

**PATIENT ALERT CARD**

((Back cover))

**Contraception**

Do you currently use or take contraceptives?

Yes  No

If Yes, write the names of these here:

\_\_\_\_\_  
\_\_\_\_\_

Take this card to your doctor or your gynaecologist at your next visit and he/she will be able to advise you on whether you need to use additional or alternative contraceptive methods.

((Front cover))

**Important Safety Alerts for Patients taking Bosentan Mylan (bosentan)**

This card contains important information about Bosentan Mylan. Please read this card carefully before starting your treatment with Bosentan Mylan.

Your name: \_\_\_\_\_

Prescribing doctor: \_\_\_\_\_

If you have questions about Bosentan Mylan ask your doctor.

If you would like to address any question to the Marketing Authorisation Holder please contact the Mylan Medical Information team on

+44 (0) 1707 853000 (select option 1) or email: [info.uk@mylan.co.uk](mailto:info.uk@mylan.co.uk)

**Reporting of side effects:** If you get any side effects, talk to your doctor, pharmacist, dietitian or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at <http://www.mhra.gov.uk/yellowcard> . By reporting side effects, you can help provide more information on the safety of this medicine.

<input type="checkbox"/> Apr _____	<input type="checkbox"/> Aug _____	<input type="checkbox"/> Dec _____
<input type="checkbox"/> Mar _____	<input type="checkbox"/> Jul _____	<input type="checkbox"/> Nov _____
<input type="checkbox"/> Feb _____	<input type="checkbox"/> Jun _____	<input type="checkbox"/> Oct _____
<input type="checkbox"/> Jan _____	<input type="checkbox"/> May _____	<input type="checkbox"/> Sep _____

Your monthly liver blood test schedule: \_\_\_\_\_

Date of first monthly test: \_\_\_\_\_

**Remember to have your liver blood test every month. After an increase in dose, an additional test will be done after 2 weeks.**

Some patients taking Bosentan Mylan were found to have abnormal liver function tests. During treatment with Bosentan Mylan, your doctor will arrange for regular blood tests to check for changes in your liver function.

**Blood Test for Liver Function**

((inside 2))

\_\_\_\_\_ Date of first monthly test:

**Contraception**  
Birth control based on hormones – such as oral contraceptives or birth control pills, hormone injections, implants, or birth control skin patches don't reliably prevent pregnancy in women who are taking Bosentan Mylan: You need to use a barrier form of birth control – like a condom, diaphragm or vaginal sponge – in addition to any of these kinds of hormonal birth control. Be sure to discuss any questions you may have with your doctor or your gynaecologist – complete the details on the back of this card and take it to your doctor or gynaecologist at your next visit. You should have a pregnancy test before initiation of Bosentan Mylan and every month during the treatment even if you think that you are not pregnant.

**Pregnancy**  
Bosentan Mylan may harm the development of the foetus. Therefore, you must not take Bosentan Mylan if you are pregnant and you must also not become pregnant while taking Bosentan Mylan. Moreover, if you are suffering from pulmonary hypertension disease, the occurrence of a pregnancy can severely deteriorate the symptoms of your disease. If you suspect you may be pregnant, tell your doctor or gynaecologist.

**If you are a woman of child bearing age read this page carefully**

((inside 1))