FRONT SIDE

This side will be visible when folded

This side will be visible when folded

INFECTIONS

Before treatment with Zessly

- Tell your doctor if you have an infection even if it is a very minor one
- 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 your last screening(s) for TB on the card

10

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

During treatment with Zessly

- Tell your doctor straight away if you have signs of an infection. Signs include a fever, feeling tired, (persistent) cough, shortness of breath, weight loss, night sweats, diarrhoea, wounds, dental problems, burning when urinating or 'flu-like' signs.

11

PREGNANCY, BREAST-FEEDING AND VACCINATIONS

- In case you have received Zessly while you were pregnant or if you are breast-feeding, 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 12 months after birth or while you are breast-feeding, unless your baby's doctor recommends otherwise.

12

Keep this card with you for 4 months after your last dose of Zessly, or in case of pregnancy for 12 months after the birth of your baby. Side effects may occur a long time after your last dose.

13

14

15

46373344

16

PATIENT REMINDER CARD

Zessly®
infliximab

SANDOZ

46373344

1

BACK SIDE

2

Name patient: _____

Name doctor: _____

Telephone number doctor: _____

3

This patient reminder card contains important safety information that you need to be aware of before and during treatment with Zessly.

Show this card to any doctor involved in your treatment.

Please read the Zessly 'Package Leaflet' carefully before you start using this medicine.

4

Date of Zessly therapy initiation: _____

Current administrations: _____

It is important that you and your doctor record the brand name and batch number of your medicine.

5

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

Test: _____

Date: _____

Result: _____

Test: _____

Date: _____

Result: _____

6

Please make sure you also have a list of all other medicines that you are using with you at any visit to a healthcare professional.

7

List of allergies:

_____

8

List of other medicines:

_____

9