Teriflunomide Taro (teriflunomide) 14mg tablets, once-daily.

HEALTHCARE PROFESSIONAL EDUCATION/DISCUSSION GUIDE

This brochure was approved according to the guidelines of the ministry of Health on August 2023.

- 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 incase 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 incase other medicines are taken that might affect the immune system

Pregnancy should be excluded
Need for effective contraception
Teriflunomide Taro 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 patient 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:** _____

Healthcare professionals are asked to report adverse reactions to the Ministry of Health at: https://sideeffects.health.gov.il