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

AUSTEDO® (deutetrabenazine) tablets, for oral use
Initial U.S. Approval: 2017

WARNING: DEPRESSION AND SUICIDALITY IN PATIENTS WITH HUNTINGTON’S DISEASE
See full prescribing information for complete boxed warning.

- Increases the risk of depression and suicidal thoughts and behavior (suicidality) in patients with Huntington’s disease (5.1)
- Balance risks of depression and suicidality with the clinical need for treatment of chorea when considering the use of AUSTEDO (5.1)
- Monitor patients for the emergence or worsening of depression, suicidality, or unusual changes in behavior (5.1)
- Inform patients, caregivers, and families of the risk of depression and suicidality and instruct to report behaviors of concern promptly to the treating physician (5.1)
- Exercise caution when treating patients with a history of depression or prior suicide attempts or ideation (5.1)
- AUSTEDO is contraindicated in patients who are suicidal, and in patients with untreated or inadequately treated depression (4, 5.1)

RECENT MAJOR CHANGES
Boxed Warning 08/2017
Indications and Usage (1) 08/2017
Dosage and Administration (2.1) 08/2017
Contraindications (4) 08/2017
Warnings and Precautions (5.1, 5.2, 5.3, 5.5, 5.7) 08/2017

INDICATIONS AND USAGE
AUSTEDO is a vesicular monoamine transporter 2 (VMAT2) inhibitor indicated for the treatment of:
- Chorea associated with Huntington’s disease (1)
- Tardive dyskinesia in adults (1)

DOSE AND ADMINISTRATION

<table>
<thead>
<tr>
<th>Initial Dose</th>
<th>Recommended Dose</th>
<th>Maximum Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chorea associated with Huntington’s disease</td>
<td>6 mg/day</td>
<td>6 mg–48 mg/day</td>
</tr>
<tr>
<td>Tardive dyskinesia</td>
<td>12 mg/day</td>
<td>12 mg–48 mg/day</td>
</tr>
</tbody>
</table>

- Titrate at weekly intervals by 6 mg per day based on reduction of chorea or tardive dyskinesia, and tolerability, up to a maximum recommended daily dosage of 48 mg (24 mg twice daily) (2.1)
- Administer total daily dosages of 12 mg or above in two divided doses (2.1)

FULL PRESCRIBING INFORMATION: CONTENTS*
WARNING: DEPRESSION AND SUICIDALITY IN PATIENTS WITH HUNTINGTON’S DISEASE

1 INDICATIONS AND USAGE
2 DOSAGE AND ADMINISTRATION
3 DOSAGE FORMS AND STRENGTHS
4 CONTRAINDICATIONS
5 WARNINGS AND PRECAUTIONS
6 ADVERSE REACTIONS
7 DRUG INTERACTIONS
8 USE IN SPECIFIC POPULATIONS
9 USE IN SPECIFIC POPULATIONS
10 OVERDOSE
11 DESCRIPTION
12 CLINICAL PHARMACOLOGY
13 NONCLINICAL TOXICOLOGY
14 CLINICAL STUDIES
15 HOW SUPPLIED/STORAGE AND HANDLING
16 PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the full prescribing information are not listed.

- For patients at risk for QT prolongation, assess the QT interval before and after increasing the total dosage above 24 mg per day (2.1)
- Administer with food (2.1)
- Swallow tablets whole; do not chew, crush, or break (2.1)
- If switching patients from tetrabenazine, discontinue tetrabenazine and initiate AUSTEDO the following day. See full prescribing information for recommended conversion table (2.2)
- Maximum recommended dosage of AUSTEDO in poor CYP2D6 metabolizers is 36 mg per day (i.e., 18 mg twice daily) (2.4, 8.7)

CONTRAINDICATIONS
- Suicidal, or untreated/inadequately treated depression in patients with Huntington’s disease (4, 5.1)
- Hepatic impairment (4, 8.6, 12.3)
- Taking reserpine, MAOIs, tetrabenazine (XENAZINE®), or valbenazine (4, 7.3, 7.4, 7.7)

WARNINGS AND PRECAUTIONS
- QT Prolongation: May cause an increase in QT interval. Avoid use in patients with congenital long QT syndrome or with arrhythmias associated with a prolonged QT interval (5.3)
- Neuroleptic Malignant Syndrome (NMS): Discontinue if this occurs (5.4)
- Akathisia, agitation, restlessness, and parkinsonism: Reduce dose or discontinue if this occurs (5.5, 5.6)
- Sedation/somnolence: May impair the patient’s ability to drive or operate complex machinery (5.7)

ADVERSE REACTIONS
Most common adverse reactions (>8% of AUSTEDO-treated patients with Huntington’s disease and greater than placebo): somnolence, diarrhea, dry mouth, and fatigue (6.1)
Most common adverse reactions (that occurred in 4% of AUSTEDO-treated patients with tardive dyskinesia and greater than placebo): nasopharyngitis and insomnia (6.1)
To report SUSPECTED ADVERSE REACTIONS, contact Teva Pharmaceuticals at 1-888-483-8279 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS
- Concomitant use of strong CYP2D6 inhibitors: Maximum recommended dose of AUSTEDO is 36 mg per day (18 mg twice daily) (2.3, 7.1)
- Alcohol or other sedating drugs: May have additive sedation and somnolence (7.6)

USE IN SPECIFIC POPULATIONS
Pregnancy: Based on animal data, may cause fetal harm (8.1)
See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 08/2017

7.4 Monoamine Oxidase Inhibitors (MAOIs)
7.5 Neuroleptic Drugs
7.6 Alcohol or Other Sedating Drugs
7.7 Concomitant Tetrabenazine or Valbenazine

8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
8.2 Lactation
8.3 Pediatric Use
8.4 Pediatric Use
8.5 Geriatric Use
8.6 Hepatic Impairment
8.7 Poor CYP2D6 Metabolizers

