

Patient Card

Please carry this card with you at all times.
Show it to any healthcare provider who sees you
and when you go to any hospital.

Tell any healthcare provider who sees you that you are being treated with Tepkinly™ (epcoritamab).



If you get any side effects following your treatment with epcoritamab, please talk to your doctor or nurse.

Be careful while driving, cycling, or using heavy or potentially dangerous machines. If you have any of the symptoms described on this card, you should avoid these activities.

For additional information please refer to the Patient Leaflet.

- ▼ You may report side effects to AbbVie via the mailbox: PVIsrael@abbvie.com. In addition, you may report side effects to the Ministry of Health via the side effects portal in the link: sideeffects.health.gov.il.

Information for Patients

Epcoritamab may cause side effects which can be serious.

Call your doctor or get emergency help immediately if you have any of the following symptoms:

The below may be signs or symptoms of CRS (cytokine release syndrome) - an immune response:

- Fever (38°C or higher)
- Dizziness or light-headedness
- Chills
- Fast heartbeat
- Difficulty/trouble breathing
- Headache
- Vomiting

The below may be symptoms of ICANS (immune effector cell-associated neurotoxicity syndrome) - possible effects on the nervous system:

- Difficulty speaking or writing
- Drowsiness
- Confusion/disorientation
- Muscle weakness
- Seizures
- Memory loss

Information for Healthcare Providers

- This patient is being treated with epcoritamab, a T-cell engaging bispecific antibody.
- Following treatment with epcoritamab, cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS) may occur, which may be serious if not treated promptly. CRS may occur several hours or days after epcoritamab administration, usually after the first full dose in Cycle 1. ICANS may occur several days or weeks after epcoritamab administration.
- **Contact the patient's treating physician immediately for further information (contact details below).**

Patient [Name/ID Number]

Name of epcoritamab treating physician

Treating physician's phone number
(during office hours)

Treating physician's emergency care
phone number (after office hours)

Next of kin emergency contact information

Date of first dose of epcoritamab


This patient card and content were checked and approved by the Ministry of Health in April 2024, V.1.0.

Version 1.0, April 2024

SH106577 CARD ENG V1

Follow Up Sheet

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