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

AUBAGIO® (teriflunomide) tablets for oral administration.
Initial U.S. Approval: 2012

INDICATIONS AND USAGE
AUBAGIO is a pyrimidine synthesis inhibitor indicated for the treatment of patients with relapsing forms of multiple sclerosis (1)

DOSAGE AND ADMINISTRATION
7 mg or 14 mg orally once daily, with or without food. (2)

DOSE FORMS AND STRENGTHS
7 mg and 14 mg film-coated tablets (3)

CONTRAINDICATIONS
• Severe hepatic impairment (4.1, 5.1)
• Pregnancy (4.2, 5.2, 8.1)
• Current leflunomide treatment (4.3)

WARNINGS AND PRECAUTIONS
• Elimination of AUBAGIO can be accelerated by administration of cholestyramine or activated charcoal for 11 days (5.3)
• AUBAGIO may decrease WBC. A recent CBC should be available before starting AUBAGIO. Monitor for signs and symptoms of infection. Consider suspending treatment with AUBAGIO and using accelerated elimination procedure in case of serious infection. Do not start AUBAGIO in patients with active infections (5.4)
• Peripheral neuropathy: If patient develops symptoms consistent with peripheral neuropathy, evaluate patient and consider discontinuing AUBAGIO and using accelerated elimination procedure (5.5)
• Acute renal failure/hyperkalemia: Monitor renal function and potassium in patients with symptoms of renal failure or hyperkalemia (5.6, 5.7)
• Severe skin reaction: Stop AUBAGIO and use accelerated elimination procedure (5.8)
• Blood pressure: Measure at treatment initiation. Monitor and manage appropriately during treatment (5.9)

ADVERSE REACTIONS
Most common adverse reactions (≥10% and ≥2% greater than placebo): ALT increased, alopecia, diarrhea, influenza, nausea, and paresthesia. (6)

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To report SUSPECTED ADVERSE REACTIONS, contact Genzyme Corporation at 1-800-745-4447 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS
• Drugs metabolized by CYP2C8: Monitor patients as teriflunomide may increase their exposure (7)
• Teriflunomide may increase exposure of ethinylestradiol and levonorgestrel. Choose an appropriate oral contraceptive (7)
• Warfarin: monitor INR as teriflunomide may decrease INR (7)

USE IN SPECIFIC POPULATIONS
• Contraindicated in pregnancy; pregnancy registry available (4.2, 8.1)
WARNINGS AND PRECAUTIONS (5.3)

5.3 Procedure for Accelerated Elimination of Teriflunomide

Teriflunomide is eliminated slowly from the plasma. Without an accelerated elimination procedure, it takes on average 8 to 10 months to reach plasma concentrations less than 0.02 mg/L (0.02 mcg/mL), although with individual variations in drug clearance it may take as long as 2 years. An accelerated elimination procedure could be used at any time after discontinuation of AUBAGIO. Elimination can be accelerated by either of the following procedures:

- Administration of cholestyramine 4 g every 8 hours for 11 days. If cholestyramine 8 times a day is not well tolerated, cholestyramine 4 g three times a day can be used.
- Administration of 50 g oral activated charcoal powder every 12 hours for 11 days.

If either elimination procedure is poorly tolerated, treatment days do not need to be consecutive unless there is a need to lower teriflunomide plasma concentration rapidly.

At the end of 11 days, both regimens successfully accelerated teriflunomide elimination, leading to more than 98% decrease in teriflunomide plasma concentrations.

Use of the accelerated elimination procedure may potentially result in return of disease activity if the patient had been responding to AUBAGIO treatment.

5.4 Bone Marrow Effects/Immunosuppression Potential/Infections

5.4.1 White Blood Cell (WBC) count decrease

A marked decrease in white blood cell (WBC) count of approximately 15% (mainly neutrophils and lymphocytes) with platelet count below 100,000 was seen in 1 patient in the controlled trials and the trials with control patients. The decrease in WBC count was less than 1.5×10^9/L in 15% and 10% of patients AUBAGIO 7 mg and 14 mg, respectively, compared with 7% and 15% of patients on placebo. In cases of severe pancytopenia, patients were treated by standard medical practice.

