

KOSELUGO® (selumetinib) Prescription (Rx) Form for the Treatment of Neurofibromatosis Type 1 Plexiform Neurofibromas (NF1 PN)



E-Prescribe: Oncomed Dba Onco360 or NPI# 1679618151 or visit <https://onco360.com/how-to-refer/>
Fax: 877-662-6355 **Phone:** 844-880-1483

Note: Additional information may be required based on insurance plans.

Patient Information

First name: _____ Last name: _____
Has the patient been prescribed Koselugo before?: Yes No
Address: _____
City: _____ State: _____ ZIP code: _____
Date of birth: ____ / ____ / ____ Sex: Male Female
Email address: _____
Phone: _____
 Home Work Cell OK to leave message OK to text
Parent (guardian)/caregiver name(s) (if applicable): _____

Prescription for Koselugo

Patient's current weight: _____ lb, height: _____ in, and BSA*: _____
Date taken: ____ / ____ / ____

*Strongly recommended Body Surface Area (BSA) is measured within the last 60 days.

Allergies: _____

Concomitant medications (required for drug-drug interaction analysis since Koselugo is known to interact with CYP3A4 inducers, CYP3A4 inhibitors, CYP2C19 inhibitors, and Vitamin E-containing supplements): _____

Koselugo 25-mg capsules Koselugo 10-mg capsules

Quantity: _____ Quantity: _____

Refill: _____ Refill: _____

Instructions: _____

If written dose falls outside of standard dose regimen for BSA, provide acknowledgment that they are prescribing outside of normal dosing: _____

Prescriber Information

First name: _____ Last name: _____

Professional designation: _____

Physician specialty: _____ NPI#: _____

Office contact name: _____ Office contact phone: _____

Office contact email: _____

Preferred method of contact: Phone Email

Clinic/hospital affiliation: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Fax: _____

Healthcare and Prescription Drug Insurance Information

Please attach copies of both sides of patient's healthcare and prescription drug insurance card(s).

Primary insurance: _____

Member ID: _____ Group number: _____

Policy holder first name: _____

Policy holder last name: _____

Pharmacy Benefit Manager name: _____

Rx BIN: _____ Rx PCN: _____

Rx Group: _____

Insurance Review

- If not sent with referral, please fax a copy (front and back) of the patient's insurance cards if available, with this form to Onco360 at 877-662-6355
- Prior authorization status (if applicable):
 - Physician has submitted prior authorization form to payer
 - Prior authorization form has NOT been submitted
 - Approval received
 - Approval dates (if available):
Start _____ thru End _____
 - Authorization approval number (if available): _____
 - Please fax copy of approval notification (if available) to Onco360 at 877-662-6355

Clinical Review

- If not sent with referral, please fax a copy of any clinical and/or chart notes available, with this form to Onco360 at 877-662-6355
- Confirm patient diagnosis by selecting applicable diagnosis codes (complete A and B):
 - Symptomatic inoperable PN associated with NF1
 Q85.01
 - AND tumor location (select at least one)
 D36.10 D36.11 D36.12 D36.13
 D36.14 D36.15 D36.16 D36.17
If you would like to review more information for on-label ICD-10 codes, please visit alexionaccessnavigator.com/Koselugo.
- Please confirm any other patient diagnosis code(s) if different than above: _____
- Koselugo requires initial dose reductions for patients with moderate hepatic impairment (ie, Child-Pugh B) and has not been established for patients with severe hepatic impairment (ie, Child-Pugh C). Please confirm patient's hepatic function:
 - Child-Pugh A (mild; no changes required)
 - Child-Pugh B (moderate; reduce initial dose to 20 mg/m²/dose orally twice daily)
 - Child-Pugh C (severe; has not been established)

Prescriber Authorization

SIGNATURE STAMPS NOT ACCEPTABLE

Prescriber signature (dispense as written) _____ Date _____

SIGNATURE STAMPS NOT ACCEPTABLE

Prescriber signature (substitution permitted) _____ Date _____

Please see full Important Safety Information on next page or visit bit.ly/KoselugoPI to see accompanying full Prescribing Information for Koselugo.

Important Safety Information

INDICATION

KOSELUGO® (selumetinib) is indicated for the treatment of pediatric patients 2 years of age and older with neurofibromatosis type 1 (NF1) who have symptomatic, inoperable plexiform neurofibromas (PN).

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Cardiomyopathy. A decrease in left ventricular ejection fraction (LVEF) $\geq 10\%$ below baseline occurred in pediatric patients who received Koselugo in SPRINT with some experiencing decreased LVEF below the institutional lower limit of normal (LLN), including one patient with Grade 3. All patients with decreased LVEF were asymptomatic and identified during routine echocardiography. The safety of Koselugo has not been established in patients with a history of impaired LVEF or a baseline ejection fraction that is below the institutional LLN. Assess ejection fraction by echocardiogram prior to initiating treatment, every 3 months during the first year of treatment, every 6 months thereafter, and as clinically indicated. Withhold, reduce dose, or permanently discontinue Koselugo based on severity of adverse reaction. In patients who interrupt Koselugo for decreased LVEF, obtain an echocardiogram or a cardiac MRI every 3 to 6 weeks. Upon resolution of decreased LVEF, obtain an echocardiogram or a cardiac MRI every 2 to 3 months.

Ocular Toxicity. Blurred vision, photophobia, cataracts, and ocular hypertension occurred. Retinal pigment epithelial detachment (RPED) occurred in the pediatric population during treatment with single agent Koselugo and resulted in permanent discontinuation. Conduct ophthalmic assessments prior to initiating Koselugo, at regular intervals during treatment, and for new or worsening visual changes. Permanently discontinue Koselugo in patients with retinal vein occlusion (RVO). Withhold Koselugo in patients with RPED, conduct ophthalmic assessments every 3 weeks until resolution, and resume Koselugo at a reduced dose.

