

INFORMATION FOR THE PHYSICIAN

This patient was prescribed Soliris (eculizumab) therapy. Soliris is an antibody that inhibits terminal complement activation. Due to its mechanism of action, the use of Soliris increases the patient's susceptibility to meningococcal infection (*Neisseria meningitidis*). Before beginning treatment, this patient should have received a meningococcal vaccine, but may still be susceptible to meningococcal infections or **other general infection**. You should carefully monitor the emergence of early signs of meningococcal infection, evaluate immediately if infection is suspected and treat with antibiotics if necessary. You should inform your patient of these signs and symptoms and to seek medical care immediately. For more information about Soliris, please refer to the full prescribing information. In case of safety concerns, visit: www.soliris.net/soliris.pdf, or call **1.888.SOLIRIS (1.888.765.4747)**.

Patients receiving Soliris® should carry this card at all times. This safety card contains important safety information that you need to be aware of before you are given Soliris and during your treatment with Soliris. Show this card to any doctor involved in your treatment.

INFORMATION FOR THE PATIENT

Soliris treatment may reduce your natural resistance to infections, **especially meningococcal infection, which requires immediate medical attention.** If you experience any of the following symptoms, you should **immediately** call your doctor.

(Phone: _____)

- Headache with nausea and/or vomiting
- Headache and fever

- Headache with a stiff neck or back
- Fever of 103°F (39.4°C) or higher
- Fever and a rash
- Confusion
- Severe muscle aches with flu-like symptoms
- Sensitivity to light

If you cannot reach your doctor, go to an emergency room **immediately** and show them this card.

Even if you stop using Soliris, keep this card with you for 3 months after the last Soliris dose, since side effects may occur a long time after your last dose of Soliris.

Patient Name _____

Physician Name _____



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