

**PATIENT PACKAGE INSERT IN ACCORDANCE WITH THE PHARMACISTS' REGULATIONS (PREPARATIONS) - 1986**

The medicine is dispensed with a doctor's prescription only

# Fingolimod Teva® Capsules

## Composition

Each capsule contains:  
Fingolimod (as HCl) 0.5 mg

For the list of inactive ingredients in the preparation, see section 6 – “Further Information”.

**Read this leaflet carefully in its entirety before using the medicine.** This leaflet contains concise information about the medicine. If you have further questions, refer to the doctor or pharmacist.

**This medicine has been prescribed to treat your ailment. Do not pass it on to others. It may harm them, even if it seems to you that their medical condition is similar.**

The medicine is intended for adults over the age of 18.

Taking the first dose: After taking the first dose of Fingolimod Teva®, observation by a healthcare professional is required for six hours. This recommendation is appropriate even if you resume treatment after interrupting treatment with Fingolimod Teva®. The full instructions regarding taking the first dose are detailed in the section “Special warnings regarding use of the medicine”.

## 1. WHAT IS THE MEDICINE INTENDED FOR?

Fingolimod Teva® is intended for the treatment of relapsing forms of multiple sclerosis. Multiple sclerosis (MS) is a chronic disease that affects the central nervous system (CNS), particularly the function of the brain and spinal cord. In MS, the inflammatory process destroys the protective sheath (called myelin) around the nerves of the CNS and prevents the normal activity of the nerves (demyelination). The exact cause of the disease is unknown. An uncharacteristic response of the immune system is thought to be an important factor in the process which damages the CNS. People with MS experience repeated bouts (relapses) of nervous system symptoms that reflect inflammation within the CNS. Symptoms may vary from patient to patient but characteristic symptoms are: walking difficulties, numbness, vision problems and problems with balance. The symptoms of a relapse may disappear completely when the relapse is over but certain problems may remain. This form of the disease called relapsing-remitting multiple sclerosis or relapsing multiple sclerosis. In some cases, the symptoms gradually increase between relapses, indicating transition to another form of the disease - secondary progressive multiple sclerosis. The medicine does not cure the disease, but it helps reduce the frequency of relapses and slow the development of irreversible physical problems (disability progression) caused by the disease.

## Mechanism of action

Fingolimod influences the activity of the body's immune system, the ability of some white blood cells to move freely within the body and prevents the cells that cause inflammation from reaching the brain, thereby reducing the nerve damage caused by the immune system as well as the clinical symptoms. The medicine may also have a direct and beneficial effect on certain brain cells (neural cells) involved in repairing or slowing down the disease damage. In clinical studies, the medicine significantly reduced the number of attacks and, in addition, reduced the number of severe relapses and relapses that require treatment in hospital, prolonged the time without relapses and decreased the percentage of patients who have a progression of disability.

## Therapeutic group

Sphingosine-1-phosphate (S1-P) receptor modulator

## 2. BEFORE USING THE MEDICINE

### ❗ Do not use the medicine if:

- during the last half a year, you have suffered from myocardial infarction, unstable angina, stroke or transient ischemic attack, decompensated heart failure that required hospitalization or class III or IV heart failure
- you are suffering from high-degree atrioventricular (AV) block or sick sinus syndrome, unless you have a functioning pacemaker
- you have a baseline QTc interval ≥ 500 ms
- you are being treated with Class Ia or Class III anti-arrhythmic medicines
- you are allergic (hypersensitive) to fingolimod or any of the other ingredients of the preparation detailed in section 6 “Further Information”
- you think you may be allergic, refer to a doctor for advice

### Special warnings regarding use of the medicine

#### ❗ Taking the first dose:

After taking the first dose of fingolimod, observation by a healthcare professional is required for six hours. Before starting treatment with fingolimod, an ECG test is required to check the health of the heart. A second ECG test is required at the end of the 6-hour observation period following administration of the first dose of fingolimod.

Your heart rate and blood pressure will also be checked hourly by a healthcare professional during the 6-hour observation period.

