HYFTOR®
(sirolimus topical gel) 0.2%

Dosage and Administration Guide

The first and only FDA-approved topical gel for facial angiofibroma associated with tuberous sclerosis in adults and children 6 years and older

INDICATION

HYFTOR® is an mTOR inhibitor immunosuppressant indicated for the treatment of facial angiofibroma associated with tuberous sclerosis in adults and pediatric patients 6 years of age and older.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

HYFTOR® is contraindicated in patients with a history of hypersensitivity to sirolimus or any other component of HYFTOR®.

WARNINGS AND PRECAUTIONS

- **Hypersensitivity Reactions:** Hypersensitivity reactions, including anaphylactic/anaphylactoid reactions, angioedema, exfoliative dermatitis, and hypersensitivity vasculitis, have been associated with the oral administration of sirolimus. The concomitant use of HYFTOR® with other drugs known to cause angioedema, such as angiotensin-converting enzyme (ACE) inhibitors, may increase the risk of developing angioedema. Elevated sirolimus levels may also potentiate angioedema. Discontinue HYFTOR® immediately if symptoms occur.

Please see full Important Safety Information on the back, and Patient Information located in the pocket for additional safety information.

 04/23 HYF-PRO-1436-v3

For U.S. healthcare professionals only.

Dosage and Administration Guide

Dosage Forms and Strengths Topical gel, 0.2%: Each gram contains 2 mg of sirolimus in a colorless and transparent gel in 10-gram tubes

Storage and Handling Store refrigerated at 2° to 8°C (36° to 46°F). Protect from light

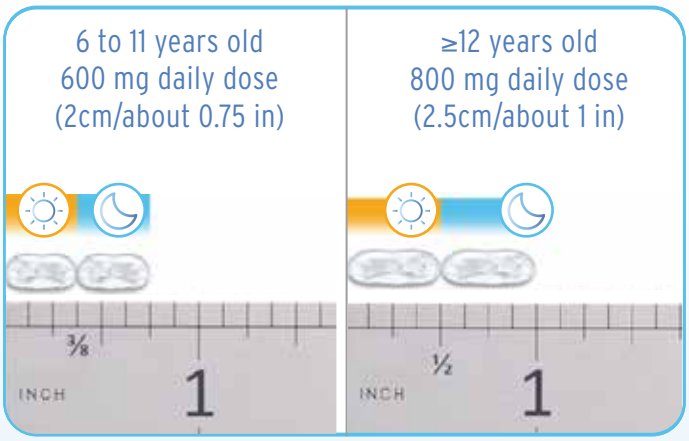
Administration: Apply Twice Daily to Treat Facial Angiofibroma

HYFTOR® (sirolimus topical gel) 0.2% should be applied to the skin of the face affected with angiofibroma in the morning and at bedtime.

The maximum recommended daily dosage is[1]:

- 600 mg (2 cm/~.75 in) for pediatric patients 6 to 11 years of age
- 800 mg (2.5 cm/~1 in) for adults and pediatric patients 12 years of age and older

drawn to scale



Apply half (0.375 in) in the morning and half at night

Apply half (0.5 in) in the morning and half at night

- Complete all age-appropriate vaccinations as recommended by current immunization guidelines prior to HYFTOR® initiation
- If symptoms do not improve within 12 weeks of treatment, reevaluate the need for continuing HYFTOR®
- Do not use HYFTOR® with occlusive dressings
- For topical use only. Not for oral, ophthalmic, or intravaginal use

For more information visit HCP.HYFTOR.com

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 04/23 HYF-PRO-1436-v3

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Dosage and Administration Guide

Advice for patients

- Use HYFTOR® (sirolimus topical gel) 0.2% exactly as your healthcare provider tells you to use it
- Before you use HYFTOR®, your healthcare provider or pharmacist should show you how to correctly measure your dose
- Wash your hands before and after applying HYFTOR®
- Apply HYFTOR® to the skin of the face affected with angiofibroma 2 times a day, in the morning and at bedtime
- Do not cover, wrap, apply dressings, or bandage the skin area treated with HYFTOR®
- Tell your healthcare provider if the treated skin area does not improve within 12 weeks of treatment
- Store HYFTOR® in the refrigerator between 36°F to 46°F (2°C to 8°C)
- Keep HYFTOR® out of light

What to avoid while using HYFTOR®

Limit your exposure to sunlight and ultraviolet light, such as tanning beds and ultraviolet light therapy, during treatment with HYFTOR®. Wear clothing that covers your skin if you need to go outside. Talk with your healthcare provider about other ways you can protect your skin from the sun.

