NOVARTIS

GILENYA® (fingolimod)

0.25 mg & 0.5 mg hard capsules

Basic Succinct Statement
Version 3.4

Code: BSS RD 21 JAN 2019; APPR 30 APR 2020

This material is only meant for Healthcare Professionals

Gilenya®

Important note: Before prescribing, consult full prescribing information.

Presentation: 0.25 mg and 0.5 mg hard capsules

Indications: For the treatment of adult patients and pediatric patients of 10 years of age and above with relapsing forms of multiple sclerosis (MS) to reduce the frequency of clinical exacerbations and to delay the accumulation of physical disability.

Dosage and administration:

Adults and pediatric >10 years of age & >40kg: One 0.5 mg capsule taken orally once daily.

Pediatric >10 years of age & ≤40kg: One 0.25 mg capsule taken orally once daily.

Special populations: No dosage adjustment needed for renal impairment, mild to moderate hepatic impairment or elderly patients (caution as experience is limited). Caution in patients with severe hepatic impairment.

Contraindications: Patients who in the last 6 months experienced myocardial infarction, unstable angina, stroke, TIA, decompensated heart failure requiring hospitalization or Class III/IV heart failure. History or presence of Mobitz Type II second-degree or third-degree AV block or sick sinus syndrome, unless patient has a functioning pacemaker. Baseline QTc interval ≥500 msec. Cardiac arrhythmias requiring anti-arrhythmic treatment with Class Ia or Class III anti-arrhythmic drugs. Hypersensitivity reaction to fingolimod or any of the excipients in Gilenya. Observed reactions include rash, urticaria and angioedema upon treatment initiation.

Warnings and precautions: ECG to be performed in all patients prior to the first dose and at the end of the 6-hour first-dose observation period. Heart rate and blood pressure to be monitored hourly during the 6-hour observation period. Same recommendation applies after an interruption of one day or more during the first 2 weeks of treatment, or for more than 7 days during week 3 and 4 of treatment; or after an interruption for more than 2 weeks after the first month of treatment. If post-dose bradyarrhythmia-related symptoms occur, or new onset of second-degree or higher atrioventricular (AV) block, or the heart rate at 6 hours post-dose is the lowest value post-dose or is <45 bpm, the patient should be observed until the symptoms or findings have resolved, and appropriate management should be initiated as necessary. If a patient requires pharmacological intervention during the first dose observation period, overnight monitoring should be instituted and the first dose monitoring strategy should be repeated for the second dose of Gilenya. Due to the risk of serious cardiac rhythm disturbances, Gilenya should not be used in patients with sino-atrial heart block, a history of symptomatic bradycardia or recurrent syncope or in patients with significant QT prolongation (QTc >470 msec (adult females), QTc >460 msec (pediatric females) or QTc >450 msec (adult and pediatric males)). Gilenya is best avoided in patients with relevant risk factors for QT prolongation, for example, hypokalemia, hypomagnesemia or congenital QT prolongation. Gilenya should also not be used in patients with history of cardiac arrest, uncontrolled hypertension or severe untreated sleep apnea, since significant bradycardia may not be well tolerated in these patients. ♦If treatment is being considered in patients with the aforementioned risk factors, pre-treatment consultation with a cardiologist is required to determine the most appropriate monitoring (should last overnight) for treatment initiation. ♦Gilenya should generally not be initiated in patients on concurrent therapy with beta-blockers, heart rate lowering calcium channel blockers or other substances that may decrease heart rate (limited experience is available and this may be associated with severe bradycardia and heart block). If treatment with Gilenya is being considered, advice should be sought from a cardiologist regarding switching to a non-heart rate lowering drug or appropriate monitoring (should last overnight) for treatment initiation. ♦After the first dose, the heart rate decrease starts within an hour and the Day 1 decline is maximal within 6

