Summary of the Risk Management Plan (RMP) for AUBAGIO®

AUBAGIO® (teriflunomide)
Marketing Autorisation Holder : sanofi-aventis(suisse)sa
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Disclaimer:

The Risk Management Plan (RMP) is a comprehensive document submitted as part of the application dossier for market approval of a medicine. The RMP summary contains information on the medicine's safety profile and explains the measures that are taken in order to further investigate and follow the risks as well as to prevent or minimize them. This RMP summary is a concise document and does not claim to be exhaustive. As the RMP is an international document, the summary might differ from the “Arzneimittelinformation / Information sur le medicament” approved and published in Switzerland, e.g. by mentioning risks occurring in populations or indications not included in the Swiss authorization. Please note that the reference document which is valid and relevant for the effective and safe use of the product in Switzerland is the “Arzneimittelinformation/ Information sur le medicament” (see www.swissmedicinfo.ch) approved and authorized by Swissmedic. Sanofi-aventis(suisse)sa is fully responsible for the accuracy and correctness of the content of this published RMP summary.

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ABBREVIATIONS

BMI: Body Mass Index

DLP: Data Lock Point

EDSS: Expanded Disability Status Scale

EMA: European Medicines Agency

EOD: Every Other Day

EPAR: European Public Assessment Report

EU: European Union

HCP: Healthcare Professional

HIV: Human Immunodeficiency Virus

IFN-β: Interferon Beta

INN: International Nonproprietary Name

MS: Multiple Sclerosis

NSAID: Non-Steroidal Anti-Inflammatory Drug

OC: Oral Contraceptive

PASS: Post-Authorization Safety Study

PIL: Patient Information Leaflet

PML: Progressive Multifocal Leukoencephalopathy

RMP: Risk Management Plan

ROW: Rest of the World

SmPC: Summary of Product Characteristics

US: United States

1. THE MEDICINE AND WHAT IT IS USED FOR

According to Swiss label

Aubagio is indicated for the treatment of adult and pediatric patients aged 10 years and older with relapsing remitting multiple sclerosis (MS).

According to EU SmPC

AUBAGIO is indicated for the treatment of adult and pediatric patients aged 10 years and older with relapsing remitting multiple sclerosis (MS) (see SmPC for the full indication). It contains teriflunomide as the active substance and it is given by oral route.

Further information about the evaluation of AUBAGIO's benefits can be found in AUBAGIO's EPAR, including in its plain-language summary, available on the European Medicines Agency (EMA) website, under the medicine's webpage:

https://www.ema.europa.eu/en/medicines/human/EPAR/aubagio

2. RISKS ASSOCIATED WITH THE MEDICINE AND ACTIVITIES TO MINIMIZE OR FURTHER CHARACTERIZE THE RISKS

Important risks of AUBAGIO, together with measures to minimize such risks and the proposed studies for learning more about AUBAGIO's risks, are outlined in the next sections.

Measures to minimize the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the PL and SmPC addressed to patients and HCPs;
- Important advice on the medicine's packaging;
- The authorized pack size - the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine's legal status - the way a medicine is supplied to the patient (eg, with or without prescription) can help to minimize its risks.

Together, these measures constitute routine risk minimization measures.

In the case of AUBAGIO, these measures are supplemented with additional risk minimization measures mentioned under relevant important risks, outlined in the next sections.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed so that immediate action can be taken as necessary. These measures constitute routine pharmacovigilance activities.

If important information that may affect the safe use of AUBAGIO is not yet available, it is listed under “missing information” outlined in the next section.

2.1. LIST OF IMPORTANT RISKS AND MISSING INFORMATION

Important risks of AUBAGIO are risks that need special risk management activities to further investigate or minimize the risk, so that the medicinal product can be safely taken. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of AUBAGIO. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (eg, on the long-term use of the medicine);

Table 1 - List of important risks and missing information

Important identified risk	Hepatic effects Hypertension Hematologic effects Infections Interstitial lung disease Pancreatic effects Peripheral neuropathy
Important potential risks	Teratogenicity Serious opportunistic infections, including PML Cardiovascular effects Malignancies (including lymphoproliferative disorders) Potential off-label use in adults Renal failure[a] Accidental underdosage or overdosage due to Medication errors in children using 14 mg EOD
Missing information	Use in combination with MS treatments (other than IFN-β and glatiramer acetate) Long term safety

[a] This risk was identified as a potential risk with leflunomide.