Gastrointestinal Toxicity. Diarrhea occurred, including Grade 3. Diarrhea resulting in permanent discontinuation, dose interruption or dose reduction occurred. Advise patients to start an anti-diarrheal agent (eg, loperamide) and to increase fluid intake immediately after the first episode of diarrhea. Withhold, reduce dose, or permanently discontinue Koselugo based on severity of adverse reaction.

Skin Toxicity. Rash occurred in 91% of 74 pediatric patients. The most frequent rashes included dermatitis acneiform (54%), maculopapular rash (39%), and eczema (28%). Grade 3 rash occurred, in addition to rash resulting in dose interruption or dose reduction. Monitor for severe skin rashes. Withhold, reduce dose, or permanently discontinue Koselugo based on severity of adverse reaction.

Increased Creatine Phosphokinase (CPK). Increased CPK occurred, including Grade 3 or 4 resulting in dose reduction. Increased CPK concurrent with myalgia occurred, including one patient who permanently discontinued Koselugo for myalgia. Obtain serum CPK prior to initiating Koselugo, periodically during treatment, and as clinically indicated. If increased CPK occurs, evaluate for rhabdomyolysis or other causes. Withhold, reduce dose, or permanently discontinue Koselugo based on severity of adverse reaction.

Increased Levels of Vitamin E and Risk of Bleeding. Koselugo capsules contain vitamin E which can inhibit platelet aggregation and antagonize vitamin K-dependent clotting factors. Supplemental vitamin E is not recommended if daily vitamin E intake (including the amount of vitamin E in Koselugo and supplement) will exceed the recommended or safe limits due to increased risk of bleeding. An increased risk of bleeding may occur in patients who are coadministered vitamin-K antagonists or anti-platelet antagonists with Koselugo. Monitor for bleeding in these patients and increase international normalized ratio (INR) in patients taking a vitamin-K antagonist. Perform anticoagulant assessments more frequently and adjust the dose of vitamin K antagonists or anti-platelet agents as appropriate.

Embryo-Fetal Toxicity. Based on findings from animal studies, Koselugo can cause fetal harm when administered during pregnancy. In animal studies, administration of selumetinib to mice during organogenesis caused reduced fetal weight, adverse structural defects, and effects on embryo-fetal survival at approximate exposures >5 times the human exposure at the clinical dose of 25 mg/m² twice daily. Advise patients of reproductive potential of the potential risk to a fetus and to use effective contraception during treatment with Koselugo and for 1 week after the last dose.

ADVERSE REACTIONS

Common adverse reactions $\geq 40\%$ include vomiting, rash (all), abdominal pain, diarrhea, nausea, dry skin, musculoskeletal pain, fatigue, pyrexia, acneiform rash, stomatitis, headache, paronychia, and pruritus.

DRUG INTERACTIONS

Effect of Other Drugs on Koselugo

Concomitant use of Koselugo with a strong or moderate CYP3A4 inhibitor or fluconazole increased selumetinib plasma concentrations, which may increase the risk of adverse reactions. Avoid coadministration with Koselugo. If coadministration cannot be avoided, reduce Koselugo dosage.

Concomitant use of Koselugo with a strong or moderate CYP3A4 inducer decreased selumetinib plasma concentrations, which may reduce Koselugo efficacy. Avoid concomitant use with Koselugo.

SPECIAL POPULATIONS

Pregnancy & Lactation. Verify the pregnancy status of patients of reproductive potential prior to initiating Koselugo. Due to the potential for adverse reactions in a breastfed child, advise patients not to breastfeed during treatment with Koselugo and for 1 week after the last dose.

To report SUSPECTED ADVERSE REACTIONS, contact AstraZeneca 1-800-236-9933 or at <https://us-aereporting.astrazeneca.com> or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see accompanying full Prescribing Information for Koselugo (selumetinib) or visit bit.ly/KoselugoPI.



HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use KOSELUGO safely and effectively. See full prescribing information for KOSELUGO.

KOSELUGO® (selumetinib) capsules, for oral use
Initial U.S. Approval: 2020

RECENT MAJOR CHANGES

Dosage and Administration (2.1) 01/2024

INDICATIONS AND USAGE

KOSELUGO is a kinase inhibitor indicated for the treatment of pediatric patients 2 years of age and older with neurofibromatosis type 1 (NF1) who have symptomatic, inoperable plexiform neurofibromas (PN). (1)

DOSAGE AND ADMINISTRATION

- The recommended dosage is 25 mg/m² taken orally twice daily. KOSELUGO can be taken with or without food. (2.1)
- Reduce the recommended dosage to 20 mg/m² orally twice daily for patients with moderate hepatic impairment (Child-Pugh B). The recommended dosage for use in patients with severe hepatic impairment (Child-Pugh C) has not been established. (2.2, 8.7)

DOSAGE FORMS AND STRENGTHS

Capsules: 10 mg and 25 mg. (3)

CONTRAINDICATIONS

None. (4)

WARNINGS AND PRECAUTIONS

- Cardiomyopathy:** Assess ejection fraction prior to initiating treatment, every 3 months during the first year, then every 6 months thereafter and as clinically indicated. Withhold, reduce dose, or permanently discontinue KOSELUGO based on severity of adverse reaction. (2.2, 5.1)
- Ocular Toxicity:** Conduct ophthalmic assessments prior to initiating KOSELUGO, at regular intervals during treatment and for new or worsening visual changes. Permanently discontinue KOSELUGO for retinal vein occlusion (RVO). Withhold KOSELUGO for retinal pigment epithelial detachment (RPED), monitor with optical coherence tomography assessments until resolution, and resume at reduced dose. (2.2, 5.2)
- Gastrointestinal Toxicity:** Advise patients to start an anti-diarrheal agent immediately after the first episode of loose stool and to increase fluid intake. Withhold, reduce dose, or permanently discontinue KOSELUGO based on severity of adverse reaction. (2.2, 5.3)

