PATIENT ALERT CARD

ALEXION
AstraZeneca Rare Disease

✚ **Important Safety Information for Patients Taking ULTOMIRIS® (ravulizumab)**

Ravulizumab can lower the ability of your immune system to fight infections, **especially meningococcal infection, which requires <u>immediate</u> medical attention**.

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If you experience any of the following symptoms, you should <u>immediately call your doctor or seek emergency medical care, preferably in a major emergency medical care centre</u>:

- headache with nausea or vomiting
- headache with a stiff neck or stiff back
- Headache and fever
- Fever
- Fever and rash
- Confusion
- Muscle aches with flu-like symptoms
- Eyes sensitive to light

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⚠️ **Get emergency medical care right away if you have any of these signs or symptoms and <u>show this card</u>.**

Keep this card with you at all times during treatment and for 8 months after your last ravulizumab dose. Your risk of meningococcal infection may continue for several months after your last dose of ravulizumab.

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Information for the Treating Doctor

⚠️ **This patient has been prescribed ravulizumab therapy, which increases the patient's susceptibility to meningococcal infection *(Neisseria meningitidis)* or other general infections.**

- Meningococcal infections may become rapidly life-threatening or fatal if not recognised and treated early
- **Evaluate immediately if infection is suspected and treat with appropriate antibiotics if necessary**
- Contact prescribing doctor (below) as soon as possible
- Report Adverse Events via the national reporting systems below:

United Kingdom Yellow Card website **www.mhra.gov.uk/yellowcard**

Ireland HPRA Pharmacovigilance website **www.hpra.ie**

For more information about ravulizumab, please refer to the full Summary of Product Characteristics or e-mail: **medinfo.EMEA@alexion.com**

In case of safety concerns, call **0800 028 4394** in UK, **1800 882 840** in Ireland

Patients receiving ravulizumab should carry this card at all times. Show this card to any doctor involved in your health care.

Patient name _____

Parent/Guardian contact information _____

Hospital where treated _____

Unique Patient Identifier _____

Doctor name _____

Doctor's telephone number _____