10 OVERDOSE

11 DESCRIPTION

12 CLINICAL PHARMACOLOGY
12.1 Mechanism of Action
12.2 Pharmacodynamics
12.3 Pharmacokinetics

13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

14 CLINICAL STUDIES
14.1 Chorea Associated with Huntington’s Disease
14.2 Tardive Dyskinesia

16 HOW SUPPLIED/STORAGE AND HANDLING
16.1 How Supplied
16.2 Storage

17 PATIENT COUNSELING INFORMATION
AUSTEDO® (deutetrabenazine) tablets

AUSTEDO® (deutetrabenazine) tablets are indicated for the treatment of:

• tardive dyskinesia in adults [see Clinical Studies (14.2)]

2 DOSE AND ADMINISTRATION

2.1 Dosing Information

The dose of AUSTEDO is determined individually for each patient based on reduction of chorea or tardive dyskinesia and tolerability. When first prescribed to patients who are not being switched from tetrabenazine (a related VMAT2 inhibitor), the recommended starting dose of AUSTEDO is 6 mg administered orally once daily for patients with Huntington’s disease per day (6 mg twice daily) for patients with tardive dyskinesia.

• The dose of AUSTEDO may be increased at weekly intervals in increments of 6 mg per day to a maximum recommended daily dosage of 48 mg.

• Administer total daily dosages of 12 mg or above in two divided doses.

• Administer AUSTEDO with food [see Clinical Pharmacology (12.3)].

• Swallow AUSTEDO whole. Do not chew, crush, or break tablets.

• For patients at risk for QT prolongation, assess the QT interval before and after increasing total AUSTEDO dosage above 24 mg per day [see Warnings and Precautions (5.3) and Drug Interactions (7.2)].

2.2 Switching Patients from Tetrabenazine (XENAZINE®) to AUSTEDO

Discontinue tetrabenazine (XENAZINE®) and initiate AUSTEDO the following day.

The recommended initial dosing regimen of AUSTEDO in patients switching from tetrabenazine (XENAZINE®) to AUSTEDO is shown in Table 1.

Table 1: Recommended Initial Dosing Regimen when Switching from Tetrabenazine (XENAZINE®) to AUSTEDO

<table>
<thead>
<tr>
<th>Current tetrabenazine daily dosage</th>
<th>Initial regimen of AUSTEDO</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.5 mg</td>
<td>6 mg once daily</td>
</tr>
<tr>
<td>25 mg</td>
<td>6 mg twice daily</td>
</tr>
<tr>
<td>37.5 mg</td>
<td>9 mg twice daily</td>
</tr>
<tr>
<td>50 mg</td>
<td>12 mg twice daily</td>
</tr>
<tr>
<td>62.5 mg</td>
<td>15 mg twice daily</td>
</tr>
<tr>
<td>75 mg</td>
<td>18 mg twice daily</td>
</tr>
<tr>
<td>87.5 mg</td>
<td>21 mg twice daily</td>
</tr>
<tr>
<td>100 mg</td>
<td>24 mg twice daily</td>
</tr>
</tbody>
</table>

After patients are switched to AUSTEDO, the dose may be adjusted at weekly intervals [see Dosage and Administration (2.1)].

2.3 Dosage Adjustment with Strong CYP2D6 Inhibitors

In patients receiving strong CYP2D6 inhibitors (e.g., quinidine, antidepressants such as paroxetine, fluoxetine, and bupropion), the total daily dosage of AUSTEDO should not exceed 36 mg (maximum single dose of 18 mg) [see Drug Interactions (7.2)].

2.4 Dosage Adjustment in Poor CYP2D6 Metabolizers

In patients who are poor CYP2D6 metabolizers, the total daily dosage of AUSTEDO should not exceed 36 mg (maximum single dose of 18 mg) [see Use in Specific Populations (8.7)].

2.5 Discontinuation and Interruption of Treatment

Treatment with AUSTEDO can be discontinued without tapering. Following treatment interruption of greater than one week, AUSTEDO therapy should be re-titrated when resumed.

For treatment interruption of less than one week, treatment can be resumed at the previous maintenance dose without titration.

3 DOSE FORMS AND STRENGTHS

AUSTEDO tablets are available in the following strengths:

• The 6 mg tablets are round, purple-coated tablets, with “SD” over “6” printed in black ink on one side.

• The 9 mg tablets are round, blue-coated tablets, with “SD” over “9” printed in black ink on one side.

• The 12 mg tablets are round, beige-coated tablets, with “SD” over “12” printed in black ink on one side.

4 CONTRAINDICATIONS

AUSTEDO is contraindicated in patients:

• With Huntington’s disease who are suicidal, or have untreated or inadequately treated depression [see Warnings and Precautions (5.1)].

• With hepatic impairment [see Use in Specific Populations (8.6), Clinical Pharmacology (12.3)].

• Taking reserpine. At least 20 days should elapse after stopping reserpine before starting AUSTEDO [see Drug Interactions (7.3)].

• Taking monoamine oxidase inhibitors (MAOIs). AUSTEDO should not be used in combination with an MAOI, or within 14 days of discontinuing therapy with an MAOI [see Drug Interactions (7.4)].

• Taking tetrabenazine (XENAZINE®) or valbenazine [see Drug Interactions (7.7)].

5 WARNINGS AND PRECAUTIONS

5.1 Depression and Suicidality in Patients with Huntington’s Disease

Patients with Huntington’s disease are at increased risk for depression, and suicidal ideation or behaviors (suicidality). AUSTEDO may increase the risk for suicidality in patients with Huntington’s disease.

In a 12-week, double-blind, placebo-controlled trial, suicidal ideation was reported by 2% of patients treated with AUSTEDO, compared to no patients on placebo; no suicide attempts and no completed suicides were reported. Depression was reported by 4% of patients treated with AUSTEDO.

