HEALTHCARE PROFESSIONAL PRESCRIBER CHECKLIST

This material was developed by JAMP Pharma, as part of the risk minimization plan for JAMP Teriflunomide. This material is not intended for promotional use.

Discuss the following risks with the patient/carer, explain the monitoring requirements and tell them what they should do if patients experience specific signs or symptoms

Please read the Product Monograph (PM) for full prescribing information, which is available on JAMP Pharma Corporation's website: www.jampinfo.com

| Patient's name: | Patient's age: |
|---|--|
| Date of first visit: | Patient's gender: Male Female |
| Date first prescribed: | Today's date: |
| Risk of hematological effects | |
| Discuss the risk of decreased blood cells (affecting mainly white blood cells) | |
| Discuss the need for full blood count before treatment initiation and periodically thereafter, if symptoms during treatment | necessary, based on clinical signs or |
| Risk of hypertension | |
| Check blood pressure before treatment initiation and periodically during treatment | |
| Blood pressure elevation should be appropriately managed during treatment | |
| Risk of liver effects | |
| ☐ Check liver function before treatment initiation and periodically during treatment | |
| Patients should be counselled on the signs and symptoms of liver effects and told to contact to | their doctor/HCP immediately if any develop |
| Risk of serious infections | |
| ☐ Screen patients for latent tuberculosis infection before treatment initiation | |
| Patients should be told to contact their doctor/HCP immediately if they have any signs or symptoms of an infection | |
| $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | nes that affect the immune system |
| ☐ Consider an accelerated elimination procedure in case of a serious infection | |
| Risk of teratogenicity | |
| ☐ Inform women of childbearing potential (WOCBP) that teriflunomide can cause serious birth of and they must use effective contraception during and after treatment until their teriflunomide their doctor/HCP immediately if they plan to conceive, stop or change contraception during the | blood levels are low. Women should contact |
| ☐ Check the potential for pregnancy in all female patients before and during treatment | |
| □ Women should contact their doctor/HCP immediately and stop JAMP Teriflunomide if they be and consider the accelerated elimination procedure and encourage enrolment in the JAMP Ter Pregnancy Active Surveillance Program conducted by JAMP Pharma: Phone: 1 866 399 9091. | riflunomide Enhanced Pharmacovigilance |
| Website: www.jampinfo.com | |
| In men wishing to father a child, discuss that teriflunomide is detected in human semen and the | · |
| Advise male subjects that teriflunomide is detected in human semen. To minimize any possible child and their female partners should use reliable contraception. Men wishing to father a child and undergo an accelerated elimination procedure to decrease the plasma concentration of te | I should discontinue use of JAMP Teriflunomide |
| Risk of interstitial lung disease | |
| ☐ Discuss risk of interstitial lung disease, including the need to contact their doctor/HCP in case pulmonary symptoms, such as persistent cough and dyspnea, with or without associated feve of the therapy and for further investigation, as appropriate. If discontinuation of the drug is ne elimination procedure. | r. These may be a reason for discontinuation |
| Patient Card | |
| ☐ Provide the patient with the patient card and discuss the content regularly during each consu | Itation and at least annually during treatment |
| ☐ Complete your contact details on the patient card and replace it as necessary | |
| $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | of an emergency) |
| $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | risks discussed in the patient card |
| $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | the fetus |
| $\hfill \Box$ Ensure adequate monitoring of patients when new prescriptions are issued including adverse and prevention | reaction checks, and risk assessments |
| $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | fits associated with this treatment. |
| | |

Prescriber's signature:

Prescriber's name: