

## Information for the patient

- Ô This card contains important safety information that you should know before you are given CAPRELSA and during treatment with CAPRELSA
- Ô Show this card to any doctor involved in your treatment. If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly to:  
The Medicines Authority Post-licensing Directorate, Sir Temi Żammit Buildings, Malta Life Sciences Park, San Ġwann SĠN 3000  
MALTA Website: [www.medicinesauthority.gov.mt/adrportal](http://www.medicinesauthority.gov.mt/adrportal) email : [postlicensing.medicinesauthority@gov.mt](mailto:postlicensing.medicinesauthority@gov.mt)  
By reporting side effects you can help provide more information

CAPRELSA can cause a change in the electrical activity of your heart called **QTc prolongation**, which can cause irregular heartbeats and life-threatening changes in heart rhythm.

A syndrome of the brain called **posterior reversible encephalopathy syndrome (PRES; also known as reversible posterior leukoencephalopathy syndrome [RPLS])** can occur while taking CAPRELSA.

**During CAPRELSA treatment, telephone your doctor or tell your carer immediately if you:**

- Ô Feel faint, dizzy or feel your heart beating irregularly, as these may be symptoms related to QTc prolongation
- Ô Experience headaches, seizures, convulsions, confusion, problems seeing or problems thinking, as these may be symptoms of PRES

Do not stop taking CAPRELSA, or change your dose, unless told to by your doctor.

If you take too many CAPRELSA tablets, telephone your doctor immediately.

# Patient Alert

## Card: CAPRELSA® ▼ (vandetanib)

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See [www.website.com](http://www.website.com) for how to report side effects

SANOI GENZYME 

See the CAPRELSA Package Leaflet for more information

Please make sure that you have a list of all your other medicines with you at any visit to your doctor

Patient's name: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_  
Doctor's telephone number: \_\_\_\_\_  
Start date of CAPRELSA treatment: \_\_\_\_\_

