

70mm

200mm

**GOBIVAZ® Patient Reminder Card**

This Patient Reminder Card contains important safety information that you need to be aware of before and during treatment with GOBIVAZ.

Show this card to any doctor involved in your treatment.

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**1. Infections**

When you are treated with GOBIVAZ, you might get infections more easily. Infections may progress more rapidly and may be more severe. In addition, some previous infections may reappear.

**1.1 Prior to GOBIVAZ treatment:**

- Tell your doctor if you have an infection. You must not be treated with GOBIVAZ if you have tuberculosis (TB) or any other severe infection.
- You should be screened for TB. It is very important that you tell your doctor if you have ever had TB, or if you have been in close contact with someone who has had TB. Ask your doctor to record the type

and date of the last screening(s) for TB below:

Test \_\_\_\_\_  
Date \_\_\_\_\_  
Result \_\_\_\_\_

Test \_\_\_\_\_  
Date \_\_\_\_\_  
Result \_\_\_\_\_

- Tell your doctor if you know or suspect you are a carrier of the hepatitis B virus.

**1.2 During and after GOBIVAZ treatment:**

- Seek medical attention immediately if you develop symptoms of an infection, such as fever, tiredness, (persistent) cough, shortness of breath, or flu-like signs, weight loss, night sweats, diarrhoea, wounds, dental problems and a burning feeling when urinating.

CMO code  
AW-MG-0000068 (v0.3)

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**2. Pregnancy and vaccinations**

In case you have received GOBIVAZ while you were pregnant, it is important that you inform your baby's doctor about it before your baby receives any vaccine. Your baby should not receive a 'live vaccine', such as BCG (used to prevent tuberculosis) within 6 months after your last GOBIVAZ injection during pregnancy.

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**3. Dates of GOBIVAZ treatment**

1st administration: \_\_\_\_\_

Subsequent administrations:

\_\_\_\_\_

\_\_\_\_\_

It is important that you and your doctor record the brand name and batch number of your medicine.

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**4. Other information**

Patient's Name: \_\_\_\_\_


Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

- Please make sure you also have a list of all other medicines that you are using with you at any visit to a health care professional.

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- Keep this card with you for 6 months after the last GOBIVAZ dose, since side effects may occur a long time after your last dose of GOBIVAZ.
- Read the GOBIVAZ package leaflet carefully before you start using this medicine.



**AMS Component No.:** **AW-MG-0000068 (v0.3)**

**Product Description:** **GOBIVAZ solution for injection in pre-filled pen**

**Component:** Medication Guide

**Product Code:** 106511 - 106512

**Country:** Ireland

**Vendor Name:** Ivers-Lee AG

**Proof Number:** **0.3**

**Revision Date:** 13-Aug-2025

**Revised by:** NRV

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**Dimension:** 200 x 70 mm

**Commodity No.:** N/A

**Pharma Code:** N/A

**Print Colours:** Black

**Non-Print Colours:** Cutter & Spec box

**Min. Font Size:** 8 pt

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**PAGE 1 OF 1**