- Skin Toxicity:** Monitor for severe skin rashes. Withhold, reduce dose, or permanently discontinue KOSELUGO based on severity of adverse reaction. (2.2, 5.4)
- Increased Creatine Phosphokinase (CPK):** Increased CPK and rhabdomyolysis can occur. Obtain serum CPK prior to initiating KOSELUGO, periodically during treatment, and as clinically indicated. If increased CPK occurs, evaluate for rhabdomyolysis or other causes. Withhold, reduce dose, or permanently discontinue KOSELUGO based on severity of adverse reaction. (2.2, 5.5)
- Increased Vitamin E Levels and Risk of Bleeding:** KOSELUGO capsules contain vitamin E and daily intake of vitamin E that exceeds the recommended or safe limits may increase the risk of bleeding. An increased risk of bleeding may occur in patients coadministered vitamin-K antagonists or anti-platelet agents. (5.6)

ADVERSE REACTIONS

Most common adverse reactions (≥ 40%) are: vomiting, rash (all), abdominal pain, diarrhea, nausea, dry skin, fatigue, musculoskeletal pain, pyrexia, acneiform rash, stomatitis, headache, paronychia, and pruritus. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact AstraZeneca 1-800-236-9933 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- Strong or Moderate CYP3A4 Inhibitors or Fluconazole:** Avoid coadministration of strong or moderate CYP3A4 inhibitors or fluconazole with KOSELUGO. If coadministration with strong or moderate CYP3A4 inhibitors or fluconazole cannot be avoided, reduce the dose of KOSELUGO. (2.4, 7.1)
- Strong or Moderate CYP3A4 Inducers:** Avoid concomitant use of strong and moderate CYP3A4 inducers. (7.1)

USE IN SPECIFIC POPULATIONS

- Lactation:** Advise not to breastfeed. (8.2)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 01/2024

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

KOSELUGO is indicated for the treatment of pediatric patients 2 years of age and older with neurofibromatosis type 1 (NF1) who have symptomatic, inoperable plexiform neurofibromas (PN).

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dosage

The recommended dosage of KOSELUGO is 25 mg/m² orally twice daily (approximately every 12 hours) until disease progression or unacceptable toxicity.

KOSELUGO can be taken with or without food [see *Clinical Pharmacology (12.3)*]. The recommended dose of KOSELUGO based on body surface area (BSA) is shown in Table 1.

Table 1 Recommended Dosage Based on Body Surface Area

Body Surface Area*	Recommended Dosage
0.55 – 0.69 m ²	20 mg in the morning and 10 mg in the evening
0.70 – 0.89 m ²	20 mg twice daily
0.90 – 1.09 m ²	25 mg twice daily
1.10 – 1.29 m ²	30 mg twice daily
1.30 – 1.49 m ²	35 mg twice daily
1.50 – 1.69 m ²	40 mg twice daily
1.70 – 1.89 m ²	45 mg twice daily
≥ 1.90 m ²	50 mg twice daily

* The recommended dosage for patients with a BSA less than 0.55 m² has not been established.

Swallow KOSELUGO capsules whole with water. Do not chew, dissolve or open capsule.

Do not administer to patients who are unable to swallow a whole capsule.

Do not take a missed dose of KOSELUGO unless it is more than 6 hours until the next scheduled dose.

If vomiting occurs after KOSELUGO administration, do not take an additional dose, but continue with the next scheduled dose.

2.2 Dosage Modifications for Adverse Reactions

The recommended dose reductions for adverse reactions are provided in Table 2.

Table 2 Recommended Dose Reductions for KOSELUGO for Adverse Reactions

Body Surface Area	First Dose Reduction (mg/dose)		Second Dose Reduction* (mg/dose)	
	Morning	Evening	Morning	Evening
0.55 – 0.69 m ²	10	10	10 mg once daily	
0.70 – 0.89 m ²	20	10	10	10
0.90 – 1.09 m ²	25	10	10	10
1.10 – 1.29 m ²	25	20	20	10
1.30 – 1.49 m ²	25	25	25	10
1.50 – 1.69 m ²	30	30	25	20
1.70 – 1.89 m ²	35	30	25	20
≥ 1.90 m ²	35	35	25	25

* Permanently discontinue KOSELUGO in patients unable to tolerate KOSELUGO after two dose reductions.

Dosage modifications for adverse reactions are in Table 3.

Table 3 Recommended Dosage Modifications for KOSELUGO for Adverse Reactions

Severity of Adverse Reaction	Recommended Dosage Modifications for KOSELUGO
<i>Cardiomyopathy [see Warnings and Precautions (5.1)]</i>	
• Asymptomatic decrease in left ventricular ejection fraction (LVEF) of 10% or greater from baseline and less than lower level of normal	Withhold until resolution. Resume at reduced dose.
• Symptomatic decreased LVEF	Permanently discontinue.
• Grade 3 or 4 decreased LVEF	
<i>Ocular Toxicity [see Warnings and Precautions (5.2)]</i>	
• Retinal Pigment Epithelial Detachment (RPED)	Withhold until resolution. Resume at reduced dose.
• Retinal vein occlusion (RVO)	Permanently discontinue.
<i>Gastrointestinal Toxicity [see Warnings and Precautions (5.3)]</i>	
• Grade 3 Diarrhea	Withhold until improved to Grade 0 or 1. Resume at same dose. Permanently discontinue if no improvement within 3 days.
• Grade 4 Diarrhea	Permanently discontinue.
• Grade 3 or 4 Colitis	Permanently discontinue.
<i>Skin Toxicity [see Warnings and Precautions (5.4)]</i>	
• Grade 3 or 4	Withhold until improvement. Resume at reduced dose.
<i>Increased Creatine Phosphokinase (CPK) [see Warnings and Precautions (5.5)]</i>	
• Grade 4 Increased CPK	Withhold until improved to Grade 0 or 1. Resume at reduced dose. Permanently discontinue if no improvement within 3 weeks.
• Any Increased CPK and myalgia	
• Rhabdomyolysis	Permanently discontinue.
<i>Other Adverse Reactions [see Adverse Reactions (6.1)]</i>	
• Intolerable Grade 2	Withhold KOSELUGO until improved to Grade 0 or 1. Resume at reduced dose.
• Grade 3	
• Grade 4	Withhold KOSELUGO until improved to Grade 0 or 1. Resume at reduced dose. Consider discontinuation.

