

HIGHLIGHTS OF PRESCRIBING INFORMATION

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

TECFIDERA® (dimethyl fumarate) delayed-release capsules, for oral use
Initial U.S. Approval: 2013

RECENT MAJOR CHANGES

Warnings and Precautions, PML (5.2) 2/2016

INDICATIONS AND USAGE

TECFIDERA is indicated for the treatment of patients with relapsing forms of multiple sclerosis (1)

DOSAGE AND ADMINISTRATION

- Starting dose: 120 mg twice a day, orally, for 7 days (2.1)
- Maintenance dose after 7 days: 240 mg twice a day, orally (2.1)
- Swallow TECFIDERA capsules whole and intact. Do not crush, chew, or sprinkle capsule contents on food (2.1)
- Take TECFIDERA with or without food (2.1)

DOSAGE FORMS AND STRENGTHS

Delayed-release capsules: 120 mg and 240 mg (3)

CONTRAINDICATIONS

Known hypersensitivity to dimethyl fumarate or any of the excipients of TECFIDERA. (4)

WARNINGS AND PRECAUTIONS

- Anaphylaxis and angioedema: Discontinue and do not restart TECFIDERA if these occur. (5.1)
- Progressive multifocal leukoencephalopathy (PML): Withhold TECFIDERA at the first sign or symptom suggestive of PML. (5.2)
- Lymphopenia: Obtain a CBC including lymphocyte count before initiating TECFIDERA, after 6 months, and every 6 to 12 months thereafter. Consider interruption of TECFIDERA if lymphocyte counts $<0.5 \times 10^9/L$ persist for more than six months. (5.3)

ADVERSE REACTIONS

Most common adverse reactions (incidence $\geq 10\%$ and $\geq 2\%$ placebo) were flushing, abdominal pain, diarrhea, and nausea. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Biogen at 1-800-456-2255 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS

Pregnancy: based on animal data, may cause fetal harm. (8.1)

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

Revised: 2/2016

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

TECFIDERA is indicated for the treatment of patients with relapsing forms of multiple sclerosis.

2 DOSAGE AND ADMINISTRATION

2.1 Dosing Information

The starting dose for TECFIDERA is 120 mg twice a day orally. After 7 days, the dose should be increased to the maintenance dose of 240 mg twice a day orally. Temporary dose reductions to 120 mg twice a day may be considered for individuals who do not tolerate the maintenance dose. Within 4 weeks, the recommended dose of 240 mg twice a day should be resumed. Discontinuation of TECFIDERA should be considered for patients unable to tolerate return to the maintenance dose. The incidence of flushing may be reduced by administration of TECFIDERA with food. Alternatively, administration of non-enteric coated aspirin (up to a dose of 325 mg) 30 minutes prior to TECFIDERA dosing may reduce the incidence or severity of flushing [*see Clinical Pharmacology (12.3)*].

TECFIDERA should be swallowed whole and intact. TECFIDERA should not be crushed or chewed and the capsule contents should not be sprinkled on food. TECFIDERA can be taken with or without food.

2.2 Blood Test Prior to Initiation of Therapy

Obtain a complete blood cell count (CBC) including lymphocyte count before initiation of therapy [*see Warnings and Precautions (5.3)*].

3 DOSAGE FORMS AND STRENGTHS

TECFIDERA is available as hard gelatin delayed-release capsules containing 120 mg or 240 mg of dimethyl fumarate. The 120 mg capsules have a green cap and white body, printed with “BG-12 120 mg” in black ink on the body. The 240 mg capsules have a green cap and a green body, printed with “BG-12 240 mg” in black ink on the body.

4 CONTRAINDICATIONS

TECFIDERA is contraindicated in patients with known hypersensitivity to dimethyl fumarate or to any of the excipients of TECFIDERA. Reactions have included anaphylaxis and angioedema [*see Warnings and Precautions (5.1)*].

5 WARNINGS AND PRECAUTIONS

5.1 Anaphylaxis and Angioedema

TECFIDERA can cause anaphylaxis and angioedema after the first dose or at any time during treatment. Signs and symptoms have included difficulty breathing, urticaria, and swelling of the throat and tongue. Patients should be instructed to discontinue TECFIDERA and seek immediate medical care should they experience signs and symptoms of anaphylaxis or angioedema.

5.2 Progressive Multifocal Leukoencephalopathy

Progressive multifocal leukoencephalopathy (PML) has occurred in patients with MS treated with TECFIDERA. PML is an opportunistic viral infection of the brain caused by the JC virus (JCV) that typically only occurs in patients who are immunocompromised, and that usually leads to death or severe disability. A fatal case of PML occurred in a patient who received TECFIDERA for 4 years while enrolled in a clinical trial. During the clinical trial, the patient experienced prolonged lymphopenia (lymphocyte counts predominantly $<0.5 \times 10^9/L$ for 3.5 years) while taking TECFIDERA [see *Warnings and Precautions (5.3)*]. The patient had no other identified systemic medical conditions resulting in compromised immune system function and had not previously been treated with natalizumab, which has a known association with PML. The patient was also not taking any immunosuppressive or immunomodulatory medications concomitantly.

PML has also occurred in the postmarketing setting in the presence of lymphopenia ($<0.8 \times 10^9/L$) persisting for more than 6 months. While the role of lymphopenia in these cases is uncertain, the majority of cases occurred in patients with lymphocyte counts $<0.5 \times 10^9/L$.

At the first sign or symptom suggestive of PML, withhold TECFIDERA and perform an appropriate diagnostic evaluation. MRI findings may be apparent before clinical signs or symptoms. Typical symptoms associated with PML are diverse, progress over days to weeks, and include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes.

