Mylan-Fingolimod is a generic drug that is pharmaceutically equivalent to Gilenya®. It contains the identical medicinal ingredient (fingolimod) in the same amount. In some instances, testing may be done while the patient is on Gilenya and does not have to be repeated when the patient is transferred to Mylan-Fingolimod.

Mylan-Fingolimod is a medication used to treat:

- Adult patients with the relapsing and remitting form of multiple sclerosis (MS). Mylan-Fingolimod is generally recommended for MS patients who have not responded well to, or cannot tolerate one or more of the other therapies for MS.

Mylan-Fingolimod does not cure MS, but it helps to reduce the number of attacks (relapses) that occur, reduce inflammation in the brain (brain lesions identified seen on MRI scans), and slow the build-up of physical problems due to MS (disability progression).

Mylan-Fingolimod changes how the body's immune system works by decreasing the ability of lymphocytes to move freely within the body. This lowers the number of lymphocytes in the blood and prevents them from reaching the brain and spinal cord. This may reduce the inflammation and nerve damage that happens in MS.

Mylan is providing the following information concerning potential risks to consider when taking Mylan-Fingolimod. This should be read together with the Patient Information provided with your medication from the pharmacist.

## Slow Heart Rate and Irregular Heartbeat

Mylan-Fingolimod causes the heart rate to slow down, especially during the first month of treatment. Mylan-Fingolimod can also cause an irregular heartbeat, especially after the first does (or when children/adolescents switch from the 0.25 mg capsule to the 0.5 mg capsule). Irregular heartbeat usually returns to normal in less than one day. Slow heart rate usually returns to normal within one month. These heart rhythm disturbances may be more likely in patients with risk factors, such as heart disease, or when certain interacting drugs are taken. In general, people more than 65 years of age are at higher risk.

If you have an irregular or abnormal heartbeat or a history of sudden loss of consciousness (fainting), your condition may worsen temporarily with Mylan-Fingolimod. The same applies if you have a slow heart rate or if you are taking medicines which slow the heartbeat.

If you experience any symptoms of a possible heart rhythm disturbance, such as dizziness, palpitations (sensation of rapid, pounding, or irregular heartbeat), fainting, or seizures, at any time during treatment with Mylan-Fingolimod, you should seek immediate medical attention. Cases of seizures, including status epilepticus, have been reported during fingolimod treatment.

**Because Mylan-Fingolimod has side effects on the heart, you will be required to have an electrocardiogram (ECG) to check the health of your heart before you start Mylan-Fingolimod (or after taking the first dose of 0.5 mg when your child switches from the 0.25 mg capsule daily dose). Your doctor will ask you to stay in the clinic or office for at least 6 hours after taking the first dose of Mylan-Fingolimod so your heart rate and blood**

**pressure can be checked each hour and appropriate measures can be taken if heart-related side effects occur at the start of treatment. A second ECG will be done 6 hours after taking the first dose.** Depending on the results of the ECG, blood pressure checks and how you are feeling, you may need to be observed for longer, possibly overnight, in a health care facility. The same observation process may apply if you are starting treatment again after a break from Mylan-Fingolimod.

Fingolimod is not right for you if:

- **Have had a heart attack, angina, stroke or warning of a stroke or certain types of heart failure in the last 6 months.**
- **Have certain types of irregular or abnormal heartbeat (arrhythmia),** or your electrocardiogram (ECG) shows prolonged QT interval before starting Mylan-Fingolimod.
- **Are taking or have recently taken medicine for irregular heartbeat** such as quinidine, disopyramide, amiodarone or sotalol (due to a possible added effect on irregular heartbeat).

## Liver transaminase elevation

If you are on fingolimod therapy, your liver enzymes level might be elevated, mostly alanine aminotransaminase (ALT). Elevations 3- and 5-fold the upper limit of normal have occurred with fingolimod. The majority occurred within 6 to 9 months and returned to normal within 2 months after discontinuing fingolimod. Recurrence of liver transaminase elevations can occur with rechallenge. Patients with preexisting liver disease may be at increased risk of developing elevated liver enzymes when taking fingolimod.

Fingolimod exposure doubles in patients with severe hepatic impairment. Thus, the risk of adverse reactions is greater in them. Such patients should be closely monitored.

What to know:

- Your healthcare provider will obtain your transaminase and bilirubin levels prior to initiating treatment, every 3 months during the first year of treatment and periodically thereafter in the absence of symptoms or when symptoms suggestive of hepatic injury develop.
- If liver transaminases rise above 5 times the upper limit of normal, more frequent monitoring will be instituted, including serum bilirubin and alkaline phosphatase (ALP) measurement.
- Your liver enzymes and bilirubin levels will be monitored if symptoms such as unexplained nausea, vomiting, abdominal pain, fatigue, anorexia, or jaundice and/or dark urine develop. These symptoms could be suggestive of hepatic dysfunction.
- Fingolimod therapy should be discontinued if significant liver injury is confirmed.

Fingolimod is not right for you if:

You have severe liver disease.