* Per National Cancer Institute Common Terminology Criteria for Adverse Events version 4.03

2.3 Dosage Modifications for Hepatic Impairment

Reduce the recommended dosage of KOSELUGO to 20 mg/m² orally twice daily in patients with moderate hepatic impairment (Child-Pugh B). The recommended dosage of KOSELUGO for use in patients with severe hepatic impairment (Child-Pugh C) has not been established [see *Use in Specific Populations (8.7)*].

Table 4 Recommended Dosage of KOSELUGO for Moderate Hepatic Impairment

Body Surface Area	Moderate Hepatic Impairment (Child-Pugh B) (mg/dose)	
	Morning	Evening
0.55 – 0.69 m ²	10	10
0.70 – 0.89 m ²	20	10
0.90 – 1.09 m ²	20	20
1.10 – 1.29 m ²	25	25
1.30 – 1.49 m ²	30	25
1.50 – 1.69 m ²	35	30
1.70 – 1.89 m ²	35	35
≥ 1.90 m ²	40	40

2.4 Dosage Modifications for Drug Interactions

Strong or Moderate CYP3A4 Inhibitors or Fluconazole

Avoid coadministration of strong or moderate CYP3A4 inhibitors or fluconazole with KOSELUGO. If coadministration with strong or moderate CYP3A4 inhibitors or fluconazole cannot be avoided, reduce the KOSELUGO dosage as recommended in Table 5. After discontinuation of the strong or moderate CYP3A4 inhibitor or fluconazole for 3 elimination half-lives, resume the KOSELUGO dose that was taken prior to initiating the inhibitor or fluconazole [see *Drug Interactions (7.1)*].

Table 5 Recommended Dosage of KOSELUGO for Coadministration with Strong or Moderate CYP3A4 Inhibitors or Fluconazole

Body Surface Area	If the current dosage is 25 mg/m ² twice daily, reduce to 20 mg/m ² twice daily (mg/dose)		If the current dosage is 20 mg/m ² twice daily, reduce to 15 mg/m ² twice daily (mg/dose)	
	Morning	Evening	Morning	Evening
0.55 – 0.69 m ²	10	10	10 mg once daily	
0.70 – 0.89 m ²	20	10	10	10
0.90 – 1.09 m ²	20	20	20	10
1.10 – 1.29 m ²	25	25	25	10
1.30 – 1.49 m ²	30	25	25	20
1.50 – 1.69 m ²	35	30	25	25
1.70 – 1.89 m ²	35	35	30	25
≥ 1.90 m ²	40	40	30	30

3 DOSAGE FORMS AND STRENGTHS

Capsules:

- 10 mg: white to off-white, opaque, hard capsule sealed with a clear band and marked with “SEL 10” in black ink.
- 25 mg: blue, opaque, hard capsule sealed with a clear band and marked with “SEL 25” in black ink.

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1 Cardiomyopathy

Cardiomyopathy, defined as a decrease in left ventricular ejection fraction (LVEF) ≥ 10% below baseline, occurred in 23% of 74 pediatric patients who received KOSELUGO in SPRINT [see *Adverse Reactions (6.1)*]. Four percent of patients experienced decreased LVEF below the institutional lower limit of normal (LLN). Grade 3 decreased LVEF occurred in one patient and resulted in dose reduction. All patients with decreased LVEF were asymptomatic and identified during routine echocardiography. Decreased LVEF resolved in 71% of these patients.

Left ventricular dysfunction or decreased LVEF resulting in permanent discontinuation of KOSELUGO occurred in an unapproved population of adult patients with multiple tumor types who received KOSELUGO. Decreased LVEF resulting in permanent discontinuation of KOSELUGO occurred in a pediatric population with NF1 in an expanded access program.

The safety of KOSELUGO has not been established in patients with a history of impaired LVEF or a baseline ejection fraction that is below the institutional LLN.

Assess ejection fraction by echocardiogram prior to initiating treatment, every 3 months during the first year of treatment, every 6 months thereafter, and as clinically indicated. Withhold, reduce dose, or permanently discontinue KOSELUGO based on severity of adverse reaction [see *Dosage and Administration (2.2)*]. In patients who interrupt KOSELUGO for decreased LVEF, obtain an echocardiogram or a cardiac MRI every 3 to 6 weeks. Upon resolution of decreased LVEF to greater than or equal to the institutional LLN, obtain an echocardiogram or a cardiac MRI every 2 to 3 months or as directed by the cardiologist.

5.2 Ocular Toxicity

Blurred vision, photophobia, cataracts, and ocular hypertension occurred in 15% of 74 pediatric patients receiving KOSELUGO in SPRINT. Blurred vision resulted in dose interruption in 2.7% of patients. Ocular toxicity resolved in 82% of 11 patients.

Serious ocular toxicities including retinal vein occlusion (RVO) and retinal pigment epithelial detachment (RPED), occurred in an unapproved population of adult patients with multiple tumor types who received KOSELUGO as a single agent or in combination with other anti-cancer agents. RPED occurred in the pediatric population during treatment with single agent KOSELUGO and resulted in permanent discontinuation.

Conduct comprehensive ophthalmic assessments prior to initiating KOSELUGO, at regular intervals during treatment, and for new or worsening visual changes. Permanently discontinue KOSELUGO in patients with RVO. Withhold KOSELUGO in patients with RPED, follow up with optical coherence tomography assessments every 3 weeks until resolution, and resume KOSELUGO at a reduced dose. For other ocular toxicities, withhold, reduce dose, or permanently discontinue KOSELUGO based on severity of the adverse reaction [see *Dosage and Administration (2.2)*].