EOD: Every Other Day; IFN-β : Interferon Beta; MS: Multiple Sclerosis PML: Progressive Multifocal Leukoencephalopathy

2.2. SUMMARY OF IMPORTANT RISKS

Table 2 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important identified risk: Hepatic effects

Important identified risk: Hepatic effects	
Evidence for linking the risk to the medicine	Literature, clinical data
Risk factors and risk groups	Mild and moderate hepatic impairment had no impact on the pharmacokinetic of teriflunomide (POP6507). Patients with severe hepatic impairment have been excluded from teriflunomide clinical trials. Other possible theoretical risk factors: concomitant treatment with hepatotoxic agents (including alcohol), viral infections (including viral hepatitis), gall bladder disease.
Risk minimization measures	Routine risk minimization measures: SmPC: Sections 4.2, 4.3, 4.4 and 4.8. PIL: Sections 2 and 4 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: Updated Educational Materials (HCP education/discussion guide and Patient Education Card)
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Non-interventional long-term safety study (EU-PASS) OBS12753 in adults. Pediatric clinical study (EFC11759) (open label extension period).

EU: European Union; HCP: Healthcare Professional; MS: Multiple Sclerosis; PASS: Post-Authorization Safety Study; PIL: Patient Information Leaflet; SmPC: Summary of Product Characteristics.

Table 3 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important identified risk: Hypertension

Important identified risk: Hypertension	
Evidence for linking the risk to the medicine	Literature, clinical data.
Risk factors and risk groups	Patients with prior history of hypertension, prior anti-hypertensive treatment or receiving concomitant drugs causing hypertension (eg, NSAID, OCs). Presence of concomitant cardiovascular risk factors such as obesity, diabetes. (1) There was no evidence of an increased risk of hypertension regarding intrinsic (age, gender, race, BMI and extrinsic (region, territory, previous disease modifying MS therapy, selected concomitant medications) factors.
Risk minimization measures	Routine risk minimization measures: SmPC: Sections 4.4 and 4.8 PIL: Sections 2 and 4 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: Updated Educational Material (HCP education/discussion guide and Patient Education Card)
Additional pharmacovigilance activities	Additional pharmacovigilance activities: None in adults. Pediatric clinical study (EFC11759) (open label extension period).

BMI: Body Mass Index; HCP: Healthcare Professional; MS: Multiple Sclerosis; NSAID: Non-Steroidal Anti-Inflammatory Drug; OC: Oral Contraceptive: PIL: Patient Information Leaflet; SmPC: Summary of Product Characteristics.

Table 4 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important identified risk: Hematologic effects

Important identified risk: Hematologic effects	
Evidence for linking the risk to the medicine	Literature, non-clinical data and clinical data
Risk factors and risk groups	Patients with pre-existent neutropenia, combination with other neutropenic or lymphopenic drug. Patients with pre-existent thrombocytopenia. Combination with other thrombopenic drugs or drugs increasing the bleeding risk.

Important identified risk: Hematologic effects	
	There was no evidence of increased risk of hematologic effects or hemorrhages in patients treated with teriflunomide 7 or 14 mg compared to those receiving placebo regarding intrinsic (age, gender, race, BMI, baseline EDSS) and extrinsic (region, territory, previous disease modifying MS therapy, selected concomitant medications) factors.
Risk minimization measures	Routine risk minimization measures: SmPC: Sections 4.3, 4.4 and 4.8 PIL: Sections 2 and 4 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: Updated Educational Material (HCP education/discussion guide and Patient Education Card)
Additional pharmacovigilance activities	Additional pharmacovigilance activities: None in adults. Pediatric clinical study (EFC11759) (open label extension period).

BMI: Body Mass Index; EDSS: Expanded Disability Status Scale; HCP: Healthcare Professional; MS: Multiple Sclerosis; PIL: Patient Information Leaflet; SmPC: Summary of Product Characteristics.

Table 5 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important identified risk: Infections

Important identified risk: Infections	
Evidence for linking the risk to the medicine	Literature, non-clinical data and clinical data
Risk factors and risk groups	Patients with pre-existent neutropenia, concomitant treatment with other neutropenic or immunosuppressive agents, history of repetitive infections. The analysis of intrinsic or extrinsic factors did not identify any further particular risk group or risk factor for infections.
Risk minimization measures	Routine risk minimization measures: SmPC: Sections 4.3, 4.4 and 4.8 PIL: Sections 2 and 4 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures:

Important identified risk: Infections	
	Updated Educational Material (HCP education/discussion guide and Patient Education Card)
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Non-interventional long-term safety study (EU-PASS) OBS12753 in adults. Pediatric clinical study (EFC11759) (open label extension period).