In case of an abnormal ECG recording or slow heart rate at the end of the 6-hour observation period, you may need observation for a longer period and even overnight, if necessary, by a healthcare professional.

This recommendation is appropriate even if you are resuming treatment after interrupting treatment with fingolimod, depending on the length of the interruption and the duration of time you were treated (see section “If you stop taking the medicine”). Checking the health of the heart is particularly important if any of the following cases applies to you.

The doctor may decide not to use fingolimod, but, if the doctor does decide to use it, he/she may first refer you to a cardiologist (a doctor specializing in heart diseases). It may also be decided that your condition be monitored overnight by a healthcare professional after taking the first dose of fingolimod, beyond the six hours required for all patients.

#### ❗ Before starting treatment, tell the doctor if you are suffering, or if you have suffered in the past, from the following health problems:

- If you have an abnormal or irregular heartbeat, a severe heart disease, uncontrolled high blood pressure, a history of stroke or other diseases related to blood vessels in the brain, if when sleeping, you are severely affected by an inability to breathe (sleep apnea that is not treated), if you are at risk for, or if you have heart rhythm disturbances (called QTc prolongation or abnormal ECG heart tracing).
- The doctor may decide not to use fingolimod if you have or have had one of these conditions.
- If you are taking medicines for an irregular heartbeat such as quinidine, procainamide, amiodarone or sotalol (see section “Taking other medicines”).
- If you suffer from a slow heart rate, if at the start of treatment with fingolimod, you are taking medicines that slow down the heart rate or if you have a history of sudden loss of consciousness (fainting). The doctor may decide not to use fingolimod or may refer you first to a cardiologist to switch to medicines that do not slow down the heart rate or to decide on appropriate observation after taking the first dose of fingolimod.

At the beginning of treatment, fingolimod can cause the heart rate to slow down. Fingolimod can also cause an irregular heartbeat, especially after the first dose. Irregular heartbeat usually returns to normal values in less than one day. Slow heart rate usually returns to normal values within one month.

If your heart rate slows down after the first dose, you may feel dizzy or tired, or you may be aware of your heartbeat.

If your heart rate slows down too much or your blood pressure drops, you may need immediate treatment. In this case, you will be monitored overnight by a healthcare professional and the same observation process required for the first dose of fingolimod will also be required for the second dose.

- If you do not have a history of chickenpox or you have not been vaccinated against varicella zoster. The doctor will test the status of the antibodies against this virus and may decide to vaccinate you if you do not have antibodies to this virus. In this case, you will start fingolimod treatment one month after the full course of the vaccination is completed.

- If you have a weakened immune response (due to a disease or medicines that suppress the immune system, detailed in the section “Taking other medicines”). You may get infections more easily or a preexisting infection may get worse. Fingolimod lowers the white blood cell count (particularly the lymphocyte count). White blood cells fight infection. During treatment with fingolimod (and for up to two months after stopping treatment), you may get infections more easily.

- If you have an infection, tell the doctor before you take fingolimod. A preexisting infection may get worse. Infections could be serious and sometimes life-threatening. Before you start taking fingolimod, you will undergo a white blood cells test to ensure that there is no impediment to starting treatment.

- **During treatment with Fingolimod Teva®**, if you think you have an infection, if you have a fever, if you feel like you have the flu, or if you have a headache accompanied by stiff neck, sensitivity to light, nausea and/or confusion (these may be symptoms of meningitis), consult the doctor right away.

If you feel that the MS is getting worse (e.g., you experience weakness or visual changes) or if you notice any new or unusual symptoms, refer 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).

- If you plan to receive a vaccine. You should not receive certain types of vaccines (live attenuated vaccines) during and for up to two months after treatment with fingolimod (see section “Taking other medicines”).

- 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 (a condition known as macular edema), inflammation or infection of the eye (uveitis) or if you have diabetes. The doctor may request that you undergo an eye examination before starting treatment with fingolimod and at regular intervals after the start of fingolimod treatment. The macula is a small area of the retina at the back of the eye, which enables you to see shapes, colors and details clearly and sharply (central vision). Fingolimod may cause swelling in the macula which usually happens during the first four months of treatment. The chance of developing macular edema is higher if you have diabetes or have had an inflammation of the eye called uveitis. Macular edema can cause some of the same vision symptoms that occur in a MS attack (optic neuritis). Inform the doctor about any vision change. The doctor may request that you undergo an eye examination, particularly if the center of your vision becomes blurred or has shadows, if you develop a blind spot in the center of your vision, or if you have problems seeing colors or fine details.

