Teriflunomide Teva®

HEALTHCARE PROFESSIONAL EDUCATION/DISCUSSION GUIDE

Approved by the Ministry of Health in December 2020

- Discuss the information below pertaining to the following risks with the patients
- Please read the SPC for full prescribing information

| Patient's name: | | | |
|--------------------------|--------|----------|--|
| Patient's age: | | | |
| First visit date: | | | |
| Patient's gender: | □ Male | □ Female | |
| First prescription date: | | | |
| | iate. | | |
| Today's date: | | | |

DISCUSS



Complete Blood Count (CBC)

- ☐ Risk of decreased blood cells
- ☐ Complete CBC before treatment initiation and periodically during treatment



Blood pressure

- ☐ Check blood pressure before treatment initiation and periodically during treatment
- Need to contact their doctor in case they develop hypertension



- Risk of liver effects
- Check liver function before treatment initiation and periodically during treatment
- Symptoms of liver disease
- Need to contact their doctor in case symptoms develop



- Risk of (serious opportunistic) infections
- Need to contact their doctor in case symptoms of infection develop
- □ Consider an accelerated elimination procedure in case of a serious infection
- Need to contact their doctor in case other medicines are taken that might affect the immune system



- Pregnancy should be excluded
- Need for effective contraception
- ☐ Teriflunomide-Teva should be discontinued in case of pregnancy
- Consider accelerated elimination procedure

HAND-OVER

Patient Card:

- Provide the patient with the patient card and discuss the content regularly during each consultation at least annually during treatment.
- Educate the patients to show this card to any doctor or heathcare professional involved in medical care (e.g. In case of an emergency).
- · Remind the patient to contact their doctor in case of symptoms of liver problems and infection discussed in the Patient Card.
- · Discuss during each consultation the continued need for effective contraception during treatment.

The patient has been informed about and understands the above mentioned risks and benefits associated with this treatment.

| Prescriber's name: | Prescriber's signature: | |
|--------------------|-------------------------|--|
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