During treatment with IXIFI®

 Tell your physician straight away if you get new or worsening signs of heart failure during treatment with IXIFI®

Signs include shortness of breath, swelling of the feet or changes in your heartbeat.

Pregnancy and Vaccinations

 If you received IXIFI® during your pregnancy, your baby may have a higher risk for getting an infection.

In case you have received this medicine while you were pregnant, it is important that you inform the medical staff about it before your baby receives any vaccine. Your baby must not receive a "live vaccine" within the first 6 months after birth, and BCG vaccine (intended to prevent tuberculosis) within the first 12 months after birth, unless your doctor recommends otherwise. In case of pregnancy, keep this card for at least 12 months after birth.

At any visit to a healthcare professional, please make sure to bring a list of all other medicines that you are using.

Keep this card with you for 4 months after receiving your last dose of IXIFI®.

Side effects may occur a long time after receiving your last dose.

REPORTING OF SUSPECTED

Adverse events can be reported directly to the Ministry of Health using the

adverse events reporting portal which is available on the home page of the Ministry of Health website: www.health.gov.il or by this link: https://sideeffects.health.gov.il/

Side effects can also be reported to Pfizer by email: isr.aereporting@pfizer.com

This card was approved according to the guidelines of the Ministry of Health on December 2022

Patient Safety Information Card

IXIFI®
100 mg
Infliximab

Show this card to any physician involved in your treatment



Tel: 09-9700500, Fax: 09-9700501

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Patient Safety This Patient Safety Information Card contains **Information Card** important safety information that you need to be aware **IXIFI**® of before and during treatment with IXIFI®. 100 mg Patient: ____ (Infliximab) Physician: _____ Telephone no.: _____ It is important that you Show this card to any physician involved in your treatment

Dates of administration in the current cycle: When starting a new card, please keep this card for an extra four months should you need to reference it. Read the IXIFI® 'Patient Leaflet' carefully before you start using this medicine. Ask your physician to record the type and date Result: \

List of known sensitivities (allergies): List of other medicines you are taking: I Infections I **Before using IXIFI®** Tell your physician if you have any infection. It is very important that you tell your physician if vou have ever had tuberculosis (TB), or if you have been in close contact with someone

who has or has had TB. tired, cough which may Your physician will test be persistent, shortness you to see if you have of breath, flu-like TB. Ask your physician to symptoms, weight loss, record on your card the night sweats, diarrhoea, type and date of your last TB screening test. Tell your physician if you have hepatitis B or if you know or suspect that you are a carrier of the virus that causes this disease.

wounds, collection of pus in the gut or around the anus (abscess), dental burning problems or sensation when urinating. | Heart Problems | Before using IXIFI® Tell your physician if you have any heart problems such as heart failure.

and your physician record of the last tuberculosis (TB) **During treatment with IXIFI®** the brand name and batch screening test below: Tell vour physician number of your medication. Test: \ straight away if you have Date of IXIFI® therapy initiation: Date: ______ signs of an infection. Signs include: fever, feeling