PATIENT SAFETY CARD

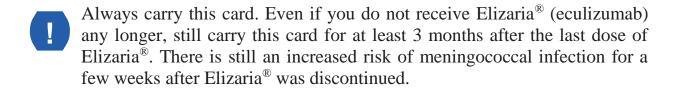## Important information for patients receiving Elizaria® (eculizumab)

Elizaria® may suppress the protective function of your immune system and limit its ability to fight infections, specifically **meningococcal infection** that requires **urgent medical care.**

Immediately contact your physician, or emergency medical service, or go to a hospital if you have one of the following symptoms:

- ✓ **Headache with nausea or vomiting**
- ✓ **Headache combined with a stiff neck or back**
- ✓ **Fever (a high body temperature)**
- ✓ **Headache and fever**
- ✓ **Fever and rash**
- ✓ **Confusion**
- ✓ **Muscle ache combined with flu-like symptoms**
- ✓ **Sensitivity to light**

Always carry this card. Even if you do not receive Elizaria® (eculizumab) any longer, still carry this card for at least 3 months after the last dose of Elizaria®. There is still an increased risk of meningococcal infection for a few weeks after Elizaria® was discontinued.

Elizaria® was developed by GENERIUM JSC.

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Information for healthcare professionals

This patient is receiving Elizaria® (eculizumab) that boosts susceptibility to meningococcal (*Neisseria meningitidis*) and other systemic infections.

- If not timely detected, meningococcal infection may rapidly cause a life-threatening condition. If you start the treatment of meningococcal infection on time, it will save the patient's life.
- Examine the patient immediately for a suspected meningococcal infection, and prescribe relevant antibiotic therapy, if required.
- Contact the patient's physician as soon as possible.

For more details on Elizaria®, read the Package Leaflet. If you still have questions or if an adverse reaction has occurred, please contact GENERIUM JSC at **+7 (495) 988-47-94,** e-mail: **pv@generium.ru** or see the product webpage at **www.generium.ru**

The patient receiving Elizaria® must always carry this card. Show this card to any physician delivering medical care.

Patient's full name _____

Physician's full name _____

Physician's telephone number _____

Meningococcal vaccination date _____