SOLIRIS PATIENT CARD

ALEXION
AstraZeneca Rare Disease

Important Safety Information for Patients Taking SOLIRIS® (eculizumab)

SOLIRIS 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 with a stiff neck or back
- fever
- rash
- confusion
- severe muscle aches combined with flu-like symptoms
- sensitivity 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 3 months after your last SOLIRIS dose. Your risk of meningococcal infection may continue for several weeks after your last dose of SOLIRIS.

Information for Healthcare Professionals

- **This patient has been prescribed SOLIRIS (eculizumab), which increases the patient's susceptibility to meningococcal infection** *(Neisseria meningitidis)* **or other general infections**.
- All patients must be vaccinated at least 2 weeks prior to receiving SOLIRIS. Patients who initiate SOLIRIS less than 2 weeks after receiving meningococcal vaccine must receive appropriate prophylactic antibiotics until 2 weeks after vaccination.
- Patients must receive vaccination and 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. For more information about Soliris, please refer to the full Summary of Product Characteristics or e-mail: medinfo.EMEA@alexion.com
In case of safety concerns, call 1800 882 840

Patient name_____

Hospital where treated_____

Physician name _____

Tel. number _____

Vaccination date(s):

SOLIRIS Treatment Initiation Date:_____

Meningococcal Vaccination information:

Vaccine Brand	Vaccine Serogroup	Dose Number	Date	Primary Series/ Booster Dose	Antibiotic prophylaxis received if Soliris is initiated less than 2 weeks after receiving vaccine
					☐ Not Applicable ☐ Yes, start date:_____
					☐ Not Applicable ☐ Yes, start date:_____
					☐ Not Applicable ☐ Yes, start date:_____