

Keep track of your vaccinations

Work with your health care provider to understand which vaccines you need as you start FABHALTA® (iptacopan). This card can help you record them. Bring it to every vaccination appointment.

Share this card with your vaccine provider. They'll fill it out.

First Name

Middle Initial

Last Name

Date of Birth

Vaccine	Brand & Lot #	Date	Vaccination Site
Quadrivalent Meningococcal Conjugate (MenACWY)			
Serogroup B Meningococcal (MenB) Doses must all be the same brand.			
Pentavalent Meningococcal Conjugate (MenACWY-TT/MenB-FHbp)			
Pneumococcal			

Please see full **Prescribing Information**, including **Boxed WARNING** and **Medication Guide**.

Keep this card for your records.
Call **833-99FABHA** (833-993-2242) with any questions.



FABHALTA®
(iptacopan) 200 mg capsules

To be filled out by vaccine provider (if applicable):

You are due for your next _____	dose on _____
Vaccine name	Date/Time
You are due for your next _____	dose on _____
Vaccine name	Date/Time
You are due for your next _____	dose on _____
Vaccine name	Date/Time
You are due for your next _____	dose on _____
Vaccine name	Date/Time
You are due for your next _____	dose on _____
Vaccine name	Date/Time

Please see full Prescribing Information, including Boxed WARNING and Medication Guide.

Novartis Patient Support offers support to help you locate vaccinations:

Please call **833-99FABHA** (833-993-2242) Monday-Friday, 8:00 AM-8:00 PM ET, excluding holidays, for more information. Limitations apply.



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