- If you have liver problems, you will undergo a blood test to check your liver function before you start taking fingolimod. Fingolimod may affect the liver function. You will probably not notice any symptoms but if you notice yellowing of the skin or the whites of the eyes, abnormally dark urine or unexplained nausea, vomiting and tiredness during treatment, inform the doctor straight away. The doctor may perform blood tests to check your liver function and may consider stopping fingolimod treatment if the liver problem is serious.

Inform the doctor straight away, if you suffer from any of following symptoms or diseases during treatment with fingolimod:

A condition called posterior reversible encephalopathy syndrome (PRES) has been rarely reported in MS patients treated with fingolimod. The symptoms may include sudden onset of severe headache, confusion, seizures and vision changes. Tell your doctor if you experience any of these symptoms during treatment with fingolimod.

A type of skin cancer called basal cell carcinoma (BCC) has been reported in MS patients treated with fingolimod. Consult your doctor if you notice any skin nodules (e.g., shiny pearly nodules), patches or open sores that do not heal within weeks (these may be signs of BCC).

## ❗ Taking other medicines

**If you are taking, or have recently taken, other medicines, including non-prescription medicines and nutritional supplements, tell the doctor or pharmacist.** It is especially important to inform the doctor or pharmacist if you are taking, or have recently taken:

- Medicines for an irregular heartbeat such as quinidine, procainamide, amiodarone or sotalol. The doctor may decide not to use fingolimod if you take these medicines due to a possible added effect on irregular heartbeat.
- Medicines that slow down the heart beat, such as atenolol (called beta-blockers), verapamil, diltiazem or ivabradine (called calcium channel blockers) or digoxin. The doctor may decide not to use fingolimod or may refer you first to a cardiologist to change your medicines due to a possible added effect on slowing down the heartbeat in the first days of beginning treatment with fingolimod.
- Medicines that prolong the QT interval such as citalopram, chlorpromazine, haloperidol, methadone and erythromycin.
- Medicines that suppress or modulate the immune system, including other medicines for treatment of MS such as beta-interferon, glatiramer acetate, natalizumab, mitoxantrone, dimethyl fumarate, teriflunomide, alemtuzumab or corticosteroids due to a possible added effect on the immune system.
- Vaccines. If you need to receive a vaccine, first refer to your doctor for advice. During and for up to two months after treatment with fingolimod, administration of some vaccines containing live virus (live attenuated vaccines) may result in the infection that the vaccination is supposed to prevent, while other vaccines may not work well. Check with the doctor or pharmacist.

## ❗ Use of Fingolimod Teva® and food

Fingolimod can be taken with or without food.

## ❗ Elderly patients (over the age of 65)

Experience with fingolimod treatment in elderly people is limited. In case of doubt, consult the doctor.

## ❗ Children and adolescents (under the age of 18)

Fingolimod is not intended for treatment in children and adolescents, as it has not been studied in MS patients under 18 years of age.

## ❗ Pregnancy and breastfeeding

Avoid becoming pregnant while using Fingolimod Teva® or during the two months after you stop using the preparation, because of the risk of harm to the fetus. Consult the doctor about the associated risks and about use of reliable methods of birth control during treatment and for two months after stopping treatment. Tell the doctor if you are pregnant, or think you might be pregnant, or if you are trying to become pregnant. If you do become pregnant during treatment with fingolimod, inform the doctor right away. You and the doctor will decide what is preferable for you and your baby.

Do not breastfeed while using fingolimod. Fingolimod can pass into breast milk and there is a risk of serious side effects for a breastfed baby. Consult with the doctor before breastfeeding during treatment with fingolimod.

Consult the doctor or pharmacist before taking any medicine, if you are pregnant or breastfeeding.

