ULTOMIRIS PATIENT CARD

Important Safety Information for Patients Taking ULTOMIRIS (ravulizumab)

ULTOMIRIS 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 ULTOMIRIS dose. Your risk of meningococcal infection may continue for several weeks after your last dose of ULTOMIRIS.

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 ULTOMIRIS. Patients who initiate ULTOMIRIS 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.

For more information about ULTOMIRIS, please refer to the full Israeli approved Prescribing Information.
In case of safety concerns, call Tel: 1-800-250-255 or e-mail to: drugsafety@neopharmgroup.com

Patient name:_____

Hospital where treated:_____

Physician name:_____

Tel. number:_____

Vaccination date(s):_____

ULTOMIRIS Treatment Initiation Date:_____

Meningococcal Vaccination Information:

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

ALEXION AstraZeneca Rare Disease

ULTOMIRIS™

NEOPHARM ISRAEL NEOPHARM GROUP

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This document was last approved in June 2025 by the Israeli Ministry of Health (MOH).

Reporting of side effects: Side effects can be reported to the Ministry of Health by clicking on the link "Report Side Effects of Drug Treatment" that appears on the homepage of the Ministry of Health's website (www.health.gov.il) which links to a portal, or by the following link: https://sideeffects.health.gov.il, or e-mail: drugsafety@neopharmgroup.com.
In case of safety concerns, call 1-800-250-255