5.4.2 Risk of Infection / Tuberculosis Screening

Patients with active acute or chronic infections should not start treatment until the infection(s) is resolved. If a patient develops a serious infection consider suspending treatment with AUBAGIO and use an accelerated elimination procedure. Reassess the benefits and risks prior to resumption of treatment. Instruct patients receiving AUBAGIO to report symptoms of infection promptly. AUBAGIO is not recommended for patients with severe immunodeficiency, bone marrow disease, or severe, or uncontrolled infections. Medications like teriflunomide that have immunosuppression potential may cause patients to be more susceptible to infections, including opportunistic infections.

In placebo-controlled studies, no overall increase in the risk of serious infections was observed with teriflunomide 7 mg (1.4%) or 14 mg (2.2%) compared to placebo (2.1%). However, in one fatal case of klebsiella pneumonia sepsis occurred in a patient taking teriflunomide 14 mg for 1.7 years.

Fental infections have been reported in the post-marketing setting, in patients receiving leflunomide, especially Pneumocystis jirovecii pneumonia and aspergillosis. Most of the reports were confounded by concurrent immunosuppressive conditions. In addition to leflunomide, in patients with severe rheumatoid disease, may predispose patients to infection. In clinical studies with AUBAGIO, cytochrome P450 2C8 activation has been observed.

In a phase II study with AUBAGIO, cases of tuberculosis have been observed. Prior to initiating AUBAGIO, screen patients for latent tuberculosis infection with a tuberculin skin test. AUBAGIO is not recommended for patients in a post positive tuberculin skin test, and the safety of AUBAGIO in individuals with latent tuberculosis infection is unknown. For patients testing positive for tuberculosis screening, treat by standard medical practice prior to therapy with AUBAGIO.

2
In placebo-controlled trials, treatment-emergent hyperkalemia was reported, but this information was not systematically collected. No inciting symptoms, such as cough and dyspnea, with or without associated fever, may be a reason for discontinuation of the therapy and for further investigation as appropriate. If discontinuation of the drug is necessary, consider initiation of an accelerated elimination procedure [see Warnings and Precautions (5.1)].

5.8 Skin Reactions

Rare cases of Stevens-Johnson syndrome and toxic epidermal necrolysis have been reported in patients with rheumatoid arthritis receiving leflunomide. A similar risk would be expected for teriflunomide [see Clinical Pharmacology (12.3)]. If a patient taking AUBAGIO develops any of these conditions, stop AUBAGIO therapy and perform an accelerated elimination procedure [see Warnings and Precautions (5.3)].

5.9 Blood Pressure Increase

In placebo-controlled studies, mean change from baseline in systolic blood pressure was 2.9 mmHg and 2.7 mmHg for AUBAGIO 7 mg and 14 mg, respectively, and 1.3 mmHg for placebo. The change from baseline in diastolic blood pressure was 1.4 mmHg and 1.3 mmHg for AUBAGIO 7 mg and 14 mg, respectively, and 0.9 mmHg for placebo. Hypertension was reported as an adverse reaction in 3% of patients treated with 7 mg or 14 mg of AUBAGIO, compared with 2% on placebo. Check blood pressure before start of AUBAGIO treatment and periodically thereafter. Elevated blood pressure should be appropriately managed during treatment with AUBAGIO.

5.10 Respiratory Effects

Interstitial lung disease and worsening of pre-existing interstitial lung disease have been reported during treatment with leflunomide. A similar risk would be expected for teriflunomide [see Clinical Pharmacology (12.3)]. Interstitial lung disease may be fatal. Interstitial lung disease may occur acutely at any time during therapy and has a variable clinical presentation. New onset or worsening pulmonary symptoms, such as cough and dyspnea, with or without associated fever, may be a reason for discontinuation of the therapy and for further investigation as appropriate. If discontinuation of the drug is necessary, consider initiation of an accelerated elimination procedure [see Warnings and Precautions (5.3)].