## Macular edema

A problem with your vision, called macular edema, can occur during treatment with Mylan-Fingolimod. Macular edema can cause some of the same vision symptoms as an MS attack (optic neuritis), but you also may not notice any symptoms. Macular edema usually starts in the first 3 to 4 months after you start taking Mylan-Fingolimod. Your doctor should therefore test your vision 3 to 4 months after you start taking Mylan-Fingolimod, or any time you notice vision changes during treatment.

Your risk of macular edema may be higher if you have diabetes or have had an inflammation of your eye called uveitis. If you have or have had visual disturbances or other signs of swelling in the central vision area (macula) at the back of the eye, uveitis or diabetes, your doctor should test your vision before you start taking Mylan-Fingolimod.

## Infections

The effects of Mylan-Fingolimod on your body's immune system may reduce your body's ability to fight infections and you may get infections more easily while you are taking Mylan-Fingolimod (and for up to 2 months after you stop taking it). If you have an infection, tell your doctor before you take Mylan-Fingolimod. Any infection that you already have may get worse. Infections could be serious and sometimes life-threatening. Before you start taking Mylan-Fingolimod, your doctor will confirm whether you have enough white blood cells in your blood. During your treatment with Mylan-Fingolimod, if you think you have an infection, have fever, feel like you have the flu, or have a headache with a stiff neck, sensitivity to light, nausea, and/or confusion (these may be caused by a serious fungal infection and may be symptoms of cryptococcal meningitis), contact your doctor right away. If you believe your MS is getting worse (e.g., weakness or visual changes) or if you notice any new or unusual symptoms, talk to your doctor as soon as possible, because these may be the symptoms of a rare brain disorder caused by infection and called progressive multifocal leukoencephalopathy (PML).

The use of other medications and treatments that suppress or change how the immune system works is not recommended during treatment with Mylan-Fingolimod because the risk of infections can be increased further.

<u>Fingolimod is not right for you if:</u>

- Your immune system is weakened (immunocompromised) due to disease (immunodeficiency syndrome) or medicines or treatments that suppress the immune system, such as medicines used to treat cancer or bone marrow transplantation.
- Have a severe active infection or an active chronic infection such as hepatitis or tuberculosis.

## Pregnant and lactating women

Mylan-Fingolimod is teratogenic, this means that it may cause harm to the fetus should you get pregnant during treatment. Before you start treatment with Mylan-Fingolimod your doctor may ask you to have a pregnancy test to ensure that you are not pregnant. Before you start treatment with

Mylan-Fingolimod your doctor will explain about the serious risks to the fetus while using Mylan-Fingolimod, about the contraindication of Mylan-Fingolimod in pregnant women and in women of childbearing potential who are not using effective contraception. Your doctor will provide you a pregnancy-specific patient reminder card. You should avoid becoming pregnant while taking Mylan-Fingolimod or in the two months after you stop taking it because of the risk of harming your unborn child. Talk with your doctor about the associated risk and about reliable methods of birth control that you should use during treatment and for 2 months after you stop treatment.

If you do become pregnant while taking Mylan-Fingolimod, tell your doctor right away. You and your doctor will decide what is best for you and your baby. If you become pregnant while taking Mylan-Fingolimod, you can enroll in the Mylan-Fingolimod Pregnancy Registry by calling 1-888-246-5830 or by fax at 1-833-677-0484 or visiting https://www.mylanfpr.ca/en-ca.

You should not breast-feed while you are taking Mylan-Fingolimod. Mylan-Fingolimod can pass into breast milk and there is a risk of serious side effects for a breast-fed baby.

Do not stop taking Mylan-Fingolimod or change your dose without talking with your doctor. Stopping therapy may result in return of disease activity. The prescribing physician should decide whether and how the patient should be monitored after stopping Mylan-Fingolimod.

Mylan-Fingolimod will stay in your body for up to 2 months after you stop taking it, the side effects described in this leaflet may still occur during that time. Because of the continuing pharmacodynamic effects of fingolimod, starting other therapies during the 2 months following stopping Mylan-Fingolimod warrants the same precautions as concomitant treatment with Mylan-Fingolimod. Use of immunosuppressants soon after the discontinuation of Mylan-Fingolimod may lead to an additive effect on the immune system and, therefore, caution should be applied.

The effects of Mylan-Fingolimod on your body's immune system may reduce your body's ability to fight infections and you may get infections more easily while you are taking Mylan-Fingolimod (and for up to 2 months after you stop taking it).

### Skin cancer

Skin cancers have been reported in multiple sclerosis patients treated with fingolimod. Talk to your doctor straight away if you notice any skin nodules (e.g. shiny, pearly nodules), patches or open sores that do not heal within weeks. Symptoms of skin cancer may include abnormal growth or changes of skin tissue (e.g. unusual moles) with a change in color, shape, or size over time.

### Convulsions

Some patients have had seizures while taking fingolimod. It is not known whether the seizures were related to the effects of their MS, fingolimod, or to a combination of both.

- If you have a seizure while taking MYLAN-FINGOLIMOD, get immediate medical help.

## More Information

Please consult your doctor or pharmacist with any questions or concerns you may have regarding your individual condition.