AUSTEDO can increase the risk of suicide and suicidal thoughts and behavior (suicidality) in patients with Huntington’s disease. Anyone considering the use of AUSTEDO for the treatment of this disease should be aware of the need for close observation and monitoring of patients treated with AUSTEDO. Close monitoring should be particular attention should be exercised in treating patients with a history of depression or prior suicide attempts or ideation, which are increased in frequency in Huntington’s disease. AUSTEDO is contraindicated in patients who are suicidal, and in patients with untreated or inadequately treated depression [see Contraindications (4) and Warnings and Precautions (5.1)].

1 INDICATIONS AND USAGE

AUSTEDO® is indicated for the treatment of:

• chorea associated with Huntington’s disease [see Clinical Studies (14.1)]

• tardive dyskinesia in adults [see Clinical Studies (14.2)]

FULL PRESCRIBING INFORMATION

[See Package Insert for full Prescribing Information].

AUSTEDO® (deutetrabenazine) tablets

WARNING: DEPRESSION AND SUICIDALITY IN PATIENTS WITH HUNTINGTON’S DISEASE

AUSTEDO can increase the risk of depression and suicidal thoughts and behavior (suicidality) in patients with Huntington’s disease. Anyone considering the use of AUSTEDO must balance the risks of depression and suicidality with the clinical need for treatment of chorea. Closely monitor patients for the emergence or worsening of depression, suicidality, or unusual changes in behavior. Patients, their caregivers, and families should be informed of the risk of depression and suicidality and should be instructed to report behaviors of concern promptly to the treating physician.

Particular caution should be exercised in treating patients with a history of depression or prior suicide attempts or ideation, which are increased in frequency in Huntington’s disease. AUSTEDO is contraindicated in patients who are suicidal, and in patients with untreated or inadequately treated depression [see Contraindications (4) and Warnings and Precautions (5.1)].
5.5 Akathisia, Agitation, and Restlessness
AUSTEDO® (deutetrabenazine) tablets

AUSTEDO® may increase the risk of akathisia, agitation, and restlessness in patients with Huntington’s disease and tardive dyskinesia. In a 12-week, double-blind, placebo-controlled trial in Huntington’s disease patients, akathisia, agitation, or restlessness was reported by 4% of patients treated with AUSTEDO, compared to 2% of patients on placebo; in patients with tardive dyskinesia, 2% of patients treated with AUSTEDO and 1% of patients on placebo experienced these events. Patients receiving AUSTEDO should be monitored for signs and symptoms of restlessness and agitation, as these may be indicators of developing akathisia. If a patient develops akathisia during treatment with AUSTEDO, the AUSTEDO dose should be reduced; some patients may require discontinuation of therapy.

5.6 Parkinsonism in Patients with Huntington’s Disease
AUSTEDO® may cause parkinsonism in patients with Huntington’s disease. Because rigidity can develop as part of the underlying disease process in Huntington’s disease, it may be difficult to distinguish this potential drug-related adverse reaction and progression of the underlying disease process. Drug-induced parkinsonism has the potential to cause more functional disability than untreated chorea for some patients with Huntington’s disease. If a patient develops parkinsonism during treatment with AUSTEDO, the AUSTEDO dose should be reduced; some patients may require discontinuation of therapy.

5.7 Sedation and Somnolence
Sedation is a common dose-limiting adverse reaction of AUSTEDO. In a 12-week, double-blind, placebo-controlled trial examining patients with Huntington’s disease, 11% of AUSTEDO-treated patients reported somnolence compared with 4% of patients on placebo. And 9% of AUSTEDO-treated patients reported fatigue compared with 4% of placebo-treated patients.

Patients should not perform activities requiring mental alertness to maintain the safety of themselves or others, such as operating a motor vehicle or operating hazardous machinery, until they are on a maintenance dose of AUSTEDO and know how the drug affects them.

5.8 Hyperprolactinemia
Serum prolactin levels were not evaluated in the AUSTEDO development program. Tetrabenazine, a closely related VMAT2 inhibitor, elevates serum prolactin concentrations in humans. Following administration of 25 mg of tetrabenazine to healthy volunteers, peak plasma prolactin levels increased 4- to 5-fold.

Tissue culture experiments indicate that approximately one-third of human breast cancer cells are prolactin-dependent. Following administration of 25 mg of tetrabenazine to healthy volunteers, peak plasma prolactin levels increased 4- to 5-fold.

5.9 Binding to Melanin-Containing Tissues
Since deutetrabenazine or its metabolites bind to melanin-containing tissues, it could accumulate in these tissues over time. This raises the possibility that AUSTEDO may cause toxicity in these tissues after extended use. Neither ophthalmologic nor microscopic examination of the eye has been conducted in the chronic toxicity studies in a pigmented species such as dogs. Ophthalmologic monitoring in humans was inadequate to exclude the possibility of injury occurring after long-term exposure. The clinical relevance of deutetrabenazine’s binding to melanin-containing tissues is unknown. Although there are no specific recommendations for periodic ophthalmologic monitoring, prescribers should be aware of the possibility of long-term ophthalmologic effects [see Clinical Pharmacology (12.2)].

6 ADVERSE REACTIONS
The following serious adverse reactions are discussed in greater detail in other sections of the labeling:
• Depression and Suicidality in Patients with Huntington’s disease [see Warnings and Precautions (5.1)]
• QTc Prolongation [see Warnings and Precautions (5.3)]
• Neuroleptic Malignant Syndrome (NMS) [see Warnings and Precautions (5.4)]
• Akathisia, Agitation, and Restlessness [see Warnings and Precautions (5.5)]
• Parkinsonism in Patients with Huntington’s disease [see Warnings and Precautions (5.6)]
• Sedation and Somnolence [see Warnings and Precautions (5.7)]
• Hyperprolactinemia [see Warnings and Precautions (5.8)]
• Binding to Melanin-Containing Tissues [see Warnings and Precautions (5.9)]

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.

Patients with Huntington’s Disease
Study 1 was a randomized, 12-week, placebo-controlled study in patients with chorea associated with Huntington’s disease. A total of 45 patients received AUSTEDO, and 45 patients received placebo. Patients ranged in age between 23 and 74 years (mean 54 years); 56% were male, and 92% were Caucasian. The most common adverse reactions occurring in greater than 8% of AUSTEDO-treated patients were somnolence, diarrhea, dry mouth, and fatigue. Adverse reactions occurring in 4% or more of patients treated with AUSTEDO, and with a greater incidence than in patients on placebo, are summarized in Table 2.

