrhea
- muscle spasms
- constipation
- shortness of breath
- back pain
- lung infection (pneumonia)
- trouble sleeping
- vomiting
- swollen hands, ankles, or feet

These are not all the possible side effects of DARZALEX FASPRO.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of DARZALEX FASPRO.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. You can ask your pharmacist or healthcare provider for information about DARZALEX FASPRO that is written for health professionals.

What are the ingredients in DARZALEX FASPRO?

Active ingredient: daratumumab and hyaluronidase-fihj

Inactive ingredients: L-histidine, L-histidine hydrochloride monohydrate, L-methionine, polysorbate 20, sorbitol, water for injection.

Manufactured by: Janssen Biotech, Inc., Horsham, PA 19044 U.S. License Number 1864

**This label may not be the latest approved by FDA.
For current labeling information, please visit <https://www.fda.gov/drugsatfda>**

For more information, call 1-800-526-7736 or go to www.DARZALEXFASPRO.com.

This Patient Information has been approved by the U.S. Food and Drug Administration.

Revised: 2/2021