5.11 Concomitant Use with Immunosuppressive or Immunomodulating Therapies

Co-administration with antineoplastic, or immunosuppressive therapies used for treatment of multiple sclerosis has not been evaluated. Safety studies in which teriflunomide was concomitantly administered with other immunomodulating therapies for up to one year (interferon beta, glatiramer acetate) did not reveal any specific safety concern. The long term safety of these combinations in the treatment of multiple sclerosis has not been established. In any situation in which the decision is made to switch from AUBAGIO to another agent with a known potential for hematologic suppression, it would be prudent to monitor for hematologic toxicity before switching to another agent.

6. ADVISORY REACTIONS

The following serious adverse reactions are described elsewhere in the prescribing information:

- **Hepatotoxicity** [see Contraindications (4.1) and Warnings and Precautions (5.1)]
- Bone Marrow Effects/Immunosuppression Potential/Infections [see Warnings and Precautions (5.4)]
- Peripheral Neuropathy [see Warnings and Precautions (5.5)]
- Acute Renal Failure [see Warnings and Precautions (5.6)]
- Hyperkalemia [see Warnings and Precautions (5.7)]
- Serious Skin Reactions [see Warnings and Precautions (5.8)]
- Blood Pressure Effects [see Warnings and Precautions (5.9)]
- Respiratory Effects [see Warnings and Precautions (5.10)]

The most frequent adverse reactions for AUBAGIO (incidence ≥10% and ≥2% greater than placebo) in the placebo-controlled studies were ALT increased, alopecia, diarrhea, influenza, nausea, and paresthesia. Alopecia was the most common cause of discontinuation because of adverse events in the placebo-controlled studies as compared to placebo (0.5% and 1.4% of patients on AUBAGIO 7 mg and 14 mg, respectively, and 0% on placebo). If desired, teriflunomide can be rapidly cleared from the body by the use of an accelerated elimination procedure [see Warnings and Precautions (5.3)].

6.1 Clinical Trial Experience

A total of 844 patients on teriflunomide (7 mg or 14 mg once daily) constituted the safety population in the pooled analysis of placebo controlled studies in patients with relapsing forms of MS (RMS). Approximately 72% of patients were female and the mean age was 38 years. Study 1 was a 108-week placebo-controlled clinical study in 1068 RMS patients treated with teriflunomide 14 mg (n=398), teriflunomide 7 mg (n=398), or placebo (n=360). Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the 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.

### Table 1

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Teriflunomide</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRIMARY SYSTEM ORGAN CLASS</strong></td>
<td><strong>14 mg</strong></td>
<td><strong>7 mg</strong></td>
</tr>
<tr>
<td><strong>INFECTIONS AND INFESTATIONS</strong></td>
<td><em>(N=398)</em></td>
<td><em>(N=398)</em></td>
</tr>
<tr>
<td>Influenza</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Upper respiratory tract infection</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Cystitis</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Gastroenteritis viral</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Oral herpes</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>BLOOD AND LYMPHATIC SYSTEM DISORDERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutropenia</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>IMMUNE SYSTEM DISORDERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>PSYCHIATRIC DISORDERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>NERVOUS SYSTEM DISORDERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>19%</td>
<td>22%</td>
</tr>
<tr>
<td>Parasthesia</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Scalp edema</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Burning sensation</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Carpal tunnel syndrome</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>EYE DISORDERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision blurred</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>CARDIAC DISORDERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palpitations</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>VASCULAR DISORDERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>GASTROINTESTINAL DISORDERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Nausea</td>
<td>14%</td>
<td>9%</td>
</tr>
<tr>
<td>Abdominal pain upper</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Toothache</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Abdominal distension</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>SKIN AND SUBCUTANEOUS TISSUE DISORDERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alopecia</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Acne</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Frustration</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Investigations**

- Alanine aminotransferase increased 14% 12% 7%
- Gamma-glutamyltransferase increased 3% 5% 1%
- Aspartate aminotransferase increased 3% 2% 1%
- Weight decreased 2% 3% 1%
- Neutrophil count decreased 2% 3% 0.3%
- White blood cell count decreased 1% 3% 0%
exposed to AUBAGIO in the premarketing database. These cardiovascular deaths occurred during uncontrolled extension studies, one to nine years after initiation of treatment. A relationship between teriflunomide and cardiovascular death has not been established.

