Induction of clinical remission (defined as Mayo score ≤2 with no individual subscores >1) at Week 8 was evaluated in both studies. Clinical remission at Week 52 and sustained clinical remission (defined as clinical remission at both Weeks 8 and 52) were evaluated in Study UC-II.

In Study UC-I, 390 TNF-blocker naive patients were randomized to one of three treatment groups for the primary efficacy analysis. The placebo group received placebo at Weeks 0, 2, 4 and 6. The 160/80 group received 160 mg adalimumab at Week 0 and 80 mg at Week 2, and the 80/40 group received 80 mg adalimumab at Week 0 and 40 mg at Week 2. After Week 2, patients in both adalimumab treatment groups received 40 mg every other week.

In Study UC-II, 518 patients were randomized to receive either adalimumab 160 mg at Week 0, 80 mg at Week 2, and 40 mg every other week starting at Week 4 through Week 50, or placebo starting at Week 0 and every other week through Week 50. Corticosteroid taper was permitted starting at Week 8.

In both Studies UC-I and UC-II, a greater percentage of the patients treated with 160/80 mg of adalimumab compared to patients treated with placebo achieved induction of clinical remission. In Study UC-II, a greater percentage of the patients treated with 160/80 mg of adalimumab compared to patients treated with placebo achieved sustained clinical remission (clinical remission at both Weeks 8 and 52) (Table 13).

Table 13. Induction of Clinical Remission in Studies UC-I and UC-II and Sustained Clinical Remission in Study UC-II (Percent of Patients)

	Study UC-I			**Study UC-II**		
	Placebo N=130	**Adalimumab 160/80 mg N=130**	**Treatment Difference (95% CI)**	**Placebo N=246**	**Adalimumab 160/80 mg N=248**	**Treatment Difference (95% CI)**
Induction of Clinical Remission (Clinical Remission at Week 8)	9.2%	18.5%	9.3%* (0.9%, 17.6%)	9.3%	16.5%	7.2%* (1.2%, 12.9%)
Sustained Clinical Remission (Clinical Remission at both Weeks 8 and 52)	N/A	N/A	N/A	4.1%	8.5%	4.4%* (0.1%, 8.6%)
Clinical remission is defined as Mayo score ≤2 with no individual subscores >1. CI=Confidence interval ***** p<0.05 for adalimumab *vs.* placebo pairwise comparison of proportions						

In Study UC-I, there was no statistically significant difference in clinical remission observed between the adalimumab 80/40 mg group and the placebo group at Week 8.

In Study UC-II, 17.3% (43/248) in the adalimumab group were in clinical remission at Week 52 compared to 8.5% (21/246) in the placebo group (treatment difference: 8.8%; 95% confidence interval (CI): [2.8%, 14.5%]; p<0.05).

In the subgroup of patients in Study UC-II with prior TNF-blocker use, the treatment difference for induction of clinical remission appeared to be lower than that seen in the whole study population, and the treatment differences for sustained clinical remission and clinical remission at Week 52 appeared to be similar to those seen in the whole study population. The subgroup of patients with prior TNF-blocker use achieved induction of clinical remission at 9% (9/98) in the adalimumab group versus 7% (7/101) in the placebo group, and sustained clinical remission at 5% (5/98) in the adalimumab group versus 1% (1/101) in the placebo group. In the subgroup of patients with prior TNF-blocker use, 10% (10/98) were in clinical remission at Week 52 in the adalimumab group versus 3% (3/101) in the placebo group.

14.7 Plaque Psoriasis

The safety and efficacy of adalimumab were assessed in randomized, double-blind, placebo-controlled studies in 1696 adult subjects with moderate to severe chronic plaque psoriasis (Ps) who were candidates for systemic therapy or phototherapy.

Study Ps-I evaluated 1212 subjects with chronic Ps with ≥10% body surface area (BSA) involvement, Physician's Global Assessment (PGA) of at least moderate disease severity, and Psoriasis Area and Severity Index (PASI) ≥12 within three treatment periods. In period A, subjects received placebo or adalimumab at an initial dose of 80 mg at Week 0 followed by a dose of 40 mg every other week starting at Week 1. After 16 weeks of therapy, subjects who achieved at least a PASI 75 response at Week 16, defined as a PASI

score improvement of at least 75% relative to baseline, entered period B and received open-label 40 mg adalimumab every other week. After 17 weeks of open label therapy, subjects who maintained at least a PASI 75 response at Week 33 and were originally randomized to active therapy in period A were re-randomized in period C to receive 40 mg adalimumab every other week or placebo for an additional 19 weeks. Across all treatment groups the mean baseline PASI score was 19 and the baseline Physician's Global Assessment score ranged from "moderate" (53%) to "severe" (41%) to "very severe" (6%).

Study Ps-II evaluated 99 subjects randomized to adalimumab and 48 subjects randomized to placebo with chronic plaque psoriasis with ≥10% BSA involvement and PASI ≥12. Subjects received placebo, or an initial dose of 80 mg adalimumab at Week 0 followed by 40 mg every other week starting at Week 1 for 16 weeks. Across all treatment groups the mean baseline PASI score was 21 and the baseline PGA score ranged from "moderate" (41%) to "severe" (51%) to "very severe" (8%).