5.3 Gastrointestinal Toxicity

Diarrhea occurred in 77% of 74 pediatric patients who received KOSELUGO in SPRINT, including Grade 3 in 15% of patients. Diarrhea resulting in permanent discontinuation occurred in 1.4% of patients. Diarrhea resulting in dose interruption or dose reduction occurred in 15% and 1.4% of patients, respectively. The median time to first onset of diarrhea was 17 days and the median duration was 2 days.

Serious gastrointestinal toxicities, including perforation, colitis, ileus, and intestinal obstruction, occurred in an unapproved population of adult patients with multiple tumor types who received KOSELUGO as a single agent or in combination with other anti-cancer agents. Colitis occurred in an unapproved population of pediatric patients with multiple tumor types who received KOSELUGO as a single agent.

Advise patients to start an anti-diarrheal agent (e.g., loperamide) immediately after the first episode of unformed, loose stool and to increase fluid intake during diarrhea episodes. Withhold, reduce dose, or permanently discontinue KOSELUGO based on severity of adverse reaction [see *Dosage and Administration (2.2)*].

5.4 Skin Toxicity

Rash occurred in 91% of 74 pediatric patients who received KOSELUGO in SPRINT. The most frequent rashes included dermatitis acneiform (54%), maculopapular rash (39%), and eczema (28%). Grade 3 rash occurred in 8% of patients. Rash resulted in dose interruption in 11% of patients and dose reduction in 4% of patients.

Other skin toxicities, including severe palmar-plantar erythrodysesthesia syndrome, occurred in an unapproved population of adult patients with multiple tumor types who received KOSELUGO as a single agent or in combination with other anti-cancer agents.

Monitor for severe skin rashes. Withhold, reduce dose, or permanently discontinue KOSELUGO based on severity of adverse reaction [see *Dosage and Administration (2.2)*].

5.5 Increased Creatine Phosphokinase

Increased creatine phosphokinase (CPK) occurred in 76% of 74 pediatric patients who received KOSELUGO in SPRINT, including Grade 3 or 4 in 9% of patients. Increased CPK resulted in dose reduction in 7% of patients. Increased CPK concurrent with myalgia occurred in 8% of patients, including one patient who permanently discontinued KOSELUGO for myalgia.

Rhabdomyolysis occurred in an unapproved adult population who received KOSELUGO as a single agent.

Obtain serum CPK prior to initiating KOSELUGO, periodically during treatment, and as clinically indicated. If increased CPK occurs, evaluate patients for rhabdomyolysis or other causes. Withhold, reduce dose, or permanently discontinue KOSELUGO based on severity of adverse reaction [see *Dosage and Administration (2.2)*].

5.6 Increased Levels of Vitamin E and Risk of Bleeding

KOSELUGO capsules contain vitamin E (10 mg capsules contain 32 mg vitamin E as the excipient, D-alpha-tocopheryl polyethylene glycol 1000 succinate (TPGS); while KOSELUGO 25 mg capsules contain 36 mg vitamin E as TPGS). Vitamin E can inhibit platelet aggregation and antagonize vitamin K-dependent clotting factors. Daily vitamin E intake that exceeds the recommended or safe limits may increase the risk of bleeding. Supplemental vitamin E is not recommended if daily vitamin E intake (including the amount of vitamin E in KOSELUGO and supplement) will exceed the recommended or safe limits.

An increased risk of bleeding in patients may occur in patients who are coadministered vitamin-K antagonists or anti-platelet antagonists with KOSELUGO. Monitor for bleeding in these patients. Increase international normalized ratio (INR) monitoring, as appropriate, in patients taking a vitamin-K antagonist. Perform anticoagulant assessments, including INR or prothrombin time, more frequently and adjust the dose of vitamin K antagonists or anti-platelet agents as appropriate [see *Drug Interactions (7.1)*].

5.7 Embryo-Fetal Toxicity

Based on findings from animal studies and its mechanism of action, KOSELUGO can cause fetal harm when administered to a pregnant woman. In animal reproduction studies, administration of selumetinib to mice during organogenesis caused reduced fetal weight, adverse structural defects, and effects on embryo-fetal survival at approximate exposures > 5-times the human exposure at the clinical dose of 25 mg/m² twice daily. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with KOSELUGO and for 1 week after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with KOSELUGO and for 1 week after the last dose [see Use in Specific Populations (8.1, 8.3)].

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- Cardiomyopathy [see Warnings and Precautions (5.1)]
- Ocular toxicity [see Warnings and Precautions (5.2)]
- Gastrointestinal toxicity [see Warnings and Precautions (5.3)]
- Skin toxicity [see Warnings and Precautions (5.4)]
- Increased creatine phosphokinase [see Warnings and Precautions (5.5)]

6.1 Clinical Trials Experience

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 practice.

The data in the WARNINGS AND PRECAUTIONS reflects exposure to KOSELUGO in 74 pediatric patients who received a dosage ranging from 20 mg/m² to 30 mg/m² orally twice daily in SPRINT. Among these patients, the duration of KOSELUGO exposure, including dose interruptions, was 12 months or longer (91%), more than 2 years (74%), or more than 4 years (23%). The WARNINGS AND PRECAUTIONS also includes additional data from adult and pediatric patients who received KOSELUGO administered at various doses across a range of tumors in other clinical trials.

Neurofibromatosis Type 1 (NF1) with Inoperable Plexiform Neurofibromas (PN)

The safety of KOSELUGO was evaluated in SPRINT Phase II Stratum 1 [see Clinical Studies (14)]. Eligible patients were 2-18 years of age with NF1 who had inoperable PN that was causing significant morbidity. Patients were excluded for abnormal LVEF, uncontrolled hypertension (blood pressure ≥ the 95th percentile for age, height, and sex), any current or past history of RVO or RPED, intraocular pressure > 21 mmHg (or upper limit of normal adjusted by age), uncontrolled glaucoma, and inability to swallow whole capsules. Patients received KOSELUGO 25 mg/m² orally twice daily (n=50). Among these patients, 88% were exposed for 12 months or longer and 66% were exposed for greater than 2 years.

Serious adverse reactions occurred in 24% of patients who received KOSELUGO. Serious adverse reactions that occurred in 2 or more patients were anemia, hypoxia and diarrhea.

Permanent discontinuation due to an adverse reaction occurred in 12% of patients who received KOSELUGO. Adverse reactions resulting in permanent discontinuation of KOSELUGO included increased blood creatinine, increased weight, diarrhea, paronychia, malignant peripheral nerve sheath tumor, acute kidney injury, and skin ulcer.

Dosage interruptions and dose reductions due to adverse reactions occurred in 80% and 24% of patients who received KOSELUGO, respectively. Adverse reactions requiring a dosage interruption or reduction in ≥ 5% of patients were vomiting, paronychia, diarrhea, nausea, abdominal pain, rash, skin infection, influenza-like illness, pyrexia and weight gain.

The most common adverse reactions (≥ 40%) were vomiting, rash (all), abdominal pain, diarrhea, nausea, dry skin, fatigue, musculoskeletal pain, pyrexia, acneiform rash, stomatitis, headache, paronychia, and pruritus.

Table 6 presents the adverse reactions in SPRINT Phase II Stratum 1.

Table 6 Adverse Reactions (≥ 20%) in Patients Who Received KOSELUGO in SPRINT Phase II Stratum 1

Adverse Reaction	KOSELUGO N=50	
	All Grades (%)	Grade ≥ 3 (%)*
Gastrointestinal		
Vomiting	82	6
Abdominal pain ¹	76	0
Diarrhea	70	16
Nausea	66	2
Stomatitis ²	50	0
Constipation	34	0
Skin and Subcutaneous Tissue		
Rash (all) ³	80	6
Dry skin	60	0
Rash acneiform ⁴	50	4
Paronychia ⁵	48	6
Pruritus	46	0
Dermatitis ⁶	36	4
Hair changes ⁷	32	0
Musculoskeletal and Connective Tissue		
Musculoskeletal pain ⁸	58	0
General		
Fatigue ⁹	56	0
Pyrexia	56	8
Edema ¹⁰	20	0
Nervous System		
Headache	48	2
Respiratory, Thoracic and Mediastinal		
Epistaxis	28	0
Renal and Urinary System		
Hematuria	22	2
Proteinuria	22	0
Metabolism and Nutrition		
Decreased appetite	22	0
Cardiac System		
Decreased ejection fraction	22	0
Sinus tachycardia	20	0
Infections		
Skin infection ¹¹	20	2

* All events were Grade 3.

¹ Abdominal pain includes abdominal pain; abdominal pain upper

² Stomatitis includes stomatitis; mouth ulceration

³ Rash (all) includes dermatitis acneiform; rash maculo-papular; erythema; rash pustular; rash; urticaria; exfoliative rash; rash pruritic; rash erythematous

⁴ Rash (acneiform) includes dermatitis acneiform

⁵ Paronychia includes paronychia; nail infection

⁶ Dermatitis includes dermatitis; dermatitis atopic; dermatitis diaper; eczema; seborrheic dermatitis; skin irritation

⁷ Hair changes include alopecia; hair color change

⁸ Musculoskeletal pain includes pain in extremity; back pain; neck pain; musculoskeletal pain

⁹ Fatigue includes fatigue; malaise

¹⁰ Edema includes peripheral swelling; edema; localized edema

¹¹ Skin infection includes skin infection; abscess; cellulitis; impetigo; staphylococcal skin infection

Clinically relevant adverse reactions that occurred < 20% of patients include:

- *Eye*: visual impairment
- *Gastrointestinal Disorders*: dry mouth
- *General Disorders*: facial edema, including periorbital edema and face edema
- *Metabolism and Nutrition*: increased weight
- *Renal and Urinary System*: acute kidney injury
- *Respiratory, Thoracic & Mediastinal*: dyspnea, including exertional dyspnea and dyspnea at rest
- *Vascular*: hypertension

Table 7 presents the laboratory abnormalities in SPRINT Phase II Stratum 1.

Table 7 Select Laboratory Abnormalities (≥ 15%) Worsening from Baseline in Patients Who Received KOSELUGO in SPRINT Phase II Stratum 1

Laboratory Abnormality	KOSELUGO	
	All Grades (%) [*]	Grade ≥ 3 (%)
Chemistry		
Increased creatine phosphokinase (CPK)	79	7 [§]
Decreased albumin	51	0
Increased aspartate aminotransferase (AST)	41	2
Increased alanine aminotransferase (ALT)	35	4
Increased lipase	32	5
Increased potassium	27	4
Decreased potassium	18	2 [§]
Increased alkaline phosphatase	18	0
Increased amylase	18	0
Increased sodium	18	0
Decreased sodium	16	0
Hematology		
Decreased hemoglobin	41	4
Decreased neutrophils	33	4
Decreased lymphocytes	20	2

^{*} The denominator used to calculate the rate varied from 39 to 49 based on the number of patients with a baseline value and at least one post-treatment value.

[§] Includes one Grade 4 increased CPK and one Grade 4 increased potassium.

7 DRUG INTERACTIONS

7.1 Effect of Other Drugs on KOSELUGO

Strong or Moderate CYP3A4 Inhibitors or Fluconazole	
<i>Clinical Impact</i>	• Concomitant use of KOSELUGO with a strong or moderate CYP3A4 inhibitor or fluconazole increased selumetinib plasma concentrations [see <i>Clinical Pharmacology</i> (12.3)], which may increase the risk of adverse reactions.
<i>Management</i>	• Avoid coadministration of strong or moderate CYP3A4 inhibitors or fluconazole with KOSELUGO. If coadministration with strong or moderate CYP3A4 inhibitors or fluconazole cannot be avoided, reduce KOSELUGO dosage [see <i>Dosage and Administration</i> (2.4)].
Strong or Moderate CYP3A4 Inducers	
<i>Clinical Impact</i>	• Concomitant use of KOSELUGO with a strong or moderate CYP3A4 inducer decreased selumetinib plasma concentrations [see <i>Clinical Pharmacology</i> (12.3)], which may reduce KOSELUGO efficacy.
<i>Management</i>	• Avoid concomitant use of strong or moderate CYP3A4 inducers with KOSELUGO.