## ❗ Driving and using machines

The doctor will tell you whether your illness allows you to drive a vehicle and use machines safely. Fingolimod Teva® is not expected to affect the ability to drive and use machines.

## 3. HOW SHOULD YOU USE THE MEDICINE?

Always use the medicine according to the doctor's instructions. Check with the doctor or pharmacist if you are uncertain.

### Tests and follow-up

Before you start taking Fingolimod Teva®, you will have to undergo a white blood cell count and liver function test.

### Dosage

The dosage and treatment regimen will be determined by the doctor only.

Unless instructed otherwise by the doctor, the recommended dosage is one capsule per day (0.5 mg fingolimod).

### Do not exceed the recommended dose.

Take Fingolimod Teva® with half a glass of water. Do not open and disperse the contents of the capsule.

Try to take the capsule at the same time every day. Do not discontinue treatment or change the dosage without consulting the doctor.

If you have questions regarding the duration of treatment with fingolimod, consult the doctor or pharmacist.

### If you took an overdose of the medicine, if you took or if a child swallowed the first dose accidentally

Refer to a doctor or proceed to a hospital emergency room right away and bring the package of the medicine with you.

The doctor may decide to observe you with heart rate and blood pressure measurements every hour, to run ECG tests and even monitor you overnight.

### If you forget to take the medicine

If you forget a dose, take the next dose as planned. Do not take a double dose to make up for a forgotten dose. If you have been taking the preparation for less than two weeks and you forget to take a dose for one day, inform the doctor right away. The doctor may decide to observe you at the time you take the next dose.

### If you stop taking the medicine

Adhere to the treatment as recommended by the doctor. Even if there is an improvement in your health, do not stop treatment with the medicine or change the dosage without first consulting the doctor or pharmacist.

The medicine stays in the body for up to two months after discontinuation of treatment. The white blood cell count (lymphocyte count) may also remain low during this period and the side effects described in this leaflet may still occur.

Female patients should read the “Pregnancy and breastfeeding” section.

The recommendation regarding taking the first dose is also applicable if you stop taking fingolimod for one day or more during the first two weeks of treatment or if you stop taking fingolimod for more than two weeks after the first month of fingolimod treatment or if you stopped treatment for more than seven days during the third and fourth weeks of treatment. In these cases, the initial effect on the heart rate may occur again. When you resume treatment with fingolimod, the doctor may decide to monitor your heart rate and blood pressure every hour, to perform ECG tests or to keep you under observation overnight.

Do not take medicines in the dark! Check the label and the dose each time you take a medicine. Wear glasses if you need them.

If you have further questions regarding use of the medicine, consult the doctor or pharmacist.

## 4. SIDE EFFECTS

As with any medicine, use of fingolimod may cause side effects in some users. Do not be alarmed when reading the list of side effects. You may not suffer from any of them.

### Some side effects could be or could become serious

If you experience any of the following effects, **refer to a doctor immediately:**

Common side effects (affect 1 to 10 in 100 patients)

- Bronchitis with symptoms such as coughing with phlegm, chest pain, fever
- Shingles (herpes zoster) with symptoms such as blisters, burning, itching or pain of the skin, on the upper part of the body or the face. Other symptoms may be fever and weakness in the early stages of infection, followed by numbness, itching or red patches with severe pain
- Slow heartbeat (bradycardia)
- A type of skin cancer called basal cell carcinoma (BCC) which often appears as a pearly nodule, but may also appear in other forms

Uncommon side effects (affect 1 to 10 in 1,000 patients)

- Pneumonia with symptoms such as fever, cough, difficulty breathing
- Macular edema (swelling in the central vision area of the retina at the back part of the eye) with symptoms such as shadows or a blind spot in the center of the vision, blurred vision, problems seeing colors or details

Rare side effects (affect 1 to 10 in 10,000 patients)

- A condition called posterior reversible encephalopathy syndrome (PRES). The symptoms may include sudden onset of severe headache, confusion, seizures and vision changes

