

## Frequently asked questions



### What should I do if I forget an injection?

If you have forgotten an injection, inject yourself as soon as possible. Do not wait until the next scheduled dose. The timing of future injections should then be calculated from the day you injected this dose and not based on the original schedule.<sup>2</sup>

### What should I do if I administer a dose before my scheduled injection date?

If you have injected more than you should or you've injected it sooner than the instructions on your doctor's prescription say you should, speak to your doctor as soon as possible.<sup>2</sup>

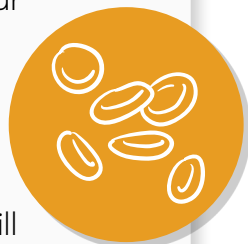


### What should I do if the KESIMPTA® Sensoready® pen doesn't work?

If you think your pen is not working correctly or are unsure whether you have correctly injected using the pen, please contact your pharmacist.<sup>2</sup>

## What should I do if I stop using KESIMPTA®?

Do not stop taking your treatment or change your dose without talking with your doctor. Some side effects can be related to a low level of B cells in your blood. After you stop treatment your blood level of B cells will gradually increase to normal. This can take several months. During this time some side effects described in this leaflet may still occur.<sup>2</sup>



## What should I do if there is a spot of blood at the injection site?

There may be a small amount of blood at the injection site. You can press a cotton ball or gauze over the injection site and hold it for 10 seconds. Do not rub the injection site. You may cover the injection site with a small adhesive bandage, if needed.<sup>2</sup>



## How will I know if my medicine is working?

KESIMPTA® has been shown in studies to reduce the number of relapses and slow progression of the disease in patients with RMS. It is important you discuss your symptoms or any concerns with your doctor, nurse or pharmacist.<sup>2</sup>



# Contact information



## My healthcare team's contact details:

My doctor's name: .....

My doctor's email: .....

My doctor's phone number: .....

My doctor's address: .....

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My nurse's name: .....

My nurse's email: .....

My nurse's phone number: .....

My nurse's address: .....

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My pharmacist's name: .....

My pharmacist's email: .....

My pharmacist's phone number: .....

My pharmacist's address: .....

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**Always contact your doctor, nurse or local Community pharmacist if you have any questions about your prescription, medicine or you would like any other advice.**