6.2 Patients with Tardive Dyskinesia
The data described below reflect 410 tardive dyskinesia patients participating in clinical trials. AUSTEDO was studied primarily in two 12-week, placebo-controlled trials (fixed dose, dose escalation). The population was 18 to 80 years of age, and had tardive dyskinesia and had concurrent diagnoses of mood disorder (33%) or schizophrenia/schizoaffective disorder (63%). In these studies, AUSTEDO was administered in doses ranging from 12-48 mg per day. All patients continued on previous stable regimens of antipsychotics; 71% and 14% respectively atypical and typical antipsychotic medications at study entry.

The most common adverse reactions occurring in greater than 3% of AUSTEDO-treated patients and greater than placebo were nasopharyngitis and insomnia. The adverse reactions occurring in >2% or more patients treated with AUSTEDO (12-48 mg per day) and greater than in placebo patients in two double-blind, placebo-controlled studies in patients with tardive dyskinesia (Study 1 and Study 2) are summarized in Table 3.

7 DRUG INTERACTIONS
7.1 Strong CYP2D6 Inhibitors
A reduction in AUSTEDO dose may be necessary when adding a strong CYP2D6 inhibitor in patients maintained on a stable dose of AUSTEDO. Concomitant use of strong CYP2D6 inhibitors (e.g., paroxetine, fluoxetine, quinidine, bupropion) has been shown to increase the systemic exposure to the active dihydroxy-metabolites of deutetrabenazine by approximately 3-fold. The daily dose of AUSTEDO should not exceed 36 mg per day, and the maximum single dose of AUSTEDO should not exceed 18 mg in patients taking strong CYP2D6 inhibitors [see Dosage and Administration (2.3) and Clinical Pharmacology (12.3)].

7.2 Drugs that Cause QTc Prolongation
Tetrabenazine, a closely related VMAT2 inhibitor, may cause an increase in the corrected QT (QTc) interval. Clinically relevant QT prolongation may also occur with AUSTEDO [see Warnings and Precautions (5.3), Clinical Pharmacology (12.2)]. For patients requiring AUSTEDO doses above 24 mg per day, who are using AUSTEDO in combination with other drugs known to prolong QTc, assess the QTc interval before and after increasing the dose of AUSTEDO or other medications that are known to prolong QTc. Drugs known to prolong QTc include antipsychotic medications (e.g., chlorpromazine, haloperidol, thioridazine, ziprasidone), antibiotics (e.g., erythromycin), Class 1A (e.g., quinidine, procainamide), and Class III (e.g., amiodarone, sotalol) antiarrhythmic medications.

7.3 Reserpine
Reserpine binds irreversibly to VMAT2 and the duration of its effect is several days. Prescribers should wait for chorea or dyskinesia to reemerge before administering AUSTEDO to help reduce the risk of overdosage and major depletion of serotonin and norepinephrine in the central nervous system. At least 20 days should elapse after stopping reserpine before starting AUSTEDO. AUSTEDO and reserpine should not be used concomitantly [see Contraindications (4)].
AUSTEDO® (deutetrabenazine) tablets

7.4 Monoamine Oxidase Inhibitors (MAOIs)
AUSTEDO is contraindicated in patients taking MAOIs. AUSTEDO should not be used in combination with an MAOI, or within 14 days of discontinuing therapy with an MAOI (see Contraindications (4)).

7.5 Neuroleptic Drugs
The risk of parkinsonism, NMS, and akathisia may be increased by concomitant use of AUSTEDO and dopamine antagonists or antidepressants.

7.6 Alcohol or Other Sedating Drugs
Concomitant use of alcohol or other sedating drugs may have additive effects and worsen sedation and somnolence (see Warnings and Precautions (5.7)).

7.7 Concomitant Tetrabenazine or Valbenazine
AUSTEDO is contraindicated in patients currently taking tetrabenazine or valbenazine.

AUSTEDO may be initiated the day following discontinuation of tetrabenazine (see Dosage and Administration (2.2)).

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary
There are no adequate data on the developmental risk associated with the use of AUSTEDO in pregnant women. Administration of deutetrabenazine to rats during organogenesis produced no clear adverse effect on embryofetal development. However, administration of tetrabenazine to rats throughout pregnancy and lactation resulted in an increase in stillbirths and postnatal offspring mortality (see Data).

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

Data

Animal Data

Oral administration of deutetrabenazine (5, 10, or 30 mg/kg/day) or tetrabenazine (30 mg/kg/day) to pregnant rats during organogenesis had no clear effect on embryofetal development. The highest dose tested was 6 times the maximum recommended (30 mg/kg/day) to pregnant rats during organogenesis had no clear effect on embryofetal development. How-ever, administration of tetrabenazine to rats throughout pregnancy and lactation resulted in an increase in stillbirths and postnatal offspring mortality (see Data).

The effects of deutetrabenazine when administered during organogenesis to rabbits or during pregnancy and lactation to rats have not been assessed.

Tetrabenazine had no effects on embryofetal development when administered to pregnant rabbits during the period of organogenesis at oral doses up to 60 mg/kg/day. When tetrabenazine was administered to female rats (doses of 5, 15, and 30 mg/kg/day) from the beginning of organogenesis through the lactation period, an increase in stillbirths and offspring postnatal mortality was observed at 15 and 30 mg/kg/day, and delayed pup maturation was observed at all doses.

8.2 Lactation

Risk Summary
There are no data on the presence of deutetrabenazine or its metabolites in human milk, the effects on the breastfed infant, or the effects of the drug on milk production.

The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for AUSTEDO and any potential adverse effects on the breastfed infant from AUSTEDO or from the underlying maternal condition.

