

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: _____

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 healthcare 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: _____