Studies Ps-I and II evaluated the proportion of subjects who achieved "clear" or "minimal" disease on the 6-point PGA scale and the proportion of subjects who achieved a reduction in PASI score of at least 75% (PASI 75) from baseline at Week 16 (see Table 14 and 15).

Additionally, Study Ps-I evaluated the proportion of subjects who maintained a PGA of "clear" or "minimal" disease or a PASI 75 response after Week 33 and on or before Week 52.

Table 14. Efficacy Results at 16 Weeks in Study Ps-I Number of Subjects (%)

	Adalimumab 40 mg every other week	**Placebo**
	N=814	**N=398**
PGA: Clear or minimal*	506 (62%)	17 (4%)
PASI 75	578 (71%)	26 (7%)
* Clear = no plaque elevation, no scale, plus or minus hyperpigmentation or diffuse pink or red coloration Minimal = possible but difficult to ascertain whether there is slight elevation of plaque above normal skin, plus or minus surface dryness with some white coloration, plus or minus up to red coloration		

Table 15. Efficacy Results at 16 Weeks in Study Ps-II Number of Subjects (%)

	Adalimumab 40 mg every other week	**Placebo**
	N=99	**N=48**
PGA: Clear or minimal*	70 (71%)	5 (10%)
PASI 75	77 (78%)	9 (19%)
* Clear = no plaque elevation, no scale, plus or minus hyperpigmentation or diffuse pink or red coloration Minimal = possible but difficult to ascertain whether there is slight elevation of plaque above normal skin, plus or minus surface dryness with some white coloration, plus or minus up to red coloration		

Additionally, in Study Ps-I, subjects on adalimumab who maintained a PASI 75 were re-randomized to adalimumab (N=250) or placebo (N=240) at Week 33. After 52 weeks of treatment with adalimumab, more subjects on adalimumab maintained efficacy when compared to subjects who were re-randomized to placebo based on maintenance of PGA of "clear" or "minimal" disease (68% *vs.* 28%) or a PASI 75 (79% *vs.* 43%).

A total of 347 stable responders participated in a withdrawal and retreatment evaluation in an open-label extension study. Median time to relapse (decline to PGA "moderate" or worse) was approximately 5 months. During the withdrawal period, no subject experienced transformation to either pustular or erythrodermic psoriasis. A total of 178 subjects who relapsed re-initiated treatment with 80 mg of adalimumab, then 40 mg every other week beginning at week 1. At week 16, 69% (123/178) of subjects had a response of PGA "clear" or "minimal".

A randomized, double-blind study (Study Ps-III) compared the efficacy and safety of adalimumab versus placebo in 217 adult subjects. Subjects in the study had to have chronic plaque psoriasis of at least moderate severity on the PGA scale, fingernail involvement of at least moderate severity on a 5-point Physician's Global Assessment of Fingernail Psoriasis (PGA-F) scale, a Modified Nail Psoriasis Severity Index (mNAPSI) score for the target-fingernail of ≥8, and either a BSA involvement of at least 10% or a BSA involvement of at least 5% with a total mNAPSI score for all fingernails of ≥20. Subjects received an initial dose of 80 mg adalimumab followed by 40 mg every other week (starting one week after the initial dose) or placebo for 26 weeks followed by open-label adalimumab treatment for an additional 26 weeks. This study evaluated the proportion of subjects who achieved "clear" or "minimal" assessment with at least a 2-grade improvement on the PGA-F scale and the proportion of subjects who achieved at least a 75% improvement from baseline in the mNAPSI score (mNAPSI 75) at Week 26.

At Week 26, a higher proportion of subjects in the adalimumab group than in the placebo group achieved the PGA-F endpoint. Furthermore, a higher proportion of subjects in the adalimumab group than in the placebo group achieved mNAPSI 75 at Week 26 (see Table 16).

Table 16. Efficacy Results at 26 Weeks

Endpoint	**Adalimumab 40 mg every other week* N=109**	**Placebo N=108**
PGA-F: ≥2-grade improvement and *clear* or *minimal*	49%	7%
mNAPSI 75	47%	3%

*Subjects received 80 mg of adalimumab at Week 0, followed by 40 mg every other week starting at Week 1.

Nail pain was also evaluated and improvement in nail pain was observed in Study Ps-III.

15 REFERENCES

1. National Cancer Institute. Surveillance, Epidemiology, and End Results Database (SEER) Program. SEER Incidence Crude Rates, 17 Registries, 2000-2007.

16 HOW SUPPLIED/STORAGE AND HANDLING

CYLTEZO® (adalimumab-adbm) injection is supplied as a preservative-free, sterile, clear to slightly opalescent and colorless to slightly yellow solution for subcutaneous administration. The following packaging configurations are available.

CYLTEZO® Prefilled Syringe	**Contents***	**Number of Units/Carton**	**NDC number**
20 mg/0.4 mL	2 dose trays and 2 alcohol preps	2	0597-0405-80
40 mg/0.8 mL	2 dose trays and 2 alcohol preps	2	0597-0370-82

*Each dose tray consists of a single-dose, 1 mL prefilled glass syringe with a fixed, ½ inch needle. The needle cap contains natural rubber latex.

Storage and Stability

Do not use beyond the expiration date on the container. CYLTEZO must be refrigerated at 36°F to 46°F (2°C to 8°C). DO NOT FREEZE. Do not use if frozen even if it has been thawed.

Store in original carton until time of administration to protect from light.

If needed, for example when traveling, CYLTEZO may be stored at room temperature up to a maximum of 77°F (25°C) for a period of up to 14 days, with protection from light. CYLTEZO should be discarded if not used within the 14-day period. Record the date when CYLTEZO is first removed from the refrigerator in the spaces provided on the carton and dose tray.

Do not store CYLTEZO in extreme heat or cold.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Medication Guide and Instructions for Use).

Patient Counseling

Provide the CYLTEZO "Medication Guide" to patients or their caregivers, and provide them an opportunity to read it and ask questions prior to initiation of therapy and prior to each time the prescription is renewed. If patients develop signs and symptoms of infection, instruct them to seek medical evaluation immediately.

Advise patients of the potential benefits and risks of CYLTEZO.

- **Infections**
  Inform patients that CYLTEZO may lower the ability of their immune system to fight infections. Instruct patients of the importance of contacting their doctor if they develop any symptoms of infection, including tuberculosis, invasive fungal infections, and reactivation of hepatitis B virus infections.

- **Malignancies**

Counsel patients about the risk of malignancies while receiving CYLTEZO.

- **Allergic Reactions**
  Advise patients to seek immediate medical attention if they experience any symptoms of severe allergic reactions. Advise latex-sensitive patients that the needle cap of the CYLTEZO prefilled syringe contains natural rubber latex *[see How Supplied/Storage and Handling (16) for specific information]*.

- **Other Medical Conditions**
  Advise patients to report any signs of new or worsening medical conditions such as congestive heart failure, neurological disease, autoimmune disorders, or cytopenias. Advise patients to report any symptoms suggestive of a cytopenia such as bruising, bleeding, or persistent fever.

Instructions on Injection Technique

Inform patients that the first injection is to be performed under the supervision of a qualified health care professional. If a patient or caregiver is to administer CYLTEZO, instruct them in injection techniques and assess their ability to inject subcutaneously to ensure the proper administration of CYLTEZO *[see Instructions for Use]*.

Instruct patients to dispose of their used needles and syringes in a FDA-cleared sharps disposal container immediately after use. **Instruct patients not to dispose of loose needles and syringes in their household trash.** Instruct patients that if they do not have a FDA-cleared sharps disposal container, they may use a household container that is made of a heavy-duty plastic, can be closed with a tight-fitting and puncture-resistant lid without sharps being able to come out, upright and stable during use, leak-resistant, and properly labeled to warn of hazardous waste inside the container.

Instruct patients that when their sharps disposal container is almost full, they will need to follow their community guidelines for the correct way to dispose of their sharps disposal container. Instruct patients that there may be state or local laws regarding disposal of used needles and syringes. Refer patients to the FDA's website at http://www.fda.gov/safesharpsdisposal for more information about safe sharps disposal, and for specific information about sharps disposal in the state that they live in.

Instruct patients not to dispose of their used sharps disposal container in their household trash unless their community guidelines permit this. Instruct patients not to recycle their used sharps disposal container.

Address medical inquiries to: (800) 542-6257 or (800) 459-9906 TTY.

Manufactured by:
Boehringer Ingelheim Pharmaceuticals, Inc.
Ridgefield, CT 06877 USA
US License Number 2006

CYLTEZO® is a registered trademark and is used under license from Boehringer Ingelheim International GmbH.

HUMIRA® and other trademarks referenced are owned by third parties not affiliated with Boehringer Ingelheim Pharmaceuticals, Inc.

IT7556FI122019

MEDICATION GUIDE
CYLTEZO® (sil-TEE-zoh)
(adalimumab-adbm)
injection

Read the Medication Guide that comes with CYLTEZO before you start taking it and each time you get a refill. There may be new information. This Medication Guide does not take the place of talking with your doctor about your medical condition or treatment.

What is the most important information I should know about CYLTEZO?

CYLTEZO is a medicine that affects your immune system. CYLTEZO can lower the ability of your immune system to fight infections. **Serious infections have happened in people taking adalimumab products. These serious infections include tuberculosis (TB) and infections caused by viruses, fungi or bacteria that have spread throughout the body. Some people have died from these infections.**

- Your doctor should test you for TB before starting CYLTEZO.
- Your doctor should check you closely for signs and symptoms of TB during treatment with CYLTEZO.

You should not start taking CYLTEZO if you have any kind of infection unless your doctor says it is okay.

