>385,000
people have been treated with TECFIDERA worldwide[2*]

>710,000
global patient-years of experience[2*]

>11 years
of combined clinical trial and real-world experience[1,2]

#1
oral R
since

*This includes clinical trial use and patients prescribed TECFIDERA.

†As of March
prescription

TECFIDERA efficacy across 2 pivotal trials and additional studies[1,4-8]

Explore efficacy >

2&6 yrs

Data on newly diagnosed patients at 2 and 6 years[7,8]

Explore these analyses >

Well-known safety across 2 pivotal trials[1,4,5]

Explore safety >

IMPORTANT SAFETY INFORMATION AND INDICATION

‡Coverage may vary, and there is no guarantee of coverage.

DEFINE=Determination of the Efficacy and Safety of Oral Fumarate in Relapsing-Remitting MS[4]; CONFIRM=Comparator and an Oral Fumar
Sclerosis.[5]

References: 1. TECFIDERA Prescribing Information, Biogen, Cambridge, MA. **2.** Biogen, Data on file. **3.** IMS NPA™. Number of prescription
2013-March 29, 2019). **4.** Gold R, et al. *N Engl J Med*. 2012;367(12):1098-1107. Erratum in: *N Engl J Med*. 2012;367(24):2362. **5.** Fox RJ, et
1097. Erratum in: *N Engl J Med*. 2012;367(17):1673. **6.** Gold R, et al. *Mult Scler*. 2017;23(2):253-265. **7.** Gold R, et al. *Mult Scler*. 2015;21(1)
2016;5(1):45-47.

IMPORTANT SAFETY INFORMATION

TECFIDERA® (dimethyl fumarate) is contraindicated in patients with known hypersensitivity to dimethyl fumarate or a
TECFIDERA can cause anaphylaxis and angioedema after the first dose or at any time during treatment. Patients exp
anaphylaxis and angioedema (which have included difficulty breathing, urticaria, and swelling of the throat and tongu
and seek immediate medical care.

Progressive multifocal leukoencephalopathy (PML) has occurred in patients with MS treated with TECFIDERA. PML i
the brain caused by the JC virus (JCV) that typically only occurs in patients who are immunocompromised, and that u
disability. A fatal case of PML occurred in a patient who received TECFIDERA in a clinical trial. PML has also occurre
presence of lymphopenia (<0.8x10^9/L) persisting for more than 6 months. While the role of lymphopenia in these cas
occurred in patients with lymphocyte counts <0.5x10^9/L. The symptoms associated with PML are diverse, progress o
progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking
confusion and personality changes. At the first sign or symptom suggestive of PML, withhold TECFIDERA and perfor
evaluation. MRI findings may be apparent before clinical signs or symptoms.

TECFIDERA may decrease lymphocyte counts; in clinical trials there was a mean decrease of ~30% in lymphocyte co
remained stable. Four weeks after stopping TECFIDERA, mean lymphocyte counts increased but not to baseline. Six
<1% of placebo patients had lymphocyte counts <0.5x10^9/L. TECFIDERA has not been studied in patients with pre-ex

There was no increased incidence of serious infections observed in patients with lymphocyte counts <0.8x10^9/L or ≤
although one patient in an extension study developed PML in the setting of prolonged lymphopenia (lymphocyte cou
years). In controlled and uncontrolled clinical trials, 2% of patients experienced lymphocyte counts <0.5x10^9/L for at
the majority of lymphocyte counts remained <0.5x10^9/L with continued therapy. A complete blood count including ly
before initiating treatment, 6 months after starting, every 6 to 12 months thereafter and as clinically indicated. Consi
lymphocyte counts <0.5x10^9/L persist for more than six months and follow lymphocyte counts until lymphopenia is r
treatment in patients with serious infections until resolved. Decisions about whether or not to restart TECFIDERA sho
circumstances.

Clinically significant cases of liver injury have been reported in patients treated with TECFIDERA in the postmarketing
few days to several months after initiation of treatment. Signs and symptoms of liver injury, including elevation of se
than 5-fold the upper limit of normal and elevation of total bilirubin to greater than 2-fold the upper limit of normal ha
abnormalities resolved upon treatment discontinuation. Some cases required hospitalization. None of the reported c
transplant, or death. However, the combination of new serum aminotransferase elevations with increased levels of bi
hepatocellular injury is an important predictor of serious liver injury that may lead to acute liver failure, liver transplan

Elevations of hepatic transaminases (most no greater than 3 times the upper limit of normal) were observed during c

Obtain serum aminotransferase, alkaline phosphatase, and total bilirubin levels before initiating TECFIDERA and duri

IMPORTANT SAFETY INFORMATION AND INDICATION