EU: European Union; HCP: Healthcare Professional; MS: Multiple Sclerosis; PASS: Post-Authorization Safety Study; PIL: Patient Information Leaflet; SmPC: Summary of Product Characteristics.

Table 6 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important identified risk: Interstitial lung disease

Important identified risk: Interstitial lung disease	
Evidence for linking the risk to the medicine	Postmarketing experience, Drug class effect (observations with parent compound leflunomide).
Risk factors and risk groups	Unknown. The risk of interstitial lung disease may be increased in MS patients who had a history of interstitial lung disease when treated with leflunomide.
Risk minimization measures	Routine risk minimization measures: SmPC: Sections 4.4 and 4.8 PIL: Sections 2 and 4 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Non-interventional long-term safety study (EU-PASS) OBS12753 in adults. Pediatric clinical study (EFC11759) (open label extension period).

EU: European Union; MS: Multiple Sclerosis; PASS: Post-Authorization Safety Study; PIL: Patient Information Leaflet; SmPC: Summary of Product Characteristics.

Table 7 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important identified risk: Pancreatic effects

Important identified risk: Pancreatic effects	
Evidence for linking the risk to the medicine	Literature, non-clinical data, clinical data, postmarketing experience.
Risk factors and risk groups	Patients with a pre-existing pancreatic disorder.

Important identified risk: Pancreatic effects	
Risk minimization measures	Routine risk minimization measures: SmPC: Section 4.4 and 4.8 PIL Section 4 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Non-interventional long-term safety study (EU-PASS) OBS12753 in adults. Pediatric clinical study (EFC11759) (open label extension period).

EU: European Union; MS: Multiple Sclerosis; PASS: Post-Authorization Safety Study; PIL: Patient Information Leaflet; SmPC: Summary of Product Characteristics.

Table 8 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important identified risk: Peripheral neuropathy

Important identified risk: Peripheral neuropathy	
Evidence for linking the risk to the medicine	Literature, clinical data.
Risk factors and risk groups	Common causes of peripheral neuropathy include: chronic use of ethanol, diabetes, use of concomitant neurotoxic drugs. There was no evidence of increased risk of peripheral neuropathy in patients treated with teriflunomide regarding intrinsic and extrinsic factors. Relationship between central and peripheral nerve disorder There is some degree of central/peripheral nerve disorder suggesting overlapping involvement of peripheral nerves. (2) (3) In patients with MS, pain and sensory complaints are extremely frequent (50-74%; 72%, respectively), thus rendering diagnostic criteria of polyneuropathy challengeable in the context of natural disease progression with exacerbation and/or relapse (4)

Important identified risk: Peripheral neuropathy	
Risk minimization measures	Routine risk minimization measures: SmPC: Sections 4.4 and 4.8 PIL: Sections 2 and 4 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Non-interventional long-term safety study (EU-PASS) OBS12753 in adults. Pediatric clinical study (EFC11759) (open label extension period).

EU: European Union; MS: Multiple Sclerosis; PASS: Post-Authorization Safety Study; PIL: Patient Information Leaflet; SmPC: Summary of Product Characteristics.

Table 9 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important potential risk: Teratogenicity

Important potential risk: Teratogenicity	
Evidence for linking the risk to the medicine	Literature, non-clinical studies with leflunomide and teriflunomide (embryo-fetal toxicity studies)
Risk factors and risk groups	Pregnant women and women of childbearing potential.
Risk minimization measures	Routine risk minimization measures: SmPC: Sections 4.3 and 4.6 PIL: Section 2 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: Updated Educational Materials (HCP education/discussion guide and Patient Education Card)
Additional pharmacovigilance activities	Additional pharmacovigilance activities: International Pregnancy exposure registry of teriflunomide OBS12751 (EU/ROW). Teriflunomide pregnancy exposure registry in the US/Canada OBS13499.

EU: European Union; HCP: Healthcare Professional; MS: Multiple Sclerosis; PIL: Patient Information Leaflet; ROW: Rest of the World; SmPC: Summary of Product Characteristics; US: United States.