5.3 Lymphopenia

TECFIDERA may decrease lymphocyte counts. In the MS placebo controlled trials, mean lymphocyte counts decreased by approximately 30% during the first year of treatment with TECFIDERA and then remained stable. Four weeks after stopping TECFIDERA, mean lymphocyte counts increased but did not return to baseline. Six percent (6%) of TECFIDERA patients and $<1\%$ of placebo patients experienced lymphocyte counts $<0.5 \times 10^9/L$ (lower limit of normal $0.91 \times 10^9/L$). The incidence of infections (60% vs 58%) and serious infections (2% vs 2%) was similar in patients treated with TECFIDERA or placebo, respectively. There was no increased incidence of serious infections observed in patients with lymphocyte counts $<0.8 \times 10^9/L$ or $\leq 0.5 \times 10^9/L$ in controlled trials, although one patient in an extension study developed PML in the setting of prolonged lymphopenia (lymphocyte counts predominantly $<0.5 \times 10^9/L$ for 3.5 years) [see *Warnings and Precautions (5.2)*].

In controlled and uncontrolled clinical trials, 2% of patients experienced lymphocyte counts $<0.5 \times 10^9/L$ for at least six months, and in this group the majority of lymphocyte counts remained $<0.5 \times 10^9/L$ with continued therapy. TECFIDERA has not been studied in patients with pre-existing low lymphocyte counts.

Obtain a CBC, including lymphocyte count, before initiating treatment with TECFIDERA, 6 months after starting treatment, and then every 6 to 12 months thereafter, and as clinically indicated. Consider interruption of TECFIDERA in patients with lymphocyte counts less than $0.5 \times 10^9/L$ persisting for more than six months. Given the potential for delayed recovery of lymphocyte counts, continue to obtain lymphocyte counts until their recovery if TECFIDERA is discontinued or interrupted due to lymphopenia. Consider withholding treatment from patients with serious infections until resolution. Decisions about whether or not to restart TECFIDERA should be individualized based on clinical circumstances.

5.4 Flushing

TECFIDERA may cause flushing (e.g., warmth, redness, itching, and/or burning sensation). In clinical trials, 40% of TECFIDERA treated patients experienced flushing. Flushing symptoms generally began soon after initiating TECFIDERA and usually improved or resolved over time. In the majority of patients who experienced flushing, it was mild or moderate in severity. Three percent (3%) of patients discontinued TECFIDERA for flushing and $<1\%$ had serious flushing symptoms that were not life-threatening but led to hospitalization. Administration of TECFIDERA with food may reduce the incidence of flushing. Alternatively, administration of non-enteric coated aspirin (up to a dose of 325 mg) 30 minutes prior to TECFIDERA dosing may reduce the incidence or severity of flushing [see *Dosing and Administration (2.1) and Clinical Pharmacology (12.3)*].

6 ADVERSE REACTIONS

The following important adverse reactions are described elsewhere in labeling:

- Anaphylaxis and Angioedema [see *Warnings and Precautions (5.1)*].
- Progressive multifocal leukoencephalopathy [see *Warnings and Precautions (5.2)*].
- Lymphopenia [see *Warnings and Precautions (5.3)*].
- Flushing [see *Warnings and Precautions (5.4)*].

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in 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 clinical practice.

The most common adverse reactions (incidence $\geq 10\%$ and $\geq 2\%$ more than placebo) for TECFIDERA were flushing, abdominal pain, diarrhea, and nausea.

Adverse Reactions in Placebo-Controlled Trials

In the two well-controlled studies demonstrating effectiveness, 1529 patients received TECFIDERA with an overall exposure of 2244 person-years [see *Clinical Studies (14)*].

The adverse reactions presented in the table below are based on safety information from 769 patients treated with TECFIDERA 240 mg twice a day and 771 placebo-treated patients.

Table 1: Adverse Reactions in Study 1 and 2 reported for TECFIDERA 240 mg BID at $\geq 2\%$ higher incidence than placebo

	TECFIDERA N=769 %	Placebo N=771 %
Flushing	40	6
Abdominal pain	18	10
Diarrhea	14	11
Nausea	12	9
Vomiting	9	5
Pruritus	8	4
Rash	8	3
Albumin urine present	6	4
Erythema	5	1
Dyspepsia	5	3
Aspartate aminotransferase increased	4	2
Lymphopenia	2	<1

Gastrointestinal

TECFIDERA caused GI events (e.g., nausea, vomiting, diarrhea, abdominal pain, and dyspepsia). The incidence of GI events was higher early in the course of treatment (primarily in month 1) and usually decreased over time in patients treated with TECFIDERA compared with placebo. Four percent (4%) of patients treated with TECFIDERA and less than 1% of placebo patients discontinued due to gastrointestinal events. The incidence of serious GI events was 1% in patients treated with TECFIDERA.

Hepatic Transaminases

An increased incidence of elevations of hepatic transaminases in patients treated with TECFIDERA was seen primarily during the first six months of treatment, and most patients with elevations had levels < 3 times the upper limit of normal (ULN). Elevations of alanine aminotransferase and aspartate aminotransferase to ≥ 3 times the ULN occurred in a small number of patients treated with both TECFIDERA and placebo and were balanced between groups. There were no elevations in transaminases ≥ 3 times the ULN with concomitant elevations in total bilirubin > 2 times the ULN. Discontinuations due to elevated hepatic transaminases were < 1% and were similar in patients treated with TECFIDERA or placebo.

Eosinophilia

A transient increase in mean eosinophil counts was seen during the first 2 months of therapy.

Adverse Reactions in Placebo-Controlled and Uncontrolled Studies

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