8.4 Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

8.5 Geriatric Use

Clinical studies of AUSTEDO did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosage range, reflecting the greater frequency of hepatic, renal, and cardiac dysfunction, and of concomitant disease or other drug therapy.

8.6 Hepatic Impairment

The effect of hepatic impairment on the pharmacokinetics of deutetrabenazine and its primary metabolites has not been studied; however, in a clinical study conducted with tetrabenazine, a closely related VMAT2 inhibitor, there was a large increase in exposure to tetrabenazine and its active metabolites in patients with hepatic impairment. The clinical significance of this increased exposure has not been assessed, but because of concerns for a greater risk for serious adverse reactions, the use of AUSTEDO in patients with hepatic impairment is contraindicated (see Contraindications (4), Clinical Pharmacology (12.3)).

8.7 Poor CYP2D6 Metabolizers

Although the pharmacokinetics of deutetrabenazine and its metabolites have not been systematically evaluated in patients who do not express the drug metabolizing enzyme, it is likely that the exposure to α-HTBZ and β-HTBZ would be increased similarly to taking a strong CYP2D6 inhibitor (approximately 3-fold). In patients who are CYP2D6 poor metabolizers, the daily dose of AUSTEDO should not exceed 36 mg (maximum single dose of 18 mg) (see Dosage and Administration (2.4) and Clinical Pharmacology (12.3)).

10 OVERDOSAGE

Overdoses ranging from 100 mg to 1 g have been reported in the literature with tetrabenazine, a closely related VMAT2 inhibitor. The following adverse reactions occurred with overdosing: acute dystonia, oculogyric crisis, nausea and vomiting, sweating, sedation, hypotension, confusion, diarrhea, hallucinations, rube, and tremor. Treatment should consist of those general measures employed in the management of overdosage with any central nervous system-active drug. General supportive and symptomatic measures are recommended. Cardiac rhythm and vital signs should be monitored. In managing overdose, the possibility of multiple drug involvement should always be considered. The physician should consider contacting a poison control center on the treatment of any overdose. Telephone numbers for certified poison control centers are listed on the American Association of Poison Control Centers website www.aapcc.org.

1 DESCRIPTION

AUSTEDO (deutetrabenazine) is a vesicular monoamine transporter 2 (VMAT2) inhibitor for oral administration. The molecular weight of deutetrabenazine is 323.46; the pKa is 6.31. Deutetrabenazine is a hexahydro-dimethoxybenzoxazine derivative and has the following chemical name: (RR, SS)-1, 3, 4, 6, 7, 11b-hexahydrro-9, 10-di(methoxy-d)-9-(2-methylpropy)-2H-benzo[a]quinolin-2-one. The molecular formula for deutetrabenazine is C18H19D3NO4. Deutetrabenazine is a racemic mixture containing the following structures:

Deutetrabenazine is a white to slightly yellow crystalline powder that is sparingly soluble in water and soluble in ethanol.

AUSTEDO tablets contain 6 mg, 9 mg, or 12 mg deutetrabenazine, and the following inactive ingredients: ammonium hydroxide, black iron oxide, n-butyl alcohol, butylated hydroxyanisole, butylated hydroxytoluene, mannitol, microcrystalline cellulose, polyethylene glycol, polyethylene oxide, polysorbate 80, polyvinyl alcohol, povidone, propylene glycol, shellac, talc, titanium dioxide, and FD&C blue #2 lake. The 6 mg tablets also contain FD&C red #40 lake. The 12 mg tablets also contain FD&C yellow #6 lake.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

The precise mechanism by which deutetrabenazine exerts its effects in the treatment of tardive dyskinesia and chorea in patients with Huntington’s disease is unknown but is believed to be related to its effect as a reversible depletor of monoamines (such as dopamine, serotonin, norepinephrine, and histamine) from nerve terminals. The major circulating metabolites (α-dihydrotetrabenazine [HTBZ] and β-HTBZ) of deutetrabenazine, are reversible inhibitors of VMAT2, resulting in decreased uptake of monoamines into synaptic vesicles and depletion of monoamine stores.

12.2 Pharmacodynamics

Carotid Electrophysiology

The effect of a single 12-mg or 24-mg dose of AUSTEDO on the QT interval was studied in a randomized, double-blind, placebo-controlled crossover study in healthy male and female subjects with moxifloxacin as a positive control. At 24 mg, AUSTEDO caused an approximately 4.5 msec mean increase in QTc (90% CI: 2.4, 6.5 msec). Effects at higher exposures to AUSTEDO or its metabolites have not been evaluated.

Melanin Binding

Deutetrabenazine or its metabolites bind to melanin-containing tissues (i.e., eye, skin, fur) in pigmented rats. After a single oral dose of radiolabeled deutetrabenazine, radioactivity was still detected in eye and fur at 35 days following dosing (see Warnings and Precautions (5.9)).

12.3 Pharmacokinetics

After oral dosing up to 25 mg, plasma concentrations of deutetrabenazine are generally below the limit of detection because of the extensive hepatic metabolism of deutetrabenazine to the active deuterated dihydro metabolites (HTBZ), α-HTBZ and β-HTBZ. Linear dose dependence of Cmax and AUC was observed for the active metabolites following single or multiple doses of deutetrabenazine (6 mg to 24 mg and 7.5 mg twice daily to 22.5 mg twice daily).

Absorption

Following oral administration of deutetrabenazine, the extent of absorption is at least 80%.

Plasma concentrations of deutetrabenazine are generally below the limit of detection after oral dosing. Peak plasma concentrations (Cmax) of deuterated α-HTBZ and β-HTBZ are reached within 3 to 4 hours after dosing.

Effect of Food

The effects of food on the bioavailability of AUSTEDO were studied in subjects administered a single dose with and without food. Food had no effect on the area under the plasma concentration-time curve (AUC) of α-HTBZ or β-HTBZ, although Cmax was increased by approximately 50% in the presence of food (see Dosage and Administration (2.1)).

Distribution

The median volume of distribution (V/F) of the α-HTBZ, and the β-HTBZ metabolites of AUSTEDO are approximately 500 L and 730 L, respectively.