Table 10 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important potential risk: Serious opportunistic infections, including PML

Important potential risk: Serious opportunistic infections, including PML	
Evidence for linking the risk to the medicine	Literature, non-clinical and clinical data.
Risk factors and risk groups	In patients with rituximab-associated PML, most cases developed in patients with underlying disorders known to predispose toward development of PML, chiefly lymphoproliferative disorders, patients with HIV infection and autoimmune disorders. With natazilumab, risk factors for PML include duration of treatment (number of natalizumab infusions) and prior use of immunosuppressive agents (eg, mitoxantrone, azathioprine, methotrexate, cyclophosphamide, mycophenolate).
Risk minimization measures	Routine risk minimization measures: SmPC: Sections 4.3, 4.4 and 4.8 PIL: Sections 2 and 4 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: Updated Educational Material (HCP education/discussion guide and Patient Education Card)
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Non-interventional long-term safety study (EU-PASS) OBS12753 in adults. Pediatric clinical study (EFC11759) (open label extension period).

EU: European Union; HCP: Healthcare Professional; HIV: Human Immunodeficiency Virus; MS: Multiple Sclerosis; PASS: Post-Authorization Safety Study; PIL: Patient Information Leaflet; PML: Progressive Multifocal Leukoencephalopathy; SmPC: Summary of Product Characteristics.

Table 11 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important potential risk: Cardiovascular effects

Important potential risk: Cardiovascular effects	
Evidence for linking the risk to the medicine	Literature, clinical data.

Important potential risk: Cardiovascular effects	
Risk factors and risk groups	For arterial thromboembolic events: patients with cardiovascular risk factors (including but not limited to: age, family history, tobacco use, hypertension, hypercholesterolemia, diabetes) and/or with ischemic heart disease, reduced systolic function and/or cerebrovascular disease. For venous thromboembolic events: patients with limited mobility, or post-surgical status; concomitant treatments (OCs). For arrhythmia-related events: concomitant treatment with pro-arrhythmic drugs (eg, antiarrhythmic agents).
Risk minimization measures	Routine risk minimization measures: SmPC: Section 4.8 PIL: Section 4 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Non-interventional long-term safety study (EU-PASS) OBS12753 in adults. Pediatric clinical study (EFC11759) (open label extension period).

EU: European Union; MS: Multiple Sclerosis; OC: Oral Contraceptive; PASS: Post-Authorization Safety Study; PIL: Patient Information Leaflet; SmPC: Summary of Product Characteristics.

Table 12 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important potential risk: Malignancies (including lymphoproliferative disorders)

Important potential risk: Malignancies (including lymphoproliferative disorders)	
Evidence for linking the risk to the medicine	Literature, clinical data.
Risk factors and risk groups	Patients with pre-existing tumors or with high cancer risk factors (environmental or lifestyle-related). Prior or concomitant medications (immunosuppressants). Role of OCs is unclear.
Risk minimization measures	Routine risk minimization measures: SmPC: Section 4.8 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: None

Important potential risk: Malignancies (including lymphoproliferative disorders)	
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Non-interventional long-term safety study (EU-PASS) OBS12753 in adults. Pediatric clinical study (EFC11759) (open label extension period).

EU: European Union; MS: Multiple Sclerosis; OC: Oral Contraceptive; PASS: Post-Authorization Safety Study; PIL: Patient Information Leaflet; SmPC: Summary of Product Characteristics.

Table 13 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important potential risk: Potential off-label use in adults

Important potential risk: Potential off-label use in adults	
Evidence for linking the risk to the medicine	Not applicable
Risk factors and risk groups	Not applicable
Risk minimization measures	Routine risk minimization measures: Risk not presented in Labeling. Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Non-interventional long-term safety study (EU-PASS) OBS12753 in adults.

EU: European Union; MS: Multiple Sclerosis; PASS: Post Authorization Safety Study.

Table 14 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important potential risk: Renal failure

Important potential risk: Renal failure	
Evidence for linking the risk to the medicine	Not applicable for teriflunomide. Based on leflunomide postmarketing experience.
Risk factors and risk groups	On top of typical risk factors of renal failure (ie, age, diabetes, hypertension, obstructive kidney disease urinary tract infection), some specific risk factors have been described in MS patients: duration of illness and low bladder compliance. (5)

Important potential risk: Renal failure	
Risk minimization measures	Routine risk minimization measures: SmPC: Sections 4.2 and 4.3 PIL: Section 2 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Non-interventional long-term safety study (EU-PASS) OBS12753 in adults. Pediatric clinical study (EFC11759) (open label extension period).

