HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use FASLODEX safely and effectively. See full prescribing information for FASLODEX.

FASLODEX® (fulvestrant) injection, for intramuscular use
Initial U.S. Approval: 2002

---------- RECENT MAJOR CHANGES ----------

Indications and Usage (1)	03/2016
Dosage and Administration (2.1, 2.2, 2.3)	03/2016
Dosage and Administration (2.3)	05/2016
Warnings and Precautions (5.3)	03/2016
Warnings and Precautions (5.4)	05/2016

---------- INDICATIONS AND USAGE ----------

FASLODEX is an estrogen receptor antagonist indicated for the:

- Treatment of hormone receptor (HR)-positive metastatic breast cancer in postmenopausal women with disease progression following antiestrogen therapy. (1)
- Treatment of HR-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer in combination with palbociclib in women with disease progression after endocrine therapy. (1)

---------- DOSAGE AND ADMINISTRATION ----------

- FASLODEX 500 mg should be administered intramuscularly into the buttocks slowly (1 - 2 minutes per injection) as two 5 mL injections, one in each buttock, on days 1, 15, 29 and once monthly thereafter. (2.1, 14)
- A dose of 250 mg is recommended in patients with moderate hepatic impairment to be administered intramuscularly into the buttock slowly (1 - 2 minutes) as one 5 mL injection on days 1, 15, 29 and once monthly thereafter. (2.2, 5.2, 8.6)

---------- DOSAGE FORMS AND STRENGTHS ----------

FASLODEX, an injection for intramuscular administration, is supplied as 250 mg/5 mL fulvestrant. (3)

---------- CONTRAINDICATIONS ----------

- Hypersensitivity. (4)

---------- WARNINGS AND PRECAUTIONS ----------

- Risk of Bleeding: Use with caution in patients with bleeding diatheses, thrombocytopenia, or anticoagulant use. (5.1)
- Increased Exposure in Patients with Hepatic Impairment: Use a 250 mg dose for patients with moderate hepatic impairment. (2.2, 5.2, 8.6)
- Embryo-Fetal Toxicity: Can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception. (5.3, 8.1, 8.3)
- Immunoassay Measurement of Serum Estradiol: FASLODEX can interfere with estradiol measurement by immunoassay, resulting in falsely elevated estradiol levels. (5.4)

---------- ADVERSE REACTIONS ----------

- The most common adverse reactions occurring in ≥5% of patients receiving FASLODEX 500 mg were: injection site pain, nausea, bone pain, arthralgia, headache, back pain, fatigue, pain in extremity, hot flash, vomiting, anorexia, asthenia, musculoskeletal pain, cough, dyspnea, and constipation. (6.1)
- Increased hepatic enzymes (ALT, AST, ALP) occurred in >15% of FASLODEX patients and were not dose-dependent. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact AstraZeneca at 1-800-236-9933 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

---------- DRUG INTERACTIONS ----------

- There are no known drug-drug interactions. (7)

---------- USE IN SPECIFIC POPULATIONS ----------

- Lactation: Advise not to breast-feed. (8.2)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 05/2016

FULL PRESCRIBING INFORMATION: CONTENTS*

*Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

Monotherapy

FASLODEX is indicated for the treatment of hormone receptor (HR)-positive metastatic breast cancer in postmenopausal women with disease progression following antiestrogen therapy.

Combination Therapy with Palbociclib

FASLODEX is indicated for the treatment of HR-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer in combination with palbociclib in women with disease progression after endocrine therapy.

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dose

Monotherapy

The recommended dose is 500 mg to be administered intramuscularly into the buttocks slowly (1 - 2 minutes per injection) as two 5 mL injections, one in each buttock, on days 1, 15, 29 and once monthly thereafter *[see Clinical Studies (14)].*

Combination Therapy with Palbociclib

When FASLODEX is used in combination with palbociclib, the recommended dose is 500 mg to be administered intramuscularly into the buttocks slowly (1 - 2 minutes per injection) as two 5 mL injections, one in each buttock, on days 1, 15, 29 and once monthly thereafter. The recommended dose of palbociclib is a 125 mg capsule taken orally once daily for 21 consecutive days followed by 7 days off treatment to comprise a complete cycle of 28 days. Palbociclib should be taken with food. Please refer to the full prescribing information of palbociclib.

Pre/perimenopausal women treated with the combination FASLODEX plus palbociclib should be treated with luteinizing hormone-releasing hormone (LHRH) agonists according to current clinical practice standards *[see Clinical Studies (14)]*.

2.2 Dose Modification

Monotherapy

Hepatic Impairment:

A dose of 250 mg is recommended for patients with moderate hepatic impairment (Child-Pugh class B) to be administered intramuscularly into the buttock slowly (1 - 2 minutes) as one 5 mL injection on days 1, 15, 29 and once monthly thereafter.

FASLODEX has not been evaluated in patients with severe hepatic impairment (Child-Pugh class C) *[see Warnings and Precautions (5.2) and Use in Specific Populations (8.6)]*.

Combination Therapy with Palbociclib

When FASLODEX is used in combination with palbociclib, refer to monotherapy dose modification instructions for FASLODEX. Refer to the full prescribing information of palbociclib for its dose modification, management of toxicities, and for use with concomitant medication.