Results of PTT-seen studies in humans show that following intravenous injection of α-labeled tetrabenazine or α-HTBZ, radioactivity is rapidly distributed to the brain, with the highest binding in the striatum and lowest binding in the limbic and ß-HTBZ was examined in human plasma for concentrations ranging from 50 to 200 ng/mL. Tetrabenazine binding ranged from 82% to 85%, α-HTBZ binding ranged from 60% to 68%, and β-HTBZ binding ranged from 59% to 63%.

The research on deutetrabenazine shows that it can be a potential treatment option for specific neurological conditions. However, further studies are needed to fully understand its long-term effects and interactions with other medications.
13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis

No carcinogenicity studies were performed with deutetrabenazine.

Mutagenesis

Deutetrabenazine and its deuterated α-HTBZ and β-HTBZ metabolites were negative in in vitro (bacterial reverse mutation and chromosome aberration in human peripheral blood lymphocytes) assays in the presence or absence of metabolic activation and in the in vivo micronucleus assay in mice.

Impairment of Fertility

The effects of deutetrabenazine on fertility have not been evaluated. Oral administration of deutetrabenazine (doses of 5, 10, or 30 mg/kg/day) to female rats for 3 months resulted in estrous cycle disruption at all doses; the lowest dose tested was similar to the maximum recommended human dose (48 mg/day) on a body surface area (mg/m²) basis.

Oral administration of tetrabenazine (doses of 5, 15, or 30 mg/kg/day) to female rats prior to and throughout mating, and continuing through day 7 of gestation, resulted in disrupted estrous cyclicity at doses greater than 5 mg/kg/day. No effects on mating and fertility indices or sperm parameters (motility, count, density) were observed when males were treated orally with tetrabenazine at doses of 5, 15 or 30 mg/kg/day prior to and throughout mating with untreated females.

14 CLINICAL STUDIES

14.1 Chorea Associated with Huntington's Disease

Double-Blind, Placebo-Controlled Study

The efficacy of AUSTEDO as a treatment for chorea associated with Huntington's disease was established primarily in Study 1, a randomized, double-blind, placebo-controlled, multi-center trial conducted in 90 ambulatory patients with manifest chorea associated with Huntington's disease. The diagnosis of Huntington's disease was based on family history, neurological exam, and genetic testing. Treatment duration was 12 weeks, including an 8-week dose titration period and a 4-week maintenance period, followed by a 1-week washout. Patients were not blinded to discontinuation. AUSTEDO was started at 6 mg per day and titrated upward, at weekly intervals, in 6 mg increments until satisfactory treatment of chorea was achieved, intolerable side effects occurred, or until a maximal dose of 48 mg per day was reached. The primary efficacy endpoint was the Total Maximal Chorea Score, an item of the Unified Huntington's Disease Rating Scale (UHDRS). On this scale, chorea is rated from 0 to 4 (with 0 representing no chorea) for 7 different parts of the body. The total score ranges from 0 to 28.

Of the 90 patients enrolled, 87% completed the study. The mean age was 54 (range 23 to 74). Patients were 56% male and 92% Caucasian. The mean dose after titration was 4 mg per day. Table 4 and Figure 1 summarize the effects of AUSTEDO on chorea based on the Total Maximal Chorea Score. Total Maximal Chorea Scores for patients receiving AUSTEDO improved by approximately 4.4 units from baseline to the maintenance period (average of Week 9 and Week 12), compared to approximately 1.9 units in the placebo group. The treatment effect was statistically significant (p<0.0001). The Maintenance Endpoint is the mean of the Total Maximal Chorea Scores for the Week 9 and Week 12 visits. At the Week 13 follow-up visit (1 week after discontinuation of the study medication), the Total Maximal Chorea Scores of patients who had received AUSTEDO returned to baseline (Figure 1).

Table 4: Change from Baseline to Maintenance Therapy in Total Maximal Chorea (TMCh) Score in Patients with Huntington's Disease Treated with AUSTEDO in Study 1

<table>
<thead>
<tr>
<th>Motor Endpoint</th>
<th>AUSTEDO N = 45</th>
<th>Placebo N = 45</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Total Chorea Score from Baseline to Maintenance Therapy*</td>
<td>-4.4</td>
<td>-1.9</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

TMCh is a subscale of the Unified Huntington's Disease Rating Scale (UHDRS).
*Primary efficacy endpoint.

Figure 1: Total Maximal Chorea Score Over Time in Study 1

- AUSTEDO
- Placebo

Dose Titration

Mean (SEM) Total Maximal Chorea Score

Study Week

Maintenance Endpoint

**p<0.0001**

Figure 1: Total Maximal Chorea Score Over Time in Study 1

- AUSTEDO
- Placebo

Dose Titration

Mean (SEM) Total Maximal Chorea Score

Study Week

Maintenance Endpoint

**p<0.0001**

Figure 1: Total Maximal Chorea Score Over Time in Study 1

- AUSTEDO
- Placebo

Dose Titration

Mean (SEM) Total Maximal Chorea Score

Study Week

Maintenance Endpoint

**p<0.0001**

Figure 1: Total Maximal Chorea Score Over Time in Study 1

- AUSTEDO
- Placebo

Dose Titration

Mean (SEM) Total Maximal Chorea Score

Study Week

Maintenance Endpoint

**p<0.0001**

Figure 1: Total Maximal Chorea Score Over Time in Study 1

- AUSTEDO
- Placebo

Dose Titration

Mean (SEM) Total Maximal Chorea Score

Study Week

Maintenance Endpoint

**p<0.0001**

Figure 1: Total Maximal Chorea Score Over Time in Study 1
A patient-rated global impression of change assessed how patients rated their overall Huntington's disease symptoms. Fifty-one percent of patients treated with AUSTEDO rated their symptoms as “Much Improved” or “Very Much Improved” at the end of treatment, compared to 20% of placebo-treated patients.

