



## Important Safety Information for Patients Taking Ultomiris<sup>®</sup> (ravulizumab)

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

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

- headache with nausea or vomiting
- headache and fever
- headache with a stiff neck or stiff back
- fever
- fever and rash
- confusion
- muscle aches with flu-like symptoms
- eyes sensitive to light



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

**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 weeks after your last dose of ravulizumab.

# Information for Healthcare Professionals

- This patient has been prescribed **Ultomiris (ravulizumab)**, which increases the patient's susceptibility to meningococcal infection (*Neisseria meningitidis*).
- All patients must be vaccinated at least 2 weeks prior to receiving ravulizumab. Patients who initiate ravulizumab less than 2 weeks after receiving meningococcal vaccine must receive appropriate prophylactic antibiotics until 2 weeks after vaccination.
- Patients must receive vaccination or revaccination according to current national vaccination guidelines for vaccination use.
- 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 physician (below) as soon as possible.

Report Adverse Events via HPRa Pharmacovigilance website [www.hpra.ie](http://www.hpra.ie). For more information about ravulizumab, please refer to the full Summary of Product Characteristics or e-mail: [medinfo.EMEA@alexion.com](mailto:medinfo.EMEA@alexion.com) In case of safety concerns, call 1800 882 840.

Patient name \_\_\_\_\_

Hospital where treated \_\_\_\_\_

Physician name \_\_\_\_\_

Tel. number \_\_\_\_\_

Ravulizumab Treatment Initiation Date: \_\_\_\_\_

## Meningococcal Vaccination information:

Vaccine Brand	Vaccine Serogroup	Dose Number	Date	Primary Series/ Booster Dose	Antibiotic prophylaxis received if ravulizumab is initiated less than 2 weeks after receiving vaccine
					<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes, start date: _____
					<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes, start date: _____
					<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes, start date: _____