EU: European Union; MS: Multiple Sclerosis; PASS: Post-Authorization Safety Study; PIL: Patient Information Leaflet; SmPC: Summary of Product Characteristics.

Table 15 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Important potential risk: Accidental overdosage or underdosage due to Medication errors in children using 14 mg EOD.

Important potential risk: Accidental overdosage or underdosage due to Medication errors in children using 14 mg EOD	
Evidence for linking the risk to the medicine	There is a likelihood of the risk of overdosage or underdosage due to medication error of occurring.
Risk factors and risk groups	Age is a risk factor, especially in the pediatric population (10 to 18 years old). Children weighing 40 kg or less prescribed with 14 mg EOD is a risk factor.
Risk minimization measures	Routine risk minimization measures: SmPC: Sections 4.2 and 4.9 and 5.2 PIL: Section 3 Specific package design Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: Updated educational Material (HCP education/discussion guide) and Calendar.

EOD: Every Other Day; EU: European Union; HCP: Healthcare Professional; MS: Multiple Sclerosis; PASS: Post-Authorization Safety Study; PIL: Patient Information Leaflet; SmPC: Summary of Product Characteristics.

Table 16 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Missing information: Use in combination with Multiple sclerosis treatments (other than IFN-β and glatiramer acetate)

Missing information: Use in combination with Multiple sclerosis treatments (other than IFN-β and glatiramer acetate)	
Risk minimization measures	Routine risk minimization measures: SmPC: Section 4.4 PIL: Section 2 Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Non-interventional long-term safety study (EU-PASS) OBS12753 in adults.

EU: European Union; IFN-β: Interferon Beta; MS: Multiple Sclerosis; PASS: Post-Authorization Safety Study; PIL: Patient Information Leaflet; SmPC: Summary of Product Characteristics.

Table 17 – Important risks and missing information with corresponding risk minimization activities and additional pharmacovigilance activities if any – Missing information: Long term safety

Missing information: Long term safety	
Risk minimization measures	Routine risk minimization measures: Risk not presented in Labeling Legal status: Prescription should be initiated and supervised by physicians experienced in the management of MS (Restricted medical prescription in EU). Additional risk minimization measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Non-interventional long-term safety study (EU-PASS) OBS12753 in adults. Pediatric clinical study (EFC11759) (open label extension period).

EU: European Union; MS: Multiple Sclerosis; PASS: Post-Authorization Safety Study.

2.3. POST-AUTHORISATION DEVELOPMENT PLAN

2.3.1. Studies which are conditions of the marketing authorisation

There are no studies that are conditions of the marketing authorization or specific obligation of teriflunomide.

2.3.2. Other studies in post-authorisation development plan

Table 18 - Other studies in post-authorization development plan

Prospective cohort study of long-term safety of teriflunomide in MS patients in Europe (EU-PASS) OBS12753
Purpose of the study: To characterize the long term safety profile of teriflunomide and determine the incidence of adverse events of special interest in a real life setting: acute liver injuries, infections, interstitial lung disease and pancreatic effects, notably pancreatitis, serious opportunistic infections including PML, malignancies, peripheral neuropathy, cardiovascular events, potential off-label use in adults, renal failure, and death and in patients receiving concomitant other MS treatments.
Teriflunomide pregnancy exposure registry in the US/Canada OBS13499
Purpose of the study: To monitor reports of use and/or adverse events in pregnancy, and pregnancy outcomes.
International pregnancy exposure registry of teriflunomide OBS12751 (EU/ROW)
Purpose of the study: To monitor reports of use and/or adverse events in pregnancy, and pregnancy outcomes.
EFC11759 – Open label period of a multicenter, randomized, double blind, parallel group trial to evaluate efficacy, safety, tolerability and pharmacokinetics of teriflunomide in comparison to placebo followed by a long-term open label extension phase, in children and adolescents 10 to 17 years of age with MS with relapses
Purpose of the study: To characterize the safety profile of teriflunomide in children if use occurs in this age group

EU: European Union; HCP: Healthcare Professional; MS: Multiple Sclerosis; PASS: Post-Authorization Safety Study; PML: Progressive Multifocal Leukoencephalopathy; RMP: Risk Management Plan; ROW: Rest of the World; US: United States.

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