SOLIRIS® PATIENT CARD



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.



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

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 center:

- headache with nausea or vomiting
- headache and fever
- headache with a stiff neck or stiff back
- fever

- · fever and rash
- confusion
- severe muscle aches combined with flu-like symptoms
- · eyes sensitive to light

Keep this card with you at all times during treatment and for 3 months after your last SOLIRIS® dose. Show this card to any healthcare professional involved in your or the child's treatment.

The risk of meningococcal infection may continue for several weeks after the last dose of SOLIRIS*.

Information for Supervising Individuals

Meningitis can become life-threatening within hours.

If you notice, or the child complains about ANY of the following signs or symptoms, seek medical attention immediately. Meningitis and severe blood infection (sepsis) symptoms for infants and children:

COMMON SIGNS AND SYMPTOMS:

- Fever, cold hands and feet
- Fretful, dislikes being handled
 Severe muscle pain
 - Stiff neck, dislikes bright lights
- Drowsy, floppy, unresponsiveSevere headache
 - Rapid breathing or grunting
- Unusual crv. moaning

- Confusion
- Pale, blotchy skin; spots/rash
 Tense, bulging fontanelle (soft
- Tense, building fontanelle (sor spot)
- Irritability
 - Refusing food and vomiting
- Convulsions/seizures

Information for Healthcare Professionals

Singapore Package Insert (PI) or e-mail: MedInfo.SG@astrazeneca.com.

PatientSafetv.SG@astrazeneca.com.

- This patient has been prescribed SOLIRIS* (eculizumab), which increases the patient's susceptibility to meningococcal infection (Neisseria meningitidis) or other general infections.
- Appropriate vaccination against meningococcal infections should have been administered to the patient 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 or revaccination according to current national vaccination guidelines for vaccination use.
- Despite the vaccination, the patient may still be susceptible to meningococcal infections or other general infections. Meningococcal infections may become rapidly life-threatening or fatal if not recognized and treated early.
- Please monitor the emergence of early signs and symptoms of meningococcal infection, evaluate immediately if infection is suspected and treat with appropriate antibiotics if necessary. The prescribing physician (below) should be contacted as soon as possible.

For more information about SOLIRIS®, please refer to the full

In case of safety concerns, call +65 6812 4700 or e-mail:

Patient name	
Parent/Guardian information (if applicable)	
Hospital where patient is treated	
Physician name	
Tel. number	

Date of Vaccination (DD/MMM/YYYY)	Brand	Serotypes A/C/W/Y



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