In a physician-rated clinical global impression of change, 42% percent of patients treated with AUSTEDO rated their symptoms as “Much Improved” or “Very Much Improved” at the end of treatment compared to 13% of placebo-treated patients.

14.2 Tardive Dyskinesia
The efficacy of AUSTEDO in the treatment for tardive dyskinesia was established in two 12-week, randomized, double-blind, placebo-controlled, multi-center trials conducted in 335 adult ambulatory patients with tardive dyskinesia caused by use of dopamine receptor antagonists. Patients had a history of using a dopamine receptor antagonist (antipsychotics, metoclopramide) for at least 3 months (or 1 month in patients 60 years of age and older). Concurrent diagnoses included schizophrenia/schizoaffective disorder (62%) and mood disorder (33%). With respect to concurrent antipsychotic use, 64% of patients were receiving atypical antipsychotics, 12% were receiving typical or combination antipsychotics, and 24% were not receiving antipsychotics.

The Abnormal Involuntary Movement Scale (AIMS) was the primary efficacy measure for the assessment of tardive dyskinesia severity. The AIMS is a 12-item scale; items 1 to 7 assess the severity of involuntary movements across body regions and these items were used in this study. Each of the 7 items was scored on a 0 to 4 scale, rated as: 0 = not present; 1 = minimal, may be extreme normal (abnormal movements occur infrequently and/or are difficult to detect); 2 = mild (abnormal movements occur infrequently and are easy to detect); 3 = moderate (abnormal movements occur frequently and are easy to detect) or 4 = severe (abnormal movements occur almost continuously and/or of extreme intensity). The AIMS total score (sum of items 1 to 7) could thus range from 0 to 28, with a decrease in score indicating improvement.

Figure 2 shows the distribution of values for the change in Total Maximal Chorea Score in Study 1. Negative values indicate a reduction in chorea and positive numbers indicate an increase in chorea.

Figure 4 shows the distribution of values for the change in Total Maximal Chorea Score in Study 1. Negative values indicate a reduction in chorea and positive numbers indicate an increase in chorea.

Table 5: Improvement in AIMS Total Score in Patients Treated with AUSTEDO in Study 1 and Study 2

<table>
<thead>
<tr>
<th>Study</th>
<th>Treatment Group</th>
<th>Primary Efficacy Measure: AIMS Total Score</th>
<th>Mean Baseline Score (SD)</th>
<th>LS Mean Change from Baseline (SE)</th>
<th>Treatment Effect (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>AUSTEDO 36 mg*</td>
<td>10.1 (3.21)</td>
<td>-3.3 (0.42)</td>
<td>-1.9 (-3.09, -0.79)</td>
<td></td>
</tr>
<tr>
<td>(n= 55)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUSTEDO 24 mg</td>
<td>9.4 (2.93)</td>
<td>-3.2 (0.45)</td>
<td>-1.8 (-3.00, -0.63)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n= 49)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUSTEDO 12 mg</td>
<td>9.6 (2.40)</td>
<td>-2.1 (0.42)</td>
<td>-0.7 (-1.84, 0.42)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n= 60)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placebo</td>
<td>9.5 (2.71)</td>
<td>-1.4 (0.41)</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n= 58)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study 2</td>
<td>AUSTEDO (12-48 mg/day)*</td>
<td>9.7 (4.14)</td>
<td>-3.0 (0.45)</td>
<td>-1.4 (-2.6, -0.2)</td>
<td></td>
</tr>
<tr>
<td>(n= 56)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placebo</td>
<td>9.6 (3.78)</td>
<td>-1.6 (0.46)</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n= 57)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Dose that was statistically significantly different from placebo after adjusting for multiplicity.
LS Mean = Least-squares mean; SD = Standard deviation; SE = Standard error; CI = 2-sided 95% confidence interval

Figure 3: Least Square Means of Change in AIMS Total Score from Baseline for AUSTEDO Compared to Placebo (Study 1)

Figure 4: Percent of Patients with Specified Magnitude of AIMS Total Score Improvement at the End of Week 12 (Study 1)

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied
AUSTEDO tablets are available in the following strengths and packages:
6 mg: round, purple-coated tablets, with “SD” over “6” printed in black ink on one side. Bottles of 60 tablets: NDC 68546-170-60.
9 mg: round, blue-coated tablets, with “SD” over “9” printed in black ink on one side. Bottles of 60 tablets: NDC 68546-171-60.
12 mg: round, beige-coated tablets, with “SD” over “12” printed in black ink on one side. Bottles of 60 tablets: NDC 68546-172-60.

16.2 Storage
Store at 25°C (77°F); excursions permitted to 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature]. Protect from light and moisture.
AUSTEDO® (deutetrabenazine) tablets

MEDICATION GUIDE
AUSTEDO® (aw-STED-oh)
(deutetrabenazine) tablets, for oral use

What is the most important information I should know about AUSTEDO?
• AUSTEDO can cause serious side effects in people with Huntington’s disease, including:
  ◦ depression
  ◦ suicidal thoughts
  ◦ suicidal actions
• Do not start taking AUSTEDO if you have Huntington’s disease and are depressed (have untreated depression or depression that is not well controlled by medicine) or have suicidal thoughts.
• Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is especially important when AUSTEDO is started and when the dose is changed.

Call your healthcare provider right away if you become depressed or have any of the following symptoms, especially if they are new, worse, or worry you:
• feel sad or have crying spells
• lose interest in seeing your friends or doing things you used to enjoy
• sleep a lot more or a lot less than usual
• feel unimportant
• feel guilty
• feel hopeless or helpless
• feel more irritable, angry, or aggressive than usual
• feel more or less hungry than usual or notice a big change in your body weight
• have trouble paying attention
• feel tired or sleepy all the time
• have thoughts about hurting yourself or ending your life

AUSTEDO® (deutetrabenazine) tablets

What is AUSTEDO?
AUSTEDO is a prescription medicine that is used to treat:
• the involuntary movements (chorea) of Huntington’s disease. AUSTEDO does not cure the cause of the involuntary movements, and it does not treat other symptoms of Huntington’s disease, such as problems with thinking or emotions.
• movements in the face, tongue, or other body parts that cannot be controlled (tardive dyskinesia).