### Side effects of unknown frequency:

- Serious irregularity in heartbeat that is temporary and that returns to normal during the 6-hour observation period
- Allergic reactions, including symptoms of rash or nettle rash, hives (urticaria), swellings of the lips, tongue or face, which are likely to occur on the day you start fingolimod treatment
- A rare and severe infection called progressive multifocal leukoencephalopathy (PML), with symptoms that can be similar to MS symptoms and may include muscle weakness, cognitive dysfunction, headache, speech/visual difficulties, seizures, sensory loss/impairment, walking or coordination disturbances
- Cryptococcal infections (a type of fungal infection), including cryptococcal meningitis with symptoms such as headache accompanied by stiff neck, sensitivity to light, nausea and/or confusion

### Additional side effects

If any of the following effects affects you severely, **refer to a doctor:**

Very common side effects (affect more than 1 in 10 patients)

- Infection of the flu virus with symptoms such as tiredness, chills, sore throat, joint or muscle pain, fever
- Feeling of pressure or pain in the cheeks and forehead (sinusitis)
- Headache
- Diarrhea
- Back pain
- Blood tests showing higher levels of liver enzymes
- Cough

Common side effects (affect 1 to 10 in 100 patients)

- Ringworm, a fungal infection of the skin (tinea versicolor)
- Dizziness
- Severe headache often accompanied by nausea, vomiting and sensitivity to light (migraine)
- Weakness
- Itchy, red, burning rash (eczema)
- Itchy skin
- Increased blood fat level (triglycerides)
- Breathlessness
- Abnormal lung function test results, a condition starting after one month of treatment, remaining stable after that and reversible after treatment discontinuation
- Blurred vision (see also the information on macular edema in section “Uncommon side effects” and “During treatment with Fingolimod Teva®”, above)
- Hypertension. Fingolimod may cause a mild increase in blood pressure
- Low level of white blood cells (lymphopenia, leukopenia)

### Side effects of unknown frequency:

- Nausea

**If a side effect occurs, if any of the side effects worsens, or if you are suffering from a side effect not mentioned in the leaflet, consult the doctor.**

### Reporting side effects

Side effects can be reported to the Ministry of Health by clicking on the link “Report Side Effects of Drug Treatment” found on the Ministry of Health homepage ([www.health.gov.il](http://www.health.gov.il)) that directs you to the online form for reporting side effects, or by entering the link: <https://forms.gov.il/globaldata/getsequence/getsequence.aspx?formType=AdversEffectMedic@moh.gov.il>

## 5. HOW SHOULD THE MEDICINE BE STORED?

Avoid poisoning! This medicine, and any other medicine, must be kept in a safe place out of the reach of children and/or infants in order to avoid poisoning. Do not induce vomiting unless explicitly instructed to do so by the doctor.

Do not use the medicine after the expiry date (Expiry date) that appears on the package. The expiry date refers to the last day of that month.

Store this medicine below 25°C.

Do not discard medicines in the waste water or waste bin. Ask the pharmacist how to dispose of medicines that are not in use. These measures will help protect the environment.

## 6. FURTHER INFORMATION

**In addition to the active ingredient, the medicine also contains:**

Pregelatinized starch, gelatin, titanium dioxide (E171), sodium lauryl sulphate, yellow iron oxide (E172), printing ink (shellac, propylene glycol, strong ammonia solution, black iron oxide, potassium hydroxide).

Sodium content per capsule: approximately 0.045 mg.

### What the medicine looks like and the contents of the package

Hard capsules, with a white opaque body, and with TEVA and 7820 printed on it in black, and a yellow cap, with TEVA and 7820 printed on it in black.

The package contains 28, 30 capsules in trays (blisters). Not all package sizes may be marketed.

### License Holder

Teva Pharmaceutical Industries Ltd.,  
P.O.B. 3190, Petach-Tikva

**Call Center: 03-6864212**

### Name of Manufacturer and its Address

Teva Pharmaceutical Industries Ltd.,  
P.O.B. 3190, Petach-Tikva

This leaflet was checked and approved by the Ministry of Health in 11.2016.

Registration number of the medicine in the National Drug Registry of the Ministry of Health: 157.40.34718.00