hours. Heart rate returns to baseline within 1 month of chronic dosing. ♦Caution is required in concomitant use with anti-neoplastic, immune-modulating or immunosuppressive therapies (including corticosteroids). Specific decisions as to the dosage and duration of treatment with corticosteroids should be based on clinical judgment. ♦Patients without a healthcare professional confirmed history of chickenpox or without vaccination against VZV should be tested for antibodies to VZV prior to treatment initiation. VZV vaccination is recommended in antibody-negative patients and initiation of treatment should be postponed for 1 month to allow the vaccination to take full effect. ♦Infection: Lymphocyte count is decreased during Gilenya therapy and up to 2 months after stopping Gilenya therapy. Before initiating treatment with Gilenya, a recent complete blood count (i.e. within 6 months or after discontinuation of prior therapy) should be available. Patients with active acute or chronic infections should not start treatment until the infection(s) is resolved. Effective diagnostic and therapeutic strategies should be used in patients with symptoms of infection while on therapy and up to two months after discontinuation. Consider discontinuing therapy if a serious infection develops, and re-evaluate benefit-risk before restarting therapy. Cases of progressive multifocal leukoencephalopathy (PML) have been reported in the post-marketing setting. PML has occured in patients who had not been treated previously with natalizumab, which has a known association with PML, were also not taking any other immunosuppressive or immunomodulatory medications concomitantly, and did not have any ongoing systemic medical conditions resulting in compromised immune system function. The majority of cases have occured in patients treated with Gilenya for at least 2years. The exact relationship with the duration of treatment is unknown. Vigilance for clinical symptoms or MRI findings suggestive of PML is warranted. If PML is suspected, Gilenya treatment should be suspended until PML has been excluded. Cases of cryptococcal meningitis (CM) have been reported in the post-marketing setting after approximately 2 years of treatment although an exact relationship with the duration of treatment is unknown. CM may be fatal. For this reason patients with symptoms and signs consistent with CM should undergo prompt diagnostic evaluation. If diagnosed, appropriate treatment should be initiated. ♦Macular edema: Patients with history of uveitis and patients with diabetes mellitus are particularly at risk of developing macular edema. An ophthalmic examination is recommended 3 to 4 months after Gilenya therapy initiation and also before and regularly during Gilenya therapy in patients at risk. Discontinuing therapy should be considered if macular edema develops. ♦Recent (i.e. within last 6 months) transaminase and bilirubin levels should be available before initiation of treatment with Gilenya. A liver function test is recommended in patients who develop symptoms of hepatic dysfunction during treatment. Therapy should be discontinued if significant liver injury is confirmed. ♦Posterior reversible encephalopathy syndrome (PRES): Discontinue Gilenya treatment, if PRES is suspected. ♦Caution is required when switching patients from natalizumab or teriflunomide to Gilenya due to the long half-life of natalizumab or teriflunomide. Initiating treatment with Gilenya after alemtuzumab is not recommended unless the benefits clearly outweigh the risks. ♦Basal cell carcinoma (BCC) and other cutaneous neoplasms have been reported in patients receiving Gilenya. Vigilance for BCC and other cutaneous neoplasms is warranted. ♦Cases of severe exacerbation of the disease have been reported after discontinuation of Gilenya. These cases were generally observed within 12 weeks after stopping Gilenya, but in some cases up to and beyond 24 weeks after Gilenya discontinuation. Caution is indicated when stopping Gilenya therapy: patients should be monitored for relevant signs and symptoms and appropriate treatment should be initiated as required.

Adverse reactions: **Very common (≥10%):** Influenza, sinusitis, headache, nausea, diarrhea, abdominal pain, back pain, pain in extremity, hepatic enzymes increased, cough. **Common (≥1 to <10%):** Bronchitis, herpes zoster, tinea versicolor, basal cell carcinoma, bradycardia, migraine, asthenia, alopecia, actinic keratosis, blood triglycerides increased, dyspnea, vision blurred, hypertension, leukopenia, lymphopenia, skin papilloma. **Uncommon (≥0.1 to <1%):** Seizures, including status epilepticus, dizziness, pneumonia, eczema, pruritus and thrombocytopenia. **Frequency not known:** Bradyarrhythmia and atrioventricular blocks, infections, progressive

multifocal leukoencephalopathy, arthralgia, myalgia, macular edema, posterior reversible encephalopathy syndrome, respiratory effects, liver injury, fetal risk, severe increase in disability after stopping Gilenya, increased blood pressure, malignancies, immune system effects following Gilenya discontinuation, hypersensitivity reactions.

Interactions: ♦Caution is required in concomitant use with anti-neoplastic, immune-modulating or immunosuppressive therapies (including corticosteroids) during, and for up to 2 months after stopping Gilenya treatment. ♦Caution is required when switching therapy from drugs with a long-acting immune effect such as natalizumab, teriflunomide or mitoxantrone. ♦Concomitant use is not recommended with live attenuated vaccines; other vaccines may have reduced efficiency during and for up to 2 months after stopping Gilenya therapy.