Patients and caregivers guide

Important things to remember about your fingolimod teva treatment

Reporting adverse events

Adverse events can be reported to the Ministry of Health via https://sideeffects.health.gov.il

You may also report to the registration holder, Teva Israel LTD. at: safety.israel@teva.co.il



What is multiple sclerosis?

Multiple sclerosis (MS) is considered an immune-mediated disease – perhaps autoimmune.

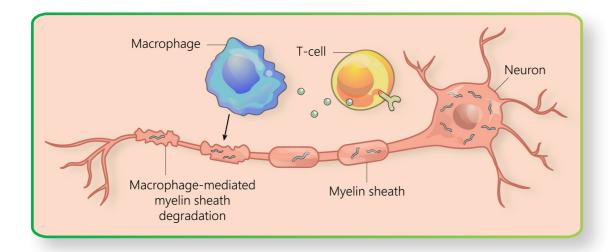
The immune system attacks the myelin coating that surrounds nerve cells in the central nervous system (CNS), which is made up of the brain and spinal cord.

Its name comes from the scarring caused by inflammatory attacks at multiple sites in the CNS.

MS is a long-term condition that affects the central nervous system (CNS), comprised of the brain and spinal cord. In MS, inflammation destroys the protective sheath (called myelin) around the nerves in the CNS and stops the nerves from working properly. This is called demyelination.

Relapsing-remitting MS is characterised by repeated attacks (relapses) that reflect inflammation within the CNS. Symptoms vary from patient to patient.

Symptoms of a relapse may disappear completely when the relapse is over, but some problems may remain.



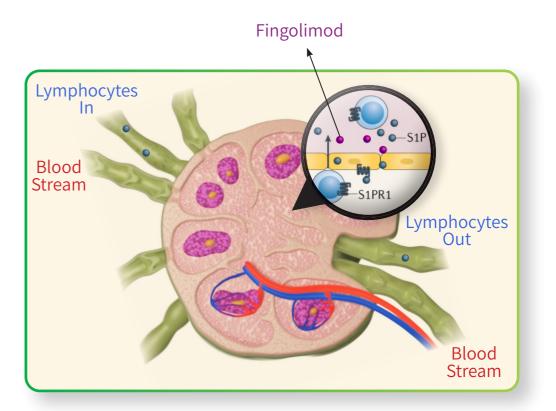
How does Fingolimod Teva work?

It is not fully understood how Fingolimod Teva therapy works in MS.

Fingolimod Teva binds to white blood cells (lymphocytes) in the blood by interacting with proteins on the cell surface known as sphingosine 1-phosphate (S1P) receptors.

White blood cells that interact with Fingolimod Teva become trapped in the lymph nodes, which prevents them from crossing into the CNS and causing inflammation and damage.

Fingolimod Teva helps to protect against attacks on the CNS by the immune system by reducing the ability of some white blood cells (lymphocytes) to move freely within the body and by stopping them from reaching the brain and spinal cord. This limits nerve damage caused by MS. Fingolimod Teva also reduces some of the immune reactions of your body.





Contraindications and precautions

Fingolimod Teva (fingolimod) should not be used in patients with specific cardiac diseases and is not recommended in patients who are also taking medicines that are known to decrease heart rate.

Fingolimod Teva should not be used in women who are pregnant and women of child-bearing potential not using effective contraception.

The doctor will ask the patient to stay at the surgery or clinic for six or more hours after taking the first dose so that appropriate measures can be taken if side effects occur. In some circumstances, an overnight stay may be required.

All women of child-bearing potential will be provided with a Pregnancy-Specific Patient Reminder Card.

Please read the Patient Information Leaflet thoroughly before starting treatment with Fingolimod Teva.

Please inform the doctor if you, or someone related to you, has a history of epilepsy.

Contact your doctor immediately if you experience any adverse reactions during treatment with Fingolimod Teva or in case of pregnancy.

Please tell any doctor you see that you are taking Fingolimod Teva.

Before starting Fingolimod Teva treatment

Pregnancy

Fingolimod Teva may harm your unborn baby.

