Adverse Events reporting

Please report suspected side effects to the MHRA through the Yellow Card scheme, via the Yellow Card website www.mhra.gov.uk/vellowcard, the free Yellow Card app available in Google Play Store, and also some clinical IT systems for healthcare professionals. Alternatively, you can call 0800 731 6789 for free. Monday to Friday between 9am and 5pm.

Adverse Events reporting (continued)

By reporting side effects, you can help provide more information on the safety of this medicine.

Side effects should also be reported to Sanofi: Tel: 0800 0902314. email: uk-druasafetv@sanofi.com

INFORMATION FOR HEALTHCARE PROFESSIONALS

- CABLIVI is indicated for treatment of acquired thrombotic thrombocytopenic purpura in conjunction with plasma exchange and immunosuppression.
- CABLIVI inhibits the interaction of von Willebrand Factor (vWF) with platelets.
- CABLIVI may increase the risk of bleeding, including major bleeding. Cases of major bleeding, including potentially life-threatening and fatal bleeding, have been reported, mainly in patients using concomitant anti-platelet agents or anticoagulants.
- CABLIVI should be used with caution in patients with underlying conditions associated with a bleeding risk. In case of significant bleeding requiring treatment, vWF/FVIII concentrate
- may be used to correct hemostasis.
- CABLIVI treatment should be stopped 7 days before elective surgery.

Please refer to the local label for full information.

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PATIENT ALERT CARD

Cablivi caplacizumab

Patient information	Prescriber information	Treatment information	Information for patients
Name:	FOR MORE INFORMATION OR IN CASE OF EMERGENCY SITUATIONS, PLEASE CONTACT MY DOCTOR:	(To be completed by your physician)	 Always keep this card with you while on CABLIVI treatment and for one week after your last dose. Taking CABLIVI may increase your risk of bleeding (including potentially life-threatening and fatal bleeding). Please contact your doctor immediately if you develop excessive bruising, bleeding or experience any unusual symptoms, such as headache, shortness of breath, tiredness, dizziness, lightheadedness or fainting during treatment. Present this card to your healthcare professional (e.g. physician, dentist or surgeon) before any medical treatment or intervention. Please read the CABLIVI Package Leaflet carefully.
IN CASE OF EMERGENCY, PLEASE CONTACT:	Name:	On (date)	
Name:	Phone number:	Thrombocytopenic Purpura (aTTP).	
Phone number:		(to be completed by your physician or yourself if you self inject CABLIVI)	
		Actual end date of treatment	