Guided Questionnaire for Health Care Providers Reporting Mycophenolate sodium (Myfortic®) Exposure during Pregnancy

Product Name: Myfortic			
To be completed by Novartis			
Global AER #:		Local Case ID:	

You recently reported the occurrence of pregnancy in a patient or female partner of a patient treated with Myfortic (mycophenolate sodium). We would like to ask you to please complete this questionnaire, the information you provide will help us monitor and mitigate the known pregnancy risks associated with the use of Myfortic .

Answering this questionnaire is entirely voluntary and should not take more than 10 minutes of your time. Please complete the form and send it back to:

Novartis Pharma Services Inc., Representative Office Malta, P.O. Box 4, Marsa, MRS 1000.

Thank you for completing this questionnaire.

1. Information on receipt of the Educational Materials	
a. Did you receive the Myfortic *Guide for Healthcare Providers* on the teratogenic risks of mycophenolate?	❑ Yes ❑ No ❑ Do not remember
b. Did you read and understand the Myfortic *Guide for Healthcare Providers* on the teratogenic risks of mycophenolate?	❑ Yes ❑ No ❑ Do not remember

2. Information about counseling provided to the patient	
a. Did you inform your patient about the risk of spontaneous abortion/birth defects associated with this drug?	❑ Yes ❑ No ❑ Do not remember
b. Did you provide your patient with the Myfortic *Guide for Patients* on the risks to the unborn baby?	❑ Yes ❑ No ❑ Do not remember
c. Did you advise your patient not to become pregnant / father a child while being treated with mycophenolate and for up to 6 weeks (female patients) or 90 days (male patients) thereafter?	❑ Yes ❑ No ❑ Do not remember

2. Information about counseling provided to the patient	
d. Did you counsel your patient about using two reliable forms of contraception simultaneously while being treated with mycophenolate and for up to 6 weeks (female patients) or 90 days (male patients) thereafter?	❑ Yes ❑ No ❑ Do not remember
e. Did you recommend your patient to consult you immediately in case of suspected pregnancy while being treated with mycophenolate and for up to 6 weeks (female patients) or 90 days (male patients) thereafter?	❑ Yes ❑ No ❑ Do not remember

3. Information on the patient's intention to become pregnant	
a. Did your patient inform you of the intention to become pregnant (female patient) or father a child (male patient) whilst taking mycophenolate?	❑ Yes ❑ No ❑ Do not remember
b. If the answer to the previous question is "Yes", why did you decide to continue treating the patient with mycophenolate?	❑ Please specify:_____ _____ ❑ Do not remember
c. Did your patient report to have had unprotected sexual intercourse <u>at any time</u> while being treated with mycophenolate and for up to 6 weeks (female patients) or 90 days (male patients) thereafter?	❑ Yes – please respond also question 4 ❑ No – please ignore question 4 ❑ Don't know

4. Reason for contraception failure (only if the answer to question 3c is "Yes")	
a. Did the patient tell you why he/she had unprotected sexual intercourse while being treated with mycophenolate?	❑ Patient forgot to use contraceptives ❑ Patient decided not to use contraceptives due to: ❑ Not understanding the risks of mycophenolate ❑ Wanting a child ❑ Partner disapproval ❑ Side effects of contraceptive ❑ Health concerns ❑ Inconvenient to use ❑ Other (please specify):_____ ❑ Contraceptives were used but failed (for example condom split/broke). Please specify: _____ _____ ❑ Patient did not explain the reason for not adopting contraception

4. Reason for contraception failure (only if the answer to question 3c is "Yes")	

Thank you for completing this questionnaire.

Completed by:			
Name:			
Signature:		Date:	

Any suspected adverse reactions and medication errors can be reported via the national Adverse Drug Reactions (ADRs) reporting system. Report forms can be downloaded from http://www.medicinesauthority.gov.mt/adrportal and posted to Medicines Authority Post-licensing Directorate, 203, Level 3, Rue D'Argens, Gzira GZR 1368, MALTA or sent by email to postlicensing.medicinesauthority@gov.mt

Healthcare professionals may also report any adverse events suspected to be associated with the use of Myfortic to Novartis Pharma Services Inc. Representative Office Malta by phone on 21222872, by fax on 22487219 or e-mail at drug_safety.malta@novartis.com