Keep HYFTOR® and all medicines out of the reach of children.

Advise the patient to read the FDA-approved patient labeling provided in the pocket affixed to this guide

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INDICATION

HYFTOR® is an mTOR inhibitor immunosuppressant indicated for the treatment of facial angiofibroma associated with tuberous sclerosis in adults and pediatric patients 6 years of age and older.

Full Prescribing Information

IMPORTANT SAFETY INFORMATION CONTRAINDICATIONS

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WARNINGS AND PRECAUTIONS

- **Hypersensitivity Reactions:** Hypersensitivity reactions, including anaphylactic/anaphylactoid reactions, angioedema, exfoliative dermatitis, and hypersensitivity vasculitis, have been associated with the oral administration of sirolimus. The concomitant use of HYFTOR® with other drugs known to cause angioedema, such as angiotensin-converting enzyme (ACE) inhibitors, may increase the risk of developing angioedema. Elevated sirolimus levels may also potentiate angioedema. Discontinue HYFTOR® immediately if symptoms occur.
- **Serious Infection:** Serious infections, including opportunistic infections, have been reported after oral administration of sirolimus. Cases of progressive multifocal leukoencephalopathy (PML), sometimes fatal, have been reported in patients treated with oral sirolimus. Discontinue HYFTOR® immediately if symptoms of infection occur.
- **Malignancy:** Lymphoma and other malignancies, particularly of the skin, have been observed after oral administration of sirolimus. Patients should minimize or avoid exposure to natural or artificial sunlight (tanning beds or UVA/B treatment) while using HYFTOR®. If patients need to be outdoors, they should wear protective clothing and discuss other sun protection measures with their physician.
- **Hyperlipidemia:** Increased serum cholesterol and triglycerides requiring treatment have been observed with oral administration of sirolimus. Monitor for hyperlipidemia during treatment.
- **Interstitial Lung Disease/Non-Infectious Pneumonitis:** Cases of interstitial lung disease (ILD) (including pneumonitis, bronchiolitis obliterans organizing pneumonia [BOOP], and pulmonary fibrosis), some fatal, with no identified infectious etiology have occurred in patients receiving oral sirolimus. Discontinue HYFTOR® immediately if symptoms of ILD occur.
- **Immunizations:** During treatment with HYFTOR®, vaccinations may be less effective. Complete all age-appropriate vaccinations as recommended by current immunization guidelines prior to initiating treatment with HYFTOR®. The use of live vaccines should be avoided during treatment with HYFTOR®.
- **Embryo-Fetal Toxicity:** Based on animal studies and the mechanism of action, oral sirolimus can cause fetal harm when administered to a pregnant woman. In animal studies, oral sirolimus caused embryo-fetal toxicity when administered during the period of organogenesis at maternal exposures that were equal to or less than human exposures at the recommended lowest starting dose. HYFTOR® is systemically absorbed after topical administration and may result in fetal exposure. Advise pregnant women of the potential risk to a fetus. Advise female patients of reproductive potential to avoid becoming pregnant. They should use effective contraception prior to, throughout treatment and for 12 weeks after the final dose of HYFTOR®.
- **Male Infertility:** Azoospermia or oligospermia has been observed after oral administration of sirolimus. Advise males that HYFTOR® may impair fertility.

ADVERSE REACTIONS

The most common adverse reactions (≥1%) are dry skin, application site irritation, pruritus, acne, acneiform dermatitis, ocular hyperemia, skin hemorrhage, and skin irritation.

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** Based on animal studies and mechanism of action, oral sirolimus can cause fetal harm when administered to a pregnant woman. HYFTOR® is systemically absorbed after topical administration and may result in fetal exposure.
- **Lactation:** Breastfeeding is not recommended during treatment with HYFTOR®.
- **Infertility:** Based on clinical findings and animal studies, male and female fertility may be compromised by the treatment with sirolimus.

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