Other information	
Patient's Name:	
Doctor's Name:	

Doctor's Phone:

This Patient Reminder Card contains important safety information that you need to be aware of before and during treatment with Simponi.



Show this card to any doctor involved in your treatment.



41170

EM-163761 Date of Preparation: October 2024



Simponi Patient Reminder Card



4 Other information

- Please make sure you also have a list of all other medicines that you are using with you at any visit to a health care professional.
- Keep this card with you for 6 months after the last Simponi dose, since side effects may occur a long time after your last dose of Simponi.
- Read the Simponi package leaflet carefully before you start using this medicine.

SIDE 1/2
FRONT

1 Infections

When you are treated with Simponi, you might get infections more easily. Infections may progress more rapidly and may be more severe. In addition, some previous infections may reappear.

1.1 Prior to Simponi treatment:

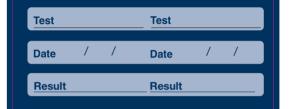
• Tell your doctor if you have an infection. You must not be treated with Simponi if you have tuberculosis (TB) or any other severe infection.

 You should be screened for TB. It is very important that you tell your doctor if you have ever had TB, or if you have been in close contact with someone who has had TB.

Ask your doctor to record the type and date of the last screening(s) for TB below:

2 Pregnancy and vaccinations

In case you have received Simponi while you were pregnant, it is important that you inform your baby's doctor about it before your baby receives any vaccine. Your baby should not receive a 'live vaccine', such as BCG (used to prevent tuberculosis) within 6 months after your last Simponi injection during pregnancy.



• Tell your doctor if you know or suspect you are a carrier of the hepatitis B virus.

1.2 During and after Simponi treatment:

 Seek medical attention immediately if you develop symptoms of an infection, such as fever, tiredness, (persistent) cough, shortness of breath, or flu-like signs, weight loss, night sweats, diarrhoea, wounds, dental problems and a burning feeling when urinating. **SIDE 2/2** (horizontal flipped) **BACK**



Electronic Signature Form

Code: EM-163761

Name: Simponi_Patient Reminder Card_No PI_Sept2024

Country: Ireland

Product: Simponi_IE

Distribution

Other

Method:

Audience: Patient

Project Owner: Michelle McDonald

Document Type: Educational Material

Promotional

Non-Promotional Content

Content:

I hereby certify that I have examined this material is in its final form and that, in my belief it is in accordance with all applicable Codes of Practice.

Signatory Approvals	
Signatories Approval	Barbara O'Leary EMEA Signatories 29-Aug-2024 06:22:49 GMT+0000