Hypophosphatemia

In clinical trials, 18% of teriflunomide-treated subjects had mild hypophosphatemia (≥ 0.6 mmol/L, and < lower limit of normal), compared to 5% of placebo-treated subjects. Hypophosphatemia was more frequent in subjects treated with teriflunomide compared to placebo. Coadministration of teriflunomide with synthetic drugs metabolized by CYP2C8, such as repaglinide, paclitaxel, pioglitazone, or rosiglitazone is recommended as they may have higher exposure.

Effect of teriflunomide on warfarin

A 25% decrease in peak international normalized ratio (INR) was observed when teriflunomide was coadministered with warfarin as compared with warfarin alone. Therefore, when warfarin is coadministered with teriflunomide, close INR follow-up and monitoring is recommended.

Effect of teriflunomide on oral contraceptives

In in vivo studies to confirm the importance of the drug to the mother.

Effect of teriflunomide on CNS

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In in vivo studies to confirm the importance of the drug to the mother.
4-Trifluoromethylaniline (4-TFMA), a minor metabolite of teriflunomide, was positive in the in vitro bacterial reverse mutation (Ames) assay, the in vitro HPRT assay, and the in vivo micronuclear and chromosomal aberration assays. Teriflunomide was negative in the in vivo bacterial chromosomal aberration assay in human lymphocytes, with and without metabolic activation. Addition of uridine (to supplement the pyrimidine pool) reduced the magnitude of the clastogenic effect; however, teriflunomide was positive in the in vivo chromosomal aberration assay, even in the presence of uridine.

14. CLINICAL STUDIES
The efficacy of AUBAGIO was demonstrated in Study 1, a double-blind, placebo-controlled study that evaluated once daily doses of teriflunomide 7 mg and 14 mg in patients with relapsing forms of multiple sclerosis (RMS) over 108 weeks. All patients had a definite diagnosis of MS exhibiting a relapsing clinical course, with or without progression, and experienced at least 1 relapse per year preceding the trial or at 2 relapses per 2 years preceding the trial. Subjects had not received interferon-beta for at least 4 months or any other preventive MS medications for at least 6 months before entering the study, nor were these medications permitted during the study. Neurological evaluations were performed at screening, every 12 weeks until week 108 and at unscheduled visits for suspected relapse. MRI was performed at screening, weeks 24, 48, 72, and 108. The primary endpoint was the annualized relapse rate (ARR).

A total of 1088 patients with RMS were randomized to receive 7 mg (n=366) or 14 mg (n=359) of teriflunomide or placebo (n=363). At entry, patients had an Expanded Disability Status Scale (EDSS) score ≤5.5. The mean age of the study population was 37.9 years, the mean disease duration was 5.33 years, and the mean EDSS at baseline was 2.68. A total of 91.4% had relapsing remitting MS (RRMS) and 8.6% had a progressive form of MS with relapses. The mean time on placebo was 631 days, on 7 mg AUBAGIO 635 days, and on 14 mg AUBAGIO 627 days. The ARR was significantly reduced in patients treated with either 7 mg or 14 mg of AUBAGIO compared to patients who received placebo (see Table 2). There was a consistent reduction of the ARR noted in subgroups defined by sex, age group, prior MS therapy, and baseline disease activity. The time to disability progression sustained for 12 weeks (as measured by at least a 1-point increase for those with a baseline EDSS ≤5.5 or a 0.5 point increase for those with a baseline EDSS > 5.5) was statistically significantly reduced only in the teriflunomide 14 mg group compared to placebo (see Table 2 and Figure 1).

The effect of teriflunomide on several magnetic resonance imaging (MRI) variables including the total lesion volume of T2 and hypointense T1 lesions was assessed. The change in total lesion volume from baseline was significantly lower in the 7 mg and 14 mg groups than in the placebo group. Patients in both teriflunomide groups had significantly fewer gadolinium-enhancing lesions per T1-weighted scan than those in the placebo group (see Table 2).