Who should not take AUSTEDO?
Do not take AUSTEDO if you:
• have Huntington’s disease and are depressed or have thoughts of suicide. See “What is the most important information I should know about AUSTEDO?”
• have liver problems.
• are taking a monoamine oxidase inhibitor (MAOI) medicine. Do not take an MAOI within 14 days after you stop taking AUSTEDO.
• do not start AUSTEDO if you stopped taking an MAOI in the last 14 days. Ask your healthcare provider or pharmacist if you are not sure.
• are taking reserpine. Do not take medicines that contain reserpine (such as Serpalan and Renese-R) with AUSTEDO. If your healthcare provider plans to switch you from taking reserpine to AUSTEDO, you must wait at least 20 days after your last dose of reserpine before you start taking AUSTEDO.
• are taking tetrabenazine (Xenazine). If your healthcare provider plans to switch you from tetrabenazine (Xenazine) to AUSTEDO, take your first dose of AUSTEDO on the day after your last dose of tetrabenazine (Xenazine).
• are taking valbenazine (Ingrezza).

Before taking AUSTEDO, tell your healthcare provider about all of your medical conditions, including if you:
• have emotional or mental problems (for example, depression, nervousness, anxiety, anger, agitation, psychosis, previous suicidal thoughts or suicide attempts).
• have liver disease.
• have an irregular heart rhythm or heartbeat (QT prolongation, cardiac arrhythmia) or a heart problem called congenital long QT syndrome.
• have low levels of potassium or magnesium in your blood (hypokalemia or hypomagnesemia).
• have breast cancer or a history of breast cancer.
• are pregnant or plan to become pregnant. It is not known if AUSTEDO can harm your unborn baby.
• are breastfeeding or plan to breastfeed. It is not known if AUSTEDO passes into breast milk.

Tell your healthcare provider about all of the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Taking AUSTEDO with certain other medicines may cause side effects. Do not start any new medicines while taking AUSTEDO without talking to your healthcare provider first.
How should I take AUSTEDO?
• Take AUSTEDO exactly as your healthcare provider tells you to take it.
• Take AUSTEDO by mouth and with food.
• Swallow AUSTEDO tablets whole with water. Do not chew, crush, or break AUSTEDO tablets before swallowing. If you cannot swallow AUSTEDO tablets whole, tell your healthcare provider. You may need a different medicine.
• If your dose of AUSTEDO is 12 mg or more each day, take AUSTEDO tablets 2 times a day in equal doses with food.
• Your healthcare provider will increase your dose of AUSTEDO each week for several weeks, until you and your healthcare provider find the right dose for you.
• Tell your healthcare provider if you stop taking AUSTEDO for more than 1 week. Do not take another dose until you talk to your healthcare provider.

What should I avoid while taking AUSTEDO?
Sleepiness (sedation) is a common side effect of AUSTEDO. While taking AUSTEDO, do not drive a car or operate dangerous machinery until you know how AUSTEDO affects you. Drinking alcohol and taking other drugs that may also cause sleepiness while you are taking AUSTEDO may increase any sleepiness caused by AUSTEDO.

What are the possible side effects of AUSTEDO?
AUSTEDO can cause serious side effects, including:
• Depression and suicidal thoughts or actions in people with Huntington’s disease. See “What is the most important information I should know about AUSTEDO?”
• Irregular heartbeat (QT prolongation). AUSTEDO increases your chance of having certain changes in the electrical activity in your heart. These changes can lead to a dangerous abnormal heartbeat. Taking AUSTEDO with certain medicines may increase this chance.
  ◦ If you are at risk of QT prolongation, your healthcare provider should check your heart before and after increasing your AUSTEDO dose above 24 mg a day.
• Neuroleptic Malignant Syndrome (NMS). Call your healthcare provider right away and go to the nearest emergency room if you develop these signs and symptoms that do not have another obvious cause:
  ◦ high fever
  ◦ problems thinking
  ◦ increased sweating
  ◦ stiff muscles
  ◦ very fast or uneven heartbeat
• Restlessness. You may get a condition where you feel a strong urge to move. This is called akathisia.
• Parkinsonism in people with Huntington’s disease. Symptoms of parkinsonism include: slight shaking, body stiffness, trouble moving, or keeping your balance.
The most common side effects of AUSTEDO in people with Huntington’s disease include:
• sleepiness (sedation)
• diarrhea
• tiredness
• dry mouth

The most common side effects of AUSTEDO in people with tardive dyskinesia include:
• inflammation of the nose and throat (nasopharyngitis)
• problems sleeping (insomnia)
These are not all the possible side effects of AUSTEDO. 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 AUSTEDO?
• Store AUSTEDO tablets at room temperature, between 68°F to 77°F (20°C to 25°C).
• Keep the bottle tightly closed to protect AUSTEDO from light and moisture.
Keep AUSTEDO tablets and all medications out of reach of children.

General information about the safe and effective use of AUSTEDO.
Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use AUSTEDO for a condition for which it was not prescribed. Do not give AUSTEDO 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 AUSTEDO that is written for health professionals.

What are the ingredients in AUSTEDO?
Active ingredient: deutetrabenazine
Inactive ingredients: ammonium hydroxide, black iron oxide, n-butyl alcohol, butylated hydroxyanisole, butylated hydroxytoluene, magnesium stearate, mannitol, microcrystalline cellulose, polyethylene glycol, polyethylene oxide, polysorbate 80, polyvinyl alcohol, povidone, propylene glycol, shellac, talc, titanium dioxide, and FD&C blue #2 lake. The 6 mg tablets also contain FD&C red #40 lake. The 12 mg tablets also contain FD&C yellow #6 lake.
Distributed by:
Teva Pharmaceuticals USA, Inc.
North Wales, PA 19454
AUSMG-002
For more information, go to www.AUSTEDO.com or call 1-888-483-8279.

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