Women of child-bearing potential should be informed by their doctor about Fingolimod Teva's serious risks to the fetus, they should have a negative pregnancy test, and should take effective contraception before starting treatment with Fingolimod Teva.

Human papilloma virus (HPV)-related cancer

Your doctor will assess whether you need to undergo cancer screening (including a Pap test) and if you should receive the HPV vaccine.

Liver function

Fingolimod Teva can cause abnormal results in liver function tests You will need a blood test prior to treatment initiation with Fingolimod Teva therapy.

Seizures

Seizures may occur during treatment. Inform the doctor if you, or someone related to you, has a history of epilepsy.

The first time you take Fingolimod Teva

Slow heart rate and irregular heartbeat

At the beginning of treatment, Fingolimod Teva causes the heart rate to slow down. This may cause dizziness or lower the blood pressure. If you experience symptoms such as dizziness, nausea, or palpitations or feel uncomfortable after taking the first dose of Fingolimod Teva, please immediately inform your doctor.

Before taking the first dose, you will have:

- A baseline electrocardiogram (ECG) to assess the action of your heart
- A blood pressure measurement

During the 6-hour monitoring:

- Your pulse and blood pressure will be checked every hour
- An ECG at the end of 6 hours

Call your doctor in case of treatment interruption. If you have stopped Fingolimod Teva for 1 day or more during the first 2 weeks of treatment, or for more than 7 days during weeks 3 and 4 of treatment, or if you have stopped Fingolimod Teva for more than 2 weeks after you have been on treatment for at least 1 month, the initial effect on your heart rate may occur again. When you restart your Fingolimod Teva therapy, your doctor may decide to monitor you with heart rate and blood pressure measurements every hour, to run ECGs, and if needed, to monitor you overnight.



While you are taking Fingolimod Teva

Infections

Because Fingolimod Teva affects the immune system it is more likely to get infections. If you think you have any of the following, during and up to 2 months after stopping treatment, call your doctor straight away: a headache accompanied by a stiff neck, sensitivity to light, fever, flu-like symptoms, nausea, rash, shingles and/or confusion or seizures (fits) (possible symptoms of meningitis and/or encephalitis, either caused by fungal or viral infection).

If you believe your MS is getting worse (e.g. weakness or visual changes) or if you notice any new symptoms, talk to your doctor as soon as possible. These may be the symptoms of a rare brain disorder called progressive multifocal leukoencephalopathy (PML), which is caused by an infection.

Skin cancer

Skin cancers have been reported in multiple sclerosis patients treated with Fingolimod Teva. Inform your doctor immediately if you notice any skin nodules (e.g. shiny, pearly nodules), patches or open sores that do not heal within weeks. Symptoms of skin cancer may include abnormal growth or changes of skin tissue (e.g. unusual moles) with a change in color, shape or size over time.

Liver function

Some cases of acute liver failure requiring liver transplant and clinically significant liver injury have been reported. You will need a blood test at months 1, 3, 6, 9, and 12 during Fingolimod Teva therapy and regularly thereafter. Inform your doctor immediately if you notice yellowing of skin or whites of eyes, abnormally dark urine, pain on the right side of the stomach area, tiredness, feeling less hungry than usual or unexplained nausea and vomiting as these can be signs of liver injury.

Pregnancy

Women of child-bearing potential should have pregnancy tests repeated at suitable intervals during Fingolimod Teva treatment.

You should receive regular counseling from a healthcare professional facilitated by the Pregnancy-Specific Patient Reminder Card about the serious risks of Fingolimod Teva to the fetus.

You should use effective contraception whilst taking Fingolimod Teva, and in the 2 months after you stop taking the treatment because of Fingolimod Teva's serious risks to the fetus.

Immediately report to your doctor any (intended or unintended) pregnancy during and for 2 months following discontinuation of treatment with Fingolimod Teva.

Visual symptoms

Fingolimod Teva may cause swelling at the back of the eye, a condition that is known as macular edema. Tell the doctor if you experiences any changes in your vision during and up to 2 months after stopping treatment.

After discontinuing Fingolimod Teva

Stopping Fingolimod Teva therapy may result in return of disease activity. The doctor will decide whether and how you need to be monitored after stopping Fingolimod Teva.