<table>
<thead>
<tr>
<th>Clinical Endpoints</th>
<th>Teriflunomide 14 mg</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annualized relapse rate (primary endpoint)</td>
<td>0.369 (p &lt; 0.0005)</td>
<td>0.370 (p = 0.0002)</td>
</tr>
<tr>
<td>Relative risk reduction</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>Percent of patients remaining relapse-free at week 108</td>
<td>56.5%</td>
<td>53.7%</td>
</tr>
<tr>
<td>Percent disability progression at week 108</td>
<td>20.2% (p = 0.028)</td>
<td>21.7% (p = 0.084)</td>
</tr>
<tr>
<td>Hazard ratio</td>
<td>0.70</td>
<td>0.76</td>
</tr>
</tbody>
</table>

**Table 2 Clinical and MRI Results of Study 1**

The effect of teriflunomide on MRI activity was also demonstrated in Study 2, a randomized, double-blind, placebo-controlled study of MS subjects with relapse. A total of 179 patients were treated with twice the usual dose for the first week and then received 7 mg (n=61) or 14 mg (n=57) of teriflunomide or placebo (n=61) for the remainder of the 26-week treatment period. The primary endpoint was the average number of unique active lesions/MRI scan during treatment. MRI was performed at baseline, 6 weeks, 12 weeks, 18 weeks, 24 weeks, 30 weeks and 36 weeks. Baseline demographics were consistent across treatment groups. The mean number of unique active lesions per brain MRI scan during the 26-week treatment period was lower in patients treated with teriflunomide 14 mg (1.56e) and 7 mg (1.06e) as compared to placebo (2.69e), the difference being statistically significant for both (p<0.0052 and p<0.0234, respectively).
Inform patients that it is not known whether this drug is present in human milk. Advise patients to discontinue breastfeeding or discontinue the drug.

Inform patients that AUBAGIO may increase blood pressure. Inform patients that AUBAGIO may cause harm to your unborn baby.

If you are a female, you should have a pregnancy test before you start taking AUBAGIO. Use effective birth control during your treatment with AUBAGIO. After stopping AUBAGIO, continue using effective birth control until you have blood tests to make sure your blood levels of AUBAGIO are low enough. If you become pregnant while taking AUBAGIO or within 2 years after you stop taking it, tell your doctor right away if you have any of the following symptoms of liver problems:

- nausea
- vomiting
- stomach pain
- loss of appetite
- tiredness
- your skin or the whites of your eyes turn yellow
- dark urine

Harm to your unborn baby: AUBAGIO may cause harm to your unborn baby. Do not take AUBAGIO if you are pregnant. Do not take AUBAGIO unless you are using effective birth control.

Liver problems: AUBAGIO may cause serious liver problems that may lead to death. Your risk of liver problems may be higher if you take other medicines that also affect your liver. Your doctor should do blood tests to check your liver:

- within 6 months before you start taking AUBAGIO
- 1 time a month for 6 months after you start taking AUBAGIO

Call your doctor right away if you have any of the following symptoms of liver problems:

- fever
- jaundice (yellow eyes or skin)
- dark urine
- loss of appetite
- itching
- bleeding or bruising that is not normal
- sharp pain in your right upper abdomen

If your female partner plans to become pregnant, you should take effective birth control during your treatment with AUBAGIO, talk to your doctor about enrolling in the AUBAGIO Pregnancy Registry at 1-800-745-4447, option 2. The purpose of this registry is to collect information about your health and your baby’s health.

For men taking AUBAGIO:

- If your female partner plans to become pregnant, you should stop taking AUBAGIO and ask your doctor how to quickly lower the levels of AUBAGIO in your blood.
- If your female partner does not plan to become pregnant, you and your female partner should use effective birth control during your treatment with AUBAGIO. AUBAGIO remains in your blood after you stop taking it, so continue using effective birth control until AUBAGIO blood levels have been checked and they are low enough.

AUBAGIO may stay in your blood for up to 2 years after you stop taking it. Your doctor can prescribe a medicine to help lower your blood levels of AUBAGIO more quickly. Talk to your doctor if you want more information about this.

What is AUBAGIO?

AUBAGIO is a prescription medicine used to treat relapsing forms of multiple sclerosis (MS). AUBAGIO can decrease the number of MS flare-ups (relapses). AUBAGIO does not cure MS, but it can help slow down the physical problems that MS causes. It is not known if AUBAGIO is safe and effective in children.