Before starting CYLTEZO, tell your doctor if you:

- think you have an infection or have symptoms of infection such as:
  - fever, sweats, or chills
  - muscle aches
  - cough
  - shortness of breath
  - blood in phlegm
  - warm, red or painful skin or sores on your body
  - diarrhea or stomach pain
  - burning when you urinate or urinate more often than normal
  - feel very tired
  - weight loss
- are being treated for an infection.
- get a lot of infections or have infections that keep coming back.
- have diabetes.
- have TB, or have been in close contact with someone with TB.
- were born in, lived in, or traveled to countries where there is more risk for getting TB. Ask your doctor if you are not sure.
- live or have lived in certain parts of the country (such as the Ohio and Mississippi River valleys) where there is an increased risk for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, or blastomycosis). These infections may happen or become more severe if you use CYLTEZO. Ask your doctor if you do not know if you have lived in an area where these infections are common.
- have or have had hepatitis B.
- use the medicine ORENCIA® (abatacept), KINERET® (anakinra), RITUXAN® (rituximab), IMURAN® (azathioprine), or PURINETHOL® (6-mercaptopurine, 6-MP).
- are scheduled to have major surgery.

After starting CYLTEZO, call your doctor right away if you have an infection, or any sign of an infection.

CYLTEZO can make you more likely to get infections or make any infection that you may have worse.

Cancer

- For children and adults taking Tumor Necrosis Factor (TNF) blockers, including CYLTEZO, the chances of getting cancer may increase.
- There have been cases of unusual cancers in children, teenagers, and young adults using TNF-blockers.
- People with rheumatoid arthritis (RA), especially more serious RA, may have a higher chance for getting a kind of cancer called lymphoma.
- If you use TNF blockers including CYLTEZO your chance of getting two types of skin cancer may increase (basal cell cancer and squamous cell cancer of the skin). These types of cancer are generally not life-threatening if treated. Tell your doctor if you have a bump or open sore that does not heal.
- Some people receiving TNF blockers including CYLTEZO developed a rare type of cancer called hepatosplenic T-cell lymphoma. This type of cancer often results in death. Most of these people were male teenagers or young men. Also, most people were being treated for Crohn's disease or ulcerative colitis with another medicine called IMURAN® (azathioprine) or PURINETHOL® (6-mercaptopurine, 6-MP).

What is CYLTEZO?

CYLTEZO is a medicine called a Tumor Necrosis Factor (TNF) blocker. CYLTEZO is used:

- To reduce the signs and symptoms of:
  - **moderate to severe rheumatoid arthritis (RA) in adults.** CYLTEZO can be used alone, with methotrexate, or with certain other medicines.
  - **moderate to severe polyarticular juvenile idiopathic arthritis (JIA) in children** 4 years and older. CYLTEZO can be used alone, with methotrexate, or with certain other medicines.

- **psoriatic arthritis (PsA) in adults.** CYLTEZO can be used alone or with certain other medicines.
- **ankylosing spondylitis (AS) in adults.**
- **moderate to severe Crohn's disease (CD) in adults** when other treatments have not worked well enough.

- In adults, to help get **moderate to severe ulcerative colitis (UC)** under control (induce remission) and keep it under control (sustain remission) when certain other medicines have not worked well enough. It is not known if adalimumab products are effective in people who stopped responding to or could not tolerate TNF-blocker medicines.
- **To treat moderate to severe chronic (lasting a long time) plaque psoriasis (Ps) in adults** who have the condition in many areas of their body and who may benefit from taking injections or pills (systemic therapy) or phototherapy (treatment using ultraviolet light alone or with pills).

What should I tell my doctor before taking CYLTEZO?

CYLTEZO may not be right for you. Before starting CYLTEZO, tell your doctor about all of your health conditions, including if you:

- have an infection. See **"What is the most important information I should know about CYLTEZO?"**
- have or have had cancer.
- have any numbness or tingling or have a disease that affects your nervous system such as multiple sclerosis or Guillain-Barré syndrome.
- have or had heart failure.
- have recently received or are scheduled to receive a vaccine. You may receive vaccines, except for live vaccines while using CYLTEZO. Children should be brought up to date with all vaccines before starting CYLTEZO.
- are allergic to rubber or latex. The needle cap on the prefilled syringe contains dry natural rubber or latex. Tell your doctor if you have any allergies to rubber or latex.
- are allergic to CYLTEZO or to any of its ingredients. See the end of this Medication Guide for a list of ingredients in CYLTEZO.
- are pregnant or plan to become pregnant, breastfeeding or plan to breastfeed. You and your doctor should decide if you should take CYLTEZO while you are pregnant or breastfeeding.
- have a baby and you were using CYLTEZO during your pregnancy. Tell your baby's doctor before your baby receives any vaccines.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Especially tell your doctor if you use:

- ORENCIA® (abatacept), KINERET® (anakinra), REMICADE® (infliximab), ENBREL® (etanercept), CIMZIA® (certolizumab pegol) or SIMPONI® (golimumab), because you should not use CYLTEZO while you are also using one of these medicines.
- RITUXAN® (rituximab). Your doctor may not want to give you CYLTEZO if you have received RITUXAN® (rituximab) recently.
- IMURAN® (azathioprine) or PURINETHOL® (6-mercaptopurine, 6-MP).