Myfortic® 180mg and 360mg gastro-resistant tablets

PRESENTATION: Each 180 mg gastro-resistant tablet contains 180 mg mycophenolic acid (as mycophenolate sodium). Each 360mg gastro-resistant tablet contains 360 mg mycophenolic acid (as mycophenolate sodium). **INDICATIONS:** Myfortic is indicated in combination with ciclosporin and corticosteroids for the prophylaxis of acute transplant rejection in adult patients receiving allogeneic renal transplants. **DOSAGE:** Treatment with Myfortic should be initiated and maintained by appropriately qualified transplant specialists. The recommended dose is 720 mg administered twice daily (1,440 mg daily dose). In de novo patients, Myfortic should be initiated within 72 hours following transplantation. Myfortic can be taken with or without food. Patients may select either option but must adhere to their selected option. In order to retain the integrity of the enteric coating, Myfortic tablets should not be crushed. Where crushing of Myfortic tablets is necessary, avoid inhalation of the powder or direct contact of the powder with skin or mucous membrane. If such contact occurs, wash thoroughly with soap and water; rinse eyes with plain water due to the teratogenic effects of mycophenolate Older people: The recommended dose in elderly patients is 720 mg twice daily **CONTRAINDICATIONS:** Hypersensitivity to mycophenolate sodium, mycophenolic acid or mycophenolate mofetil or to any of the excipients ♦ Myfortic is contraindicated in women who are breastfeeding and in women of child bearing potential (WOCBP) not using highly effective contraception methods ♦ Myfortic should not be initiated in women of child bearing potential without providing a pregnancy test result to rule out unintended use in pregnancy. ♦ Myfortic should not be used in pregnancy unless there is no suitable alternative treatment to prevent transplant rejection. ♦Myfortic should not be given to women who are breastfeeding **WARNINGS / PRECAUTIONS:** ♦ Patients receiving immunosuppressive regimens involving combinations of drugs, including Myfortic, are at increased risk of developing lymphomas and other malignancies, particularly of the skin. . As general advice to minimise the risk for skin cancer, exposure to sunlight and UV light should be limited by wearing protective clothing and using a sunscreen with a high protection factor. ♦ Patients receiving Myfortic should be instructed to immediately report any evidence of infection, unexpected bruising, bleeding or any other manifestation of bone marrow depression. ♦ Patients treated with immunosuppressants, including Myfortic, are at increased risk for opportunistic infections (bacterial, fungal, viral and protozoal), fatal infections and sepsis ♦There have been reports of hypogammaglobulinaemia in association with recurrent infections in patients receiving Myfortic in combination with other immunosuppressants. In some of these cases, switching MPA derivatives to an alternative immunosuppressant, resulted in serum IgG levels returning to normal. Patients on Myfortic who develop recurrent infections should have their serum immunoglobulins measured. ♦ There have been reports of bronchiectasis in patients who received Myfortic in combination with other immunosuppressants. In some these cases, switching MPA derivatives to another immunosuppressant, resulted in improvement in respiratory symptoms. The risk of bronchiectasis may be linked to hypogammaglobulinaemia or to a direct effect on the lung. ♦ Reactivation of hepatitis B (HBV) or hepatitis C (HCV) have been reported in patients treated with immunosuppressants, including the mycophenolic acid (MPA) derivatives Myfortic and mycophenolate mofetil (MMF). Monitoring infected patients for clinical and laboratory signs of active HBV or HCV infection is recommended. ♦Cases of pure red cell aplasia (PRCA) have been reported in patients treated with MPA derivatives (which include mycophenolate mofetil and mycophenolate sodium) in combination with other immunosuppressants. ♦ Patients receiving Myfortic should be monitored for blood disorders (e.g neutropenia or anemia - see section 4.8), which may be related to MPA itself, concomitant medications, viral infections, or some combination of these causes. Patients taking Myfortic should have complete blood counts weekly during the first month, twice monthly for the second and third months of treatment, then monthly through the first year. ♦ Patients should be advised that during treatment with MPA vaccinations may be less effective and the use of live attenuated vaccines should be avoided. ♦ Because MPA derivatives have been associated with an increased incidence of digestive system adverse events, including infrequent cases of gastrointestinal tract ulceration and haemorrhage and perforation, Myfortic should be administered with caution in patients with active serious digestive system disease. ♦ It is recommended that Myfortic not be administered concomitantly with azathioprine because concomitant administration of these drugs has not been evaluated. ♦Mycophenolic