Who should not take AUBAGIO?

Do not take AUBAGIO if you:

- have severe liver problems
- are pregnant or are of childbearing age and not using effective birth control
- take a medicine called leflunomide

What should I tell my doctor before taking AUBAGIO?

Before you take AUBAGIO, tell your doctor if you:

- have liver or kidney problems
- have a fever or infection, or you are unable to fight infections
- have numbness or tingling in your hands or feet that is different from your MS symptoms
- have diabetes
- have had serious skin problems when taking other medicines
- have breathing problems
- have high blood pressure
- are breastfeeding or plan to breastfeed. It is not known if AUBAGIO passes into your breast milk. You and your doctor should decide if you will take AUBAGIO or breastfeed. You should not do both at the same time.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Using AUBAGIO and other medicines may affect each other causing serious side effects. AUBAGIO may affect the way other medicines work, and other medicines may affect how AUBAGIO works. Especially tell your doctor if you take medicines that could raise your chance of getting infections, including medicines used to treat cancer or to control your immune system.

Ask your doctor or pharmacist for a list of these medicines if you are not sure.

Know the medicines you take. Keep a list of them to show your doctor or pharmacist when you get a new medicine.

How should I take AUBAGIO?

- Take AUBAGIO exactly as your doctor tells you to take it.
- Take AUBAGIO 1 time each day.
- Take AUBAGIO with or without food.

What are possible side effects of AUBAGIO?

AUBAGIO may cause serious side effects, including:

- See “What is the most important information I should know about AUBAGIO?”
- decreases in your white blood cell count. Your white blood cell counts should be checked before you start taking AUBAGIO. When you have a low white blood cell count you:
  - may have more frequent infections. You should have a skin test for TB (Tuberculosis) before you start taking AUBAGIO. Tell your doctor if you have any of these symptoms of an infection:
    - fever
    - tiredness
    - body aches
    - chills
    - nausea
    - vomiting
  - should not receive certain vaccinations during your treatment with AUBAGIO and for 6 months after your treatment with AUBAGIO ends.
- numbness or tingling in your hands or feet that is different from your MS symptoms. You have a greater chance of getting peripheral neuropathy if you:
  - are over 60 years of age
  - take certain medicines that affect your nervous system
Tell your doctor if you have numbness or tingling in your hands or feet that is different from your MS.

- *kidney problems.* Tell your doctor if you have pain in your side (flank pain).
- *high potassium levels in your blood.* Tell your doctor if you have nausea that does not go away or a racing heartbeat.
- *serious skin problems.* Tell your doctor if you have any skin problems such as redness and peeling.
- *new or worsening breathing problems.* Tell your doctor if you have shortness of breath or coughing with or without fever.
- *high blood pressure.* Your doctor should check your blood pressure before you start taking AUBAGIO and while you are taking AUBAGIO.

The most common side effects of AUBAGIO include:

- increases in the results of blood tests to check your liver
- hair thinning or loss (alopecia)
- diarrhea
- flu
- nausea
- burning or prickling feeling in your skin (paraesthesia)

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of AUBAGIO. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-332-1088.

**How should I store AUBAGIO?**

- Store AUBAGIO at room temperature between 68°F to 77°F (20°C to 25°C).
- Keep AUBAGIO and all medicines out of reach of children.

**General information about the safe and effective use of AUBAGIO.**

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use AUBAGIO for a condition for which it was not prescribed. Do not give AUBAGIO to other people, even if they have the same symptoms you have. It may harm them.

This Medication Guide summarizes the most important information about AUBAGIO. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about AUBAGIO that is written for healthcare professionals.

For more information, go to www.aubagio.com or call Genzyme Medical Information Services at 1-800-745-4447, option 2.

**What are the ingredients in AUBAGIO?**

Active ingredient: teriflunomide

Inactive ingredients in 7 mg and 14 mg tablets: lactose monohydrate, corn starch, hydroxypropylcellulose, microcrystalline cellulose, sodium starch glycolate, magnesium stearate, hypromellose, titanium dioxide, talc, polyethylene glycol and indigo carmine aluminum lake.

In addition, the 7 mg tablets also contain iron oxide yellow.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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