Keep a list of your medicines with you to show your doctor and pharmacist each time you get a new medicine.

How should I take CYLTEZO?

- CYLTEZO is given by an injection under the skin. Your doctor will tell you how often to take an injection of CYLTEZO. This is based on your condition to be treated. **Do not inject CYLTEZO more often than you were prescribed.**
- See the **Instructions for Use** inside the carton for complete instructions for the right way to prepare and inject CYLTEZO.
- Make sure you have been shown how to inject CYLTEZO before you do it yourself. You can call your doctor or 1-800-542-6257 if you have any questions about giving yourself an injection. Someone you know can also help you with your injection after they have been shown how to prepare and inject CYLTEZO.
- **Do not** try to inject CYLTEZO yourself until you have been shown the right way to give the injections. If your doctor decides that you or a caregiver may be able to give your injections of CYLTEZO at home, you should receive training on the right way to prepare and inject CYLTEZO.
- Do not miss any doses of CYLTEZO unless your doctor says it is okay. If you forget to take CYLTEZO, inject a dose as soon as you remember. Then, take your next dose at your regular scheduled time. This will put you back on schedule. In case you are not sure when to inject CYLTEZO, call your doctor or pharmacist.
- If you take more CYLTEZO than you were told to take, call your doctor.

What are the possible side effects of CYLTEZO?

CYLTEZO can cause serious side effects, including:

See "What is the most important information I should know about CYLTEZO?"

- **Serious Infections.** Your doctor will examine you for TB and perform a test to see if you have TB. If your doctor feels that you are at risk for TB, you may be treated with medicine for TB before you begin treatment with CYLTEZO and during treatment with CYLTEZO. Even if your TB test is negative your doctor should carefully monitor you for TB infections while you are taking CYLTEZO. People who had a negative TB skin test before receiving adalimumab

products have developed active TB. Tell your doctor if you have any of the following symptoms while taking or after taking CYLTEZO:
  - cough that does not go away
  - low grade fever
  - weight loss
  - loss of body fat and muscle (wasting)
- **Hepatitis B infection in people who carry the virus in their blood.** If you are a carrier of the hepatitis B virus (a virus that affects the liver), the virus can become active while you use CYLTEZO. Your doctor should do blood tests before you start treatment, while you are using CYLTEZO, and for several months after you stop treatment with CYLTEZO. Tell your doctor if you have any of the following symptoms of a possible hepatitis B infection:
  - muscle aches
  - feel very tired
  - dark urine
  - skin or eyes look yellow
  - little or no appetite
  - vomiting
  - clay-colored bowel movements
  - fever
  - chills
  - stomach discomfort
  - skin rash
- **Allergic reactions.** Allergic reactions can happen in people who use CYLTEZO. Call your doctor or get medical help right away if you have any of these symptoms of a serious allergic reaction:
  - hives
  - trouble breathing
  - swelling of your face, eyes, lips or mouth
- **Nervous system problems.** Signs and symptoms of a nervous system problem include: numbness or tingling, problems with your vision, weakness in your arms or legs, and dizziness.
- **Blood problems.** Your body may not make enough of the blood cells that help fight infections or help to stop bleeding. Symptoms include a fever that does not go away, bruising or bleeding very easily, or looking very pale.
- **New heart failure or worsening of heart failure you already have. Call your doctor right away** if you get new worsening symptoms of heart failure while taking CYLTEZO, including:
  - shortness of breath
  - sudden weight gain
  - swelling of your ankles or feet
- **Immune reactions including a lupus-like syndrome.** Symptoms include chest discomfort or pain that does not go away, shortness of breath, joint pain, or a rash on your cheeks or arms that gets worse in the sun. Symptoms may improve when you stop CYLTEZO.
- **Liver problems.** Liver problems can happen in people who use TNF-blocker medicines. These problems can lead to liver failure and death. Call your doctor right away if you have any of these symptoms:
  - feel very tired
  - poor appetite or vomiting
  - skin or eyes look yellow
  - pain on the right side of your stomach (abdomen)
- **Psoriasis.** Some people using adalimumab products had new psoriasis or worsening of psoriasis they already had. Tell your doctor if you develop red scaly patches or raised bumps that are filled with pus. Your doctor may decide to stop your treatment with CYLTEZO.

Call your doctor or get medical care right away if you develop any of the above symptoms. Your treatment with CYLTEZO may be stopped.

Common side effects with CYLTEZO include:

- injection site reactions: redness, rash, swelling, itching, or bruising. These symptoms usually will go away within a few days. Call your doctor right away if you have pain, redness or swelling around the injection site that does not go away within a few days or gets worse.
- upper respiratory infections (including sinus infections)
- headaches
- rash

These are not all the possible side effects with CYLTEZO. Tell your doctor if you have any side effect that bothers you or that does not go away. Ask your doctor or pharmacist for more information.

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 CYLTEZO?

- Store CYLTEZO in the refrigerator at 36ºF to 46ºF (2ºC to 8ºC). Store CYLTEZO in the original carton until use to protect it from light.
- **Do not freeze CYLTEZO.** Do not use CYLTEZO if frozen, even if it has been thawed.
- Refrigerated CYLTEZO may be used until the expiration date printed on the CYLTEZO carton, dose tray, or prefilled syringe. Do not use CYLTEZO after the expiration date.
- If needed, for example when you are traveling, you may also store CYLTEZO at room temperature up to 77°F (25°C) for up to 14 days. Store CYLTEZO in the original carton until use to protect it from light.
- Throw away CYLTEZO if it has been kept at room temperature and not been used within 14 days.
- Record the date you first remove CYLTEZO from the refrigerator in the spaces provided on the carton and dose tray.
- Do not store CYLTEZO in extreme heat or cold.
- Do not use a prefilled syringe if the liquid is cloudy, discolored, or has flakes or particles in it.

- Do not drop or crush CYLTEZO. The prefilled syringe is glass.

Keep CYLTEZO, injection supplies, and all other medicines out of the reach of children.

General information about the safe and effective use of CYLTEZO

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

This Medication Guide summarizes the most important information about CYLTEZO. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about CYLTEZO that is written for health professionals. For more information go to www.cyltezo.com or call 1-800-542-6257.

What are the ingredients in CYLTEZO?

Active ingredient: adalimumab-adbm

CYLTEZO 40 mg/0.8 mL prefilled syringe and CYLTEZO 20 mg/0.4 mL prefilled syringe:

Inactive ingredients: glacial acetic acid, polysorbate 80, sodium acetate trihydrate, trehalose dihydrate, and Water for Injection.

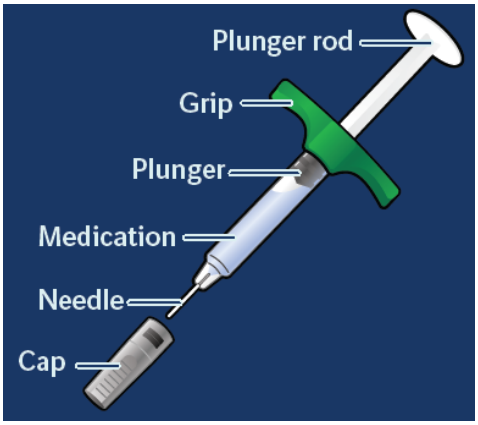
Manufactured by: Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT 06877 USA
US License Number 2006
CYLTEZO® is a registered trademark and is used under license from Boehringer Ingelheim International GmbH.
Other trademarks referenced are owned by third parties not affiliated with Boehringer Ingelheim Pharmaceuticals, Inc.

For more information about CYLTEZO, go to www.cyltezo.com, or scan the code. You may also call 1-800-542-6257 or (TTY) 1-800-459-9906 for further information about CYLTEZO.

This Medication Guide has been approved by the U.S. Food and Drug Administration. Revised: September 2019

INSTRUCTIONS FOR USE
CYLTEZO® (sil-TEE-zoh)
(adalimumab-adbm)
injection, for subcutaneous use
Single-Dose CYLTEZO Prefilled Syringe

CYLTEZO is a single-dose prefilled syringe that delivers a fixed dose of medicine. The prefilled syringe cannot be reused.



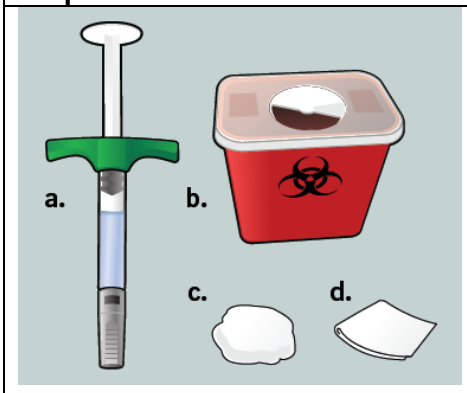
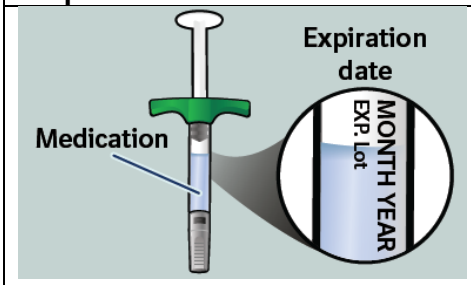
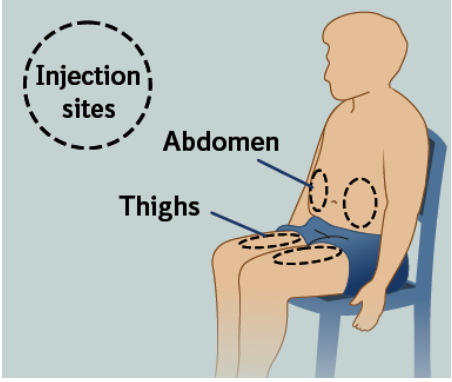
Important: Read these instructions before using a CYLTEZO prefilled syringe.