acid (as sodium salt) and mycophenolate mofetil should not be indiscriminately interchanged or substituted because of their different pharmacokinetic profiles. ♦ Myfortic contains lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. ♦The concomitant administration of Myfortic and drugs which interfere with enterohepatic circulation, for example cholestyramine or activated charcoal, may result in sub-therapeutic systemic MPA exposure and reduced efficacy. ♦Myfortic is an IMPDH (inosine monophosphate dehydrogenase) inhibitor. Therefore, it should be avoided in patients with rare hereditary deficiency of hypoxanthine-guanine phosphoribosyl-transferase (HGPRT) such as Lesch-Nyhan and Kelley-Seegmiller syndrome. ♦Myfortic therapy should not be initiated until a negative pregnancy test has been obtained. Effective contraception must be used before beginning Myfortic therapy, during therapy and for six weeks following therapy discontinuation. ♦ Mycophenolate is a powerful human teratogen. Spontaneous abortion and congenital malformations have been reported following mycophenolate mofetil exposure during pregnancy. Therefore Myfortic is contraindicated in pregnancy unless there are no suitable alternative treatments to prevent transplant rejection. Female and male patients of reproductive potential should be made aware of the risks and follow the recommendations provided ♦Because of the genotoxic and teratogenic potential of Myfortic, women with childbearing potential should use two reliable forms of contraception simultaneously before starting Myfortic therapy, during therapy, and for six weeks after stopping the therapy; unless abstinence is the chosen method of contraception. ♦Patients should not donate blood during therapy or for at least 6 weeks following discontinuation of mycophenolate. Men should not donate semen during therapy or for at least 90 days following discontinuation of mycophenolate. ♦Sexually active men are recommended to use condoms during treatment and for at least 90 days after cessation of treatment. Condom use applies for both reproductively competent and vasectomized men, because the risks associated with the transfer of seminal fluid also apply to men who have had a vasectomy. In addition, female partners of male patients treated with Myfortic are recommended to use highly effective contraception during treatment and for a total of 90 days after the last dose of Myfortic. **INTERACTIONS**: ♦The potential for myelosuppression in patients receiving both Myfortic and aciclovir or ganciclovir has not been studied. ♦Magnesium aluminium-containing antacids may be used intermittently for the treatment of occasional dyspepsia. However the chronic, daily use of magnesium-aluminium containing antacids with Myfortic is not recommended due to the potential for decreased mycophenolic acid exposure and reduced efficacy. ♦Caution should be used when co-administering drugs or therapies that may bind bile acids, for example bile acid sequestrates or oral activated charcoal, because of the potential to decrease MPA exposure and thus reduce the efficacy of Myfortic ♦ Live vaccines should not be given to patients with an impaired immune response. The antibody response to other vaccines may be diminished **ADVERSE REACTIONS:** ♦Very common: Viral, bacterial and fungal infections; Leukopenia; Hypocalcemia, hypokalaemia, hyperuricaemia; Anxiety; Hypertension; Diarrhoea; Arthralgia ♦Common: Upper respiratory tract infections, pneumonia; Anaemia, thrombocytopenia; Hyperkalaemia, hypomagnesaemia; Dizziness, headache; Hypotension; Cough, dyspnoea; Abdominal distension, abdominal pain, constipation, dyspepsia, flatulence, gastritis, nausea, vomiting; Liver function tests abnormal; Acne, pruritus; Myalgia; Blood creatinine increased; Asthenia, Fatigue, oedema peripheral, pyrexia♦ Uncommon: Wound infection, sepsis, osteomyelitis; Skin papilloma, basal cell carcinoma, Kaposi´s sarcoma, lymphoproliferative disorder, squamous cell carcinoma; Lymphopenia, neutropenia, lymphadenopathy; Anorexia, hyperlipidaemia, diabetes mellitus, hypercholesterolaemia, hypophosphataemia; Abnormal dreams, delusional perception, insomnia; Tremor; Conjunctivitis, vision blurred; Tachycardia, ventricular extrasystoles; Lymphocele; Interstitial lung disease, pulmonary congestion, wheezing, pulmonary oedema; Abdominal tenderness, gastrointestinal haemorrhage, eructation, halitosis, ileus, lip ulceration, oesophagitis, subileus, tongue discolouration, dry mouth, gastro-oesophageal reflux disease, gingival hyperplasia, pancreatitis, parotid duct obstruction, peptic ulcer, peritonitis; Alopecia; Arthritis, back pain, muscle cramps; Haematuria, renal tubular necrosis, urethral stricture; Impotence; Influenza like illness, oedema lower limb, pain, rigors, thirst, weakness; Contusion. For a full list of Adverse reactions, please refer to the SmPC. **LEGAL CATEGORY:**POM **PACK SIZES:** 120 gastro-resistant tablets **MARKETING AUTHORISATION HOLDER**: Novartis Pharmaceuticals UK Ltd, Frimley Business Park, Frimley, Camberley, Surrey GU16 7SR, United Kingdom. **MARKETING**

AUTHORISATION NUMBER: MA088/04901, 088/04902 Please refer to Summary of Product Characteristics (SmPC) before prescribing. Full prescribing information is available upon request from: Novartis Pharma Services Inc, Representative Office Malta, P.O. Box 4, Marsa, MRS 1000, Malta. Tel +356 21222872

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