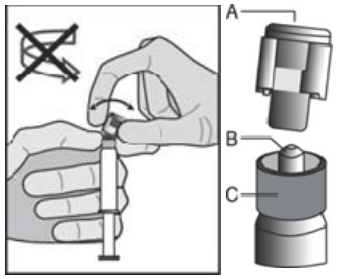
2.3 Administration Technique

The proper method of administration of FASLODEX for intramuscular use is described in the following instructions.

For each syringe:

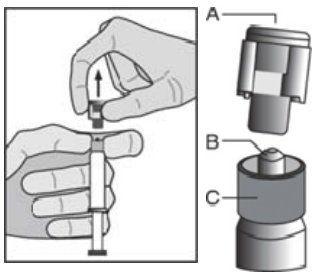
1. Remove glass syringe barrel from tray and check that it is not damaged.
2. Remove perforated patient record label from syringe.
3. Inspect drug product in glass syringe for any visible particulate matter or discoloration prior to use. Discard if particulate matter or discoloration is present.
4. Peel open the safety needle (SafetyGlide™) outer packaging.
5. Hold the syringe upright on the ribbed part (C). With the other hand, take hold of the cap (A) and carefully tilt cap back and forth (DO NOT TWIST CAP) until the cap disconnects for removal (see Figure 1).

Figure 1



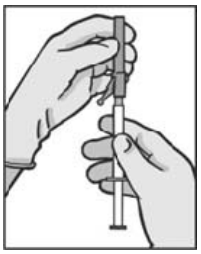
6. Pull the cap (A) off in a straight upward direction. DO NOT TOUCH THE STERILE SYRINGE TIP (Luer-Lok) (B) (see Figure 2).

Figure 2



7. Attach the safety needle to the syringe tip (Luer-Lok). Twist needle until firmly seated (see Figure 3). Confirm that the needle is locked to the Luer connector before moving or tilting the syringe out of the vertical plane to avoid spillage of syringe contents.

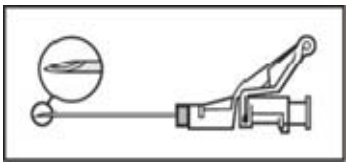
Figure 3



For Administration:

8. Pull shield straight off needle to avoid damaging needle point.
9. Remove needle sheath.
10. Expel excess gas from the syringe (a small gas bubble may remain).
11. Administer intramuscularly slowly (1-2 minutes/injection) into the buttock. For user convenience, the needle 'bevel up' position is orientated to the lever arm, as shown in Figure 4.

Figure 4



12. After injection, immediately activate the lever arm to deploy the needle shielding by applying a single-finger stroke to the activation assisted lever arm to push the lever arm completely forward. Listen for a click. Confirm that the needle shielding has completely covered the needle (see Figure 5). NOTE: Activate away from self and others.

Figure 5

13. Discard the empty single use syringe into an approved sharps collector in accordance with applicable regulations and institutional policy.
14. Repeat steps 1 through 13 for second syringe.

How To Use FASLODEX

For the 2 x 5 mL syringe package, the contents of both syringes must be injected to receive the 500 mg recommended dose.

SAFETYGLIDE™ INSTRUCTIONS FROM BECTON DICKINSON

SafetyGlide™ is a trademark of Becton Dickinson and Company.

Important Administration Information

To help avoid HIV (AIDS), HBV (Hepatitis), and other infectious diseases due to accidental needlesticks, contaminated needles should not be recapped or removed, unless there is no alternative or that such action is required by a specific medical procedure. Hands must remain behind the needle at all times during use and disposal.

Do not autoclave SafetyGlide™ Needle before use.

Becton Dickinson guarantees the contents of their unopened or undamaged packages to be sterile, non-toxic and non-pyrogenic.

3 DOSAGE FORMS AND STRENGTHS

FASLODEX, an injection for intramuscular administration, is supplied as 5-mL prefilled syringes containing 250 mg/5 mL fulvestrant.

4 CONTRAINDICATIONS

FASLODEX is contraindicated in patients with a known hypersensitivity to the drug or to any of its components. Hypersensitivity reactions, including urticaria and angioedema, have been reported in association with FASLODEX *[see Adverse Reactions (6.2)]*.

5 WARNINGS AND PRECAUTIONS

5.1 Risk of Bleeding

Because FASLODEX is administered intramuscularly, it should be used with caution in patients with bleeding diatheses, thrombocytopenia, or anticoagulant use.

5.2 Increased Exposure in Patients with Hepatic Impairment

The safety and pharmacokinetics of FASLODEX were evaluated in a study in seven subjects with moderate hepatic impairment (Child-Pugh class B) and seven subjects with normal hepatic function. Exposure was increased in patients with moderate hepatic impairment, therefore a dose of 250 mg is recommended *[see Dosage and Administration (2.2)].*

FASLODEX has not been studied in patients with severe hepatic impairment (Child-Pugh class C) *[see Use in Specific Populations (8.6)]*.

5.3 Embryo-Fetal Toxicity

Based on findings from animal studies and its mechanism of action, FASLODEX can cause fetal harm when administered to a pregnant woman. In animal reproduction studies, administration of fulvestrant to pregnant rats and rabbits during organogenesis resulted in embryo-fetal toxicity at daily doses that are significantly less than the maximum recommended human dose. Advise pregnant women of the potential

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