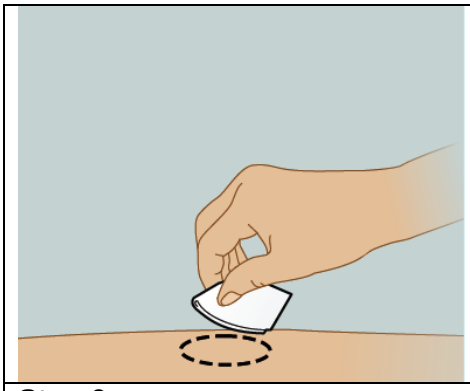
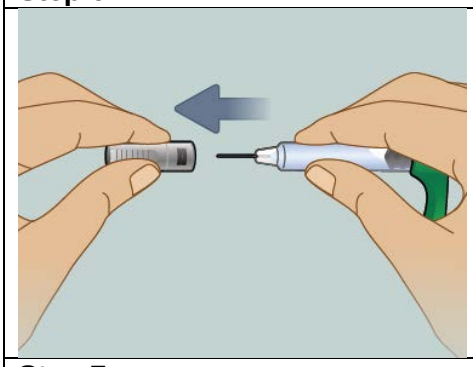
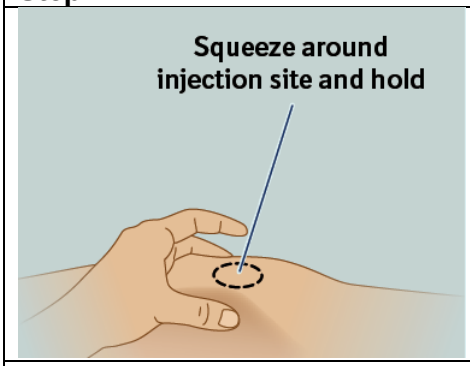
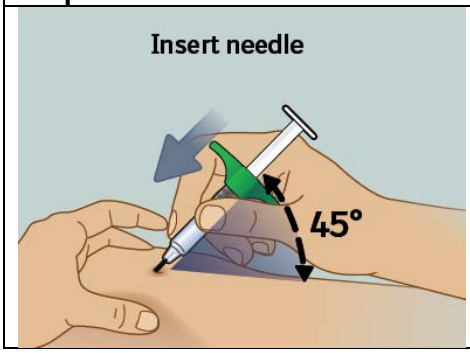
- **Do not** use a CYLTEZO prefilled syringe until you have been shown the right way to give the injections and have read and understood this Instructions for Use. If your doctor decides that you or a caregiver may be able to give your injections of CYLTEZO at home, you should receive training on the right way to prepare and inject CYLTEZO. To help you remember when to inject CYLTEZO, you can mark your calendar ahead of time.
- **Do not** remove the cap until you are ready to inject.

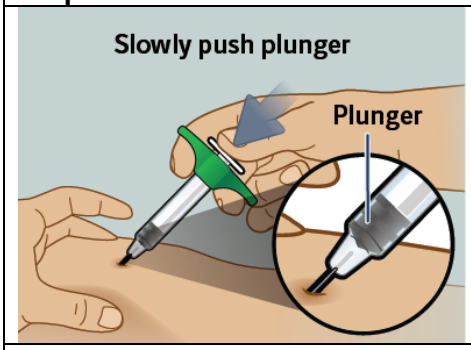
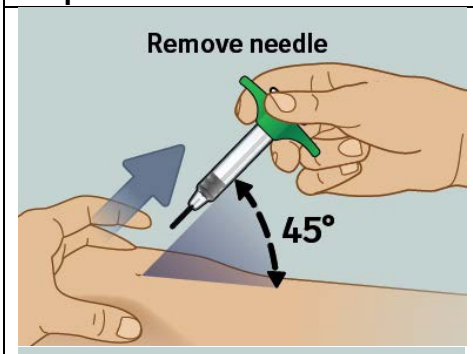
How should I store CYLTEZO?

- Store CYLTEZO in the refrigerator at 36ºF to 46ºF (2ºC to 8ºC). Store CYLTEZO in the original carton until use to protect it from light.
- **Do not freeze CYLTEZO.** Do not use CYLTEZO if frozen, even if it has been thawed.
- Refrigerated CYLTEZO may be used until the expiration date printed on the CYLTEZO carton, dose tray, or prefilled syringe. Do not use CYLTEZO after the expiration date.
- If needed, for example, when you are traveling, you may also store CYLTEZO at room temperature up to 77°F (25°C) for up to 14 days. Store CYLTEZO in the original carton until use to protect it from light.
- Throw away CYLTEZO if it has been kept at room temperature and not been used within 14 days.
- Record the date you first remove CYLTEZO from the refrigerator in the spaces provided on the carton and dose tray.
- Do not store CYLTEZO in extreme heat or cold.
- Do not use a prefilled syringe if the liquid is cloudy, discolored, or has flakes or particles in it.
- Do not drop or crush CYLTEZO. The prefilled syringe is glass.