Vitamin E	
<i>Clinical Impact</i>	• KOSELUGO contains vitamin E and daily vitamin E intake that exceeds the recommended or safe limits may increase the risk of bleeding. An increased risk of bleeding may occur in patients taking a vitamin-K antagonist or an anti-platelet agent with KOSELUGO.
<i>Management</i>	• Supplemental vitamin E is not recommended if daily vitamin E intake (including the amount of vitamin E in KOSELUGO and supplement) will exceed the recommended or safe limits. • Monitor for bleeding in patients coadministered a vitamin-K antagonist or an anti-platelet agent with KOSELUGO. Increase INR monitoring, as appropriate, in patients taking a vitamin-K antagonist [see <i>Warnings and Precautions</i> (5.3)].

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Based on findings from animal studies and its mechanism of action [see *Clinical Pharmacology* (12.1)], KOSELUGO can cause fetal harm when administered to a pregnant woman. There are no available data on the use of KOSELUGO in pregnant women to evaluate drug-associated risk. In animal reproduction studies, administration of selumetinib to mice during organogenesis caused reduced fetal weight, adverse structural defects, and effects on embryofetal survival at exposures approximately > 5 times the human exposure at the clinical dose of 25 mg/m² twice daily (see *Data*). Advise pregnant women of the potential risk to the fetus.

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

In embryo-fetal development studies in mice at doses > 2.5 mg/kg twice daily (~5-times the human exposure based on area under the curve [AUC] at the clinical dose of 25 mg/m² twice daily), selumetinib caused increases in post-implantation loss, a reduction in mean fetal and litter weights, and an increased occurrence of open eye and cleft palate, but did not induce significant maternal toxicity.

Administration of selumetinib to pregnant mice from gestation Day 6 through lactation Day 20 resulted in reduced pup body weights and fewer pups met the pupil constriction criterion on day 21 post-partum. The incidence of malformations (e.g., prematurely open eye(s) and cleft palate) was increased even at the lowest dose of 0.5 mg/kg twice daily (maternal maximal concentration [C_{max}] of ~0.6 times the human C_{max} at the clinical dose of 25 mg/m² twice daily).

8.2 Lactation

Risk Summary

There are no data on the presence of selumetinib or its active metabolite in human milk or their effects on the breastfed child or milk production. Selumetinib and its active metabolite were present in the milk of lactating mice (see *Data*). Due to the potential for adverse reactions in a breastfed child, advise women not to breastfeed during treatment with KOSELUGO and for 1 week after the last dose.

Data

Animal Data

Selumetinib and its active metabolite were present in milk from mice dosed with selumetinib throughout gestation and lactation, with a mean plasma/milk ratio of 1.5 in lactating dams dosed at 5 mg/kg twice daily. Administration of selumetinib to dams during gestation and early lactation was associated with adverse events in pups, including reduced growth rates and incidence of malformations [see *Use in Specific Populations* (8.1)].

8.3 Females and Males of Reproductive Potential

KOSELUGO can cause fetal harm when administered to a pregnant woman [see *Use in Specific Populations* (8.1)].

Pregnancy Testing

Verify the pregnancy status of females of reproductive potential prior to initiating KOSELUGO [see *Use in Specific Populations* (8.1)].

Contraception

Females

Advise females of reproductive potential to use effective contraception during treatment and for 1 week after the last dose.

Males

Advise male patients with female partners of reproductive potential to use effective contraception during treatment with KOSELUGO and for 1 week after the last dose.

Increased Creatine Phosphokinase

Advise patients and caregivers that KOSELUGO can cause increased CPK and to report any signs and symptoms of muscle pain or weakness to their healthcare provider [see *Warnings and Precautions (5.5)*].

Increased Vitamin E Levels and Risk of Bleeding

Advise patients and caregivers to notify their healthcare provider if they are taking a supplement containing vitamin E, a vitamin-K antagonist or an anti-platelet agent [see *Warnings and Precautions (5.6)*].

Embryo-Fetal Toxicity

- Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential to inform their healthcare provider of a known or suspected pregnancy [see *Warnings and Precautions (5.7)*, *Use in Specific Populations (8.1)*].
- Advise females of reproductive potential to use effective contraception during treatment with KOSELUGO and for 1 week after the last dose [see *Use in Specific Populations (8.3)*].
- Advise males with female partners of reproductive potential to use effective contraception during treatment with KOSELUGO and for at least 1 week after the last dose [see *Use in Specific Populations (8.3)*, *Nonclinical Toxicology (13.1)*].

Lactation

Advise women not to breastfeed during treatment with KOSELUGO and for 1 week after the last dose [see *Use in Specific Populations (8.2)*].

Drug Interactions

Advise patients and caregivers to inform their healthcare provider of all concomitant medications, including prescription medicines, over-the-counter drugs, vitamins, and herbal products. Inform patients to avoid St. John's wort, grapefruit or grapefruit juice while taking KOSELUGO [see *Drug Interactions (7)*].

Dosing and Administration

Inform patients and caregivers on how to take KOSELUGO and what to do for missed or vomited doses [see *Dosage and Administration (2.1)*].

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Patient Information
KOSELUGO™ (ko-SEL-u-go)
(selumetinib) capsules

What is KOSELUGO?

KOSELUGO is a prescription medicine that is used to treat children 2 years of age and older with neurofibromatosis type 1 (NF1) who have plexiform neurofibromas that cannot be completely removed by surgery.

It is not known if KOSELUGO is safe and effective in children under 2 years of age.

Before taking KOSELUGO, tell your healthcare provider about all of your medical conditions, including if you:

- have heart problems.
- have eye problems.
- have liver problems.
- are pregnant or plan to become pregnant. KOSELUGO can harm your unborn baby.
 - Your healthcare provider should check to see if you are pregnant before you begin treatment with KOSELUGO.
 - Females who are able to become pregnant should use effective birth control (contraception) during treatment with KOSELUGO and for 1 week after your last dose.
 - Males with female partners who are able to become pregnant should use effective birth control (contraception) during treatment with KOSELUGO and for 1 week after your last dose.
 - Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with KOSELUGO.
- are breastfeeding or plan to breastfeed. It is not known if KOSELUGO passes into your breast milk.
 - Do not breastfeed during treatment with KOSELUGO and for 1 week after your last dose.
 - Talk to your healthcare provider about the best way to feed your baby during this time.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, or herbal supplements. Especially tell your healthcare provider if you are taking aspirin, blood thinners, or other medicines to treat blood clots. KOSELUGO contains vitamin E which may increase your risk of bleeding.

How should I take KOSELUGO?

- Take KOSELUGO exactly as your healthcare provider tells you to.
- Do not change your dose or stop taking KOSELUGO unless your healthcare provider tells you to.
- Your healthcare provider may change your dose, temporarily stop, or permanently stop treatment with KOSELUGO if you have side effects.
- Your healthcare provider will decide on the right dose of KOSELUGO based on your weight or size (body surface area) and how many capsules of KOSELUGO to take.
- Take KOSELUGO around the same time each day, about 12 hours apart.
- Take KOSELUGO with or without food.
- Swallow KOSELUGO capsules whole with water. Do not chew, dissolve, or open the capsules.
- If you miss a dose of KOSELUGO, take it as soon as you remember. If it is less than 6 hours before your next scheduled dose, take your next dose at your regular time. Do not make up for the missed dose.
- If you vomit at any time after taking KOSELUGO, do not take an additional dose. Take your next dose at your regular time.

What should I avoid while taking KOSELUGO?

Do not drink grapefruit juice, eat grapefruit or take supplements that contain grapefruit or St. John's Wort during treatment with KOSELUGO.

What are the possible side effects of KOSELUGO?**KOSELUGO may cause serious side effects, including:**

- **Heart problems.** KOSELUGO can lower the amount of blood pumped by your heart which is common and can also be severe. Your healthcare provider will do tests before and during treatment with KOSELUGO to check how well your heart is working. Tell your healthcare provider right away if you get any of the following signs or symptoms:
 - persistent coughing or wheezing
 - shortness of breath
 - swelling of your ankles and feet
 - tiredness
 - increased heart rate
- **Eye problems.** KOSELUGO can cause eye problems that can lead to blindness. Your healthcare provider will check your vision before and during treatment with KOSELUGO. Tell your healthcare provider right away if you get any of the following signs or symptoms:
 - blurred vision
 - loss of vision
 - dark spots in your vision (floaters)
 - other changes to your vision
- **Severe diarrhea.** Diarrhea is common with KOSELUGO and can also be severe. Tell your healthcare provider right away the first time that you get diarrhea during treatment with KOSELUGO. Your healthcare provider may give you medicine to help control your diarrhea and may tell you to drink more fluids.
- **Skin rash.** Skin rashes are common with KOSELUGO and can also be severe. Tell your healthcare provider if you get any of the following signs or symptoms:
 - rash that covers a large area of your body
 - peeling skin
 - blisters
- **Muscle problems (rhabdomyolysis).** Muscle problems are common with KOSELUGO and can also be severe. Treatment with KOSELUGO may increase the level of enzyme in your blood called creatine phosphokinase (CPK) and may be a sign of muscle damage. Your healthcare provider should do a blood test to check your blood levels of CPK before you start taking KOSELUGO and during treatment. Tell your healthcare provider right away if you get any of the following signs or symptoms:
 - muscle aches or pain
 - muscle spasms and weakness
 - dark, reddish urine

Your healthcare provider may change your dose, temporarily stop, or permanently ask you to stop taking KOSELUGO if you have any of these side effects.

The most common side effects of KOSELUGO are:

- vomiting
- stomach-area pain
- nausea
- dry skin
- muscle and bone pain
- feeling of tiredness or lacking energy
- fever
- sores in your mouth
- headache
- redness around the fingernails
- itching

These are not all of the possible side effects of KOSELUGO.

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

How should I store KOSELUGO?

- Store KOSELUGO at room temperature between 68°F to 77°F (20°C to 25°C).
- The bottle of KOSELUGO contains a desiccant packet to reduce moisture. Do not throw away desiccant packet.
- Keep KOSELUGO in its original bottle. Keep the bottle tightly closed.

Keep KOSELUGO and all medicines out of the reach of children.

General information about the safe and effective use of KOSELUGO.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use KOSELUGO for a condition for which it was not prescribed. Do not give KOSELUGO to other people, even if they have the same symptoms you have. It may harm them. You can ask your pharmacist or healthcare provider for information about KOSELUGO that is written for a healthcare professional.

What are the ingredients in KOSELUGO?

Active ingredient: selumetinib.

Inactive ingredients:

Capsule contains: vitamin E polyethylene glycol succinate.

The 10 mg capsule shell contains: hypromellose, carrageenan, potassium chloride, titanium dioxide, carnauba wax, and purified water.

The 10 mg capsule printing ink contains: shellac, iron oxide black, propylene glycol, and ammonium hydroxide.

The 25 mg capsule shell contains: hypromellose, carrageenan, potassium chloride, titanium dioxide, FD&C blue 2, ferric oxide yellow, purified water, carnauba wax and/or corn starch.

The 25 mg printing ink contains: ferric oxide red, ferric oxide yellow, FD&C Blue 2 aluminum lake, carnauba wax, shellac, glyceryl monooleate.

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For more information, go to website www.KOSELUGO.com or call 1-800-236-9933