Keep CYLTEZO, injection supplies, and all other medicines out of the reach of children.

Step 1	Gather your supplies
	Gather your supplies and place them on a **clean, flat surface:** • 1 CYLTEZO prefilled syringe, removed from refrigerator. • FDA-cleared sharps disposal container (not included). See **"How should I throw away (dispose of) the used prefilled syringe?"** • Cotton ball or gauze (not included) • 1 Alcohol wipe Take your CYLTEZO prefilled syringe out of the refrigerator **15 to 30 minutes** before injecting, to allow the medicine to reach room temperature. Injecting medicine that is cold can cause discomfort. If you do not have all of the supplies you need to give yourself an injection, call your pharmacist.
Step 2	**Inspect the prefilled syringe**
	• Make sure the medicine in the prefilled syringe is clear to slightly opalescent and colorless to slightly yellow. • It is normal to see air bubbles. The air bubbles do not need to be removed prior to injection. • **Do not** use the prefilled syringe if: o The expiration date on the prefilled syringe has passed. o The medicine is cloudy, discolored, or has flakes or particles in it. o The prefilled syringe has been frozen. o Any part of the prefilled syringe appears cracked, broken or is leaking. o The prefilled syringe has been exposed to extreme heat or left in direct light.
Step 3	**Wash your hands**
	• Wash your hands with soap and water, and dry them well.
Step 4	**Choose the injection site**
	• Choose an area on your: o **Upper thighs** or o **Abdomen (belly)**, except for an area 2 inches around your belly button (navel). • Choose a different site each time you inject at least 1 inch away from the previous injection site. • **Do not** inject into areas that are tender, bruised, red, hard, or scarred. • **Do not** inject through clothes.
Step 5	**Clean the injection site**

	• Use an alcohol wipe to clean the injection site. • Do not touch this area again before injecting. Allow the skin to dry. Do not fan or blow on the clean area.
Step 6	**Remove the cap**
	• Hold the prefilled syringe with 1 hand. With the other hand gently remove the cap by pulling it straight off. **Do not** touch the needle or let the needle touch anything. • Throw away (discard) the cap into a FDA-cleared sharps disposal container. See **"How should I throw away (dispose of) the used prefilled syringe?"** • Do not try to recap the needle.
Step 7	**Squeeze the skin**
	• Gently squeeze the area of cleaned skin around your injection site and hold it firmly. You will inject into this squeezed skin.
Step 8	**Insert the needle**
	• Hold the body of the prefilled syringe in 1 hand between the thumb and index finger. Hold the syringe in your hand like a pencil. • Using a quick, smooth motion, insert the needle into the squeezed skin at about a **45-degree angle**.

Step 9	Inject the medicine
	• Using your thumb, slowly push the plunger rod all the way down until plunger reaches the bottom.
Step 10	**Remove the needle from the skin**
 	• Remove the needle from your skin at the same angle as it was inserted. • Do not touch the needle. • If there is blood, press a cotton ball or gauze on your injection site. • Do not rub the injection site.
Step 11	**How should I throw away (dispose of) the used prefilled syringe?**
	Put the used prefilled syringe in an FDA-cleared sharps disposal container right away after use. **Do not** throw away (dispose of) the prefilled syringe in the household trash. If you do not have an FDA-cleared sharps disposal container, you may use a household container that is: • Made of a heavy-duty plastic, • Can be closed with a tight fitting, puncture-resistant lid, without sharps being able to come out, • Upright and stable during use, • Leak-resistant, and • Properly labeled to warn of hazardous waste inside the container. When your sharps disposal container is almost full, you will need to follow your community guidelines for the right way to dispose of your sharps disposal container. There may be state or local laws about how you should throw away used needles and syringes. For more information about safe sharps disposal, and for specific information about sharps disposal in the state that you live in, go to the FDA's website at: http://www.fda.gov/safesharpsdisposal.

	• **Do not** reuse the prefilled syringe. • **Do not** throw away (dispose of) your used sharps disposal container in your household trash unless your community guidelines permit this. • **Do not** recycle your used sharps disposal container. **Important:** Always keep the sharps disposal container out of the reach of children.
	If you have any problems with your injection, do not use another CYLTEZO prefilled syringe. Call your doctor for help. **For more information call 1-800-542-6257.**

This Instructions for Use has been approved by the U.S. Food and Drug Administration.

Manufactured by: Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT 06877 USA

US License Number 2006

CYLTEZO® is a registered trademark and is used under license from Boehringer Ingelheim International GmbH.

Other trademarks referenced are owned by third parties not affiliated with Boehringer Ingelheim Pharmaceuticals, Inc.

For more information about CYLTEZO, go to www.cyltezo.com, or scan the code. You may also call 1-800-542-6257 or (TTY) 1-800-459-9906 for further information about CYLTEZO.

IT7555FI122019

Revised: September 2019