

MY PLANNER

 plegridy.
(peginterferon beta-1a)

Welcome to **PLEGRIDY**[®] (peginterferon beta-1a)

The treatment for relapsing MS you take once every 2 weeks

You are receiving this planner because you and your doctor have decided that taking PLEGRIDY is the next step in your journey to help fight your relapsing multiple sclerosis (MS).

You can track your treatment with PLEGRIDY—the FIRST interferon that is dosed once every 2 weeks—right here. So, let's get started!

What is PLEGRIDY[®] (peginterferon beta-1a)?

PLEGRIDY is a prescription medicine used to treat relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease in adults.

It is not known if PLEGRIDY is safe and effective in people under 18 or over 65 years of age.

If you have any questions, call a
Biogen Support Coordinator at 1-800-456-2255.

This planner will help you:



Discuss key
questions with
your doctor



Set goals to
discuss with your
healthcare team
and loved ones



Track your
injection date,
time, and
location



Journal your thoughts and feelings along the way

Important Safety Information

Who should not take PLEGRIDY?

- **Do not take PLEGRIDY if you** are allergic to interferon beta or peginterferon, or any of the other ingredients in PLEGRIDY

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).



Questions to ask your doctor

As you begin your treatment with PLEGRIDY[®] (peginterferon beta-1a), it is normal to have questions. Your doctor is your best source of information about relapsing MS and your experience with PLEGRIDY. He or she can give you the latest information about the effectiveness and safety of PLEGRIDY.

If you would like to start a discussion with your doctor, below and to the right is a list of sample questions you may want to ask. You can also write down some of your own thoughts in the space provided. Then, bring your questions to your next appointment so you feel comfortable that all of your questions are being answered.

- How will I know if PLEGRIDY is working?

- What are the potential side effects of PLEGRIDY?

Important Safety Information

What is the most important information I should know about PLEGRIDY?

PLEGRIDY can cause serious side effects, including:

- **Liver problems, or worsening of liver problems, including liver failure and death.** Symptoms may include yellowing of your skin or the white part of your eye, nausea, loss of appetite, tiredness, bleeding more easily than normal, confusion, sleepiness, dark colored urine, and pale stools. During your treatment with PLEGRIDY you will need to see your healthcare provider regularly. You will have regular blood tests to check for these possible side effects

If you have any questions, call a

Biogen Support Coordinator at 1-800-456-2255.

- Who should I call to learn how to inject PLEGRIDY?

- How often should I follow up with you while on PLEGRIDY?

- While on PLEGRIDY, when should I call my primary care doctor vs my neurologist?

- While on PLEGRIDY, how often will I need to get lab tests evaluated?

- Are there support services available for PLEGRIDY?

- Are there any options to help me cover the cost of PLEGRIDY?

- Additional questions

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).



How do you feel today?

Before you begin your PLEGRIDY[®] (peginterferon beta-1a) injections, and throughout your treatment journey, it's a good idea to monitor how you are feeling. Remember that you and your healthcare team work together! It's important to tell them how you feel so you can partner to help manage your relapsing MS.

Take a moment to fill out the information below.

- How are you feeling physically?

- How are you feeling emotionally?

- What medications are you currently taking?
(including prescription and nonprescription, vitamins, and herbal supplements)

- Are there any new symptoms you'd like to discuss with your doctor?

- Do you have any additional questions* for your doctor?

*See pages 4-5 for a list of sample questions you may want to ask your doctor.



Are you keeping track of your goals?

Every person's journey with relapsing MS is different. So, it's important to set and keep track of your individual goals. Tracking goals may help you and your healthcare team manage your relapsing MS together. This page is a place for you to write down your hopes and plans, including goals related to your treatment with PLEGRIDY.

Take a moment now to create some goals for yourself.

- What are your goals?

- What are your goals as they relate to relapsing MS?

- What are your goals with PLEGRIDY?
(eg, I want to be well educated about my therapy)

Important Safety Information

What is the most important information I should know about PLEGRIDY?

PLEGRIDY can cause serious side effects, including: (cont'd)

- **Depression or suicidal thoughts.** Symptoms may include new or worsening depression (feeling hopeless or bad about yourself), thoughts of hurting yourself or suicide, irritability (getting upset easily), nervousness, or new or worsening anxiety

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

Treatment reminders

Think about the ways in which you remind yourself about important events or doctor visits and dinner plans. Some people like to set reminders in their smartphone, while others prefer to write down their reminders on paper. Take a moment now to commit to a PLEGRIDY[®] (peginterferon beta-1a) treatment reminder plan that works for you.

- I will enter my next 4 injections in my smartphone, using the calendar or reminder app. At the last reminder, I will include a note to schedule my next 4 injections.
- I will pencil my next 4 injections into my calendar or appointment book. At the last reminder, I will write a note to schedule my next 4 injections.
- I will commit to setting treatment reminders another way by:

Whether you set reminders electronically or on paper, pick a friend or family member who can help remind you of your upcoming injections. Give them a call, text, or email today so they can help you plan for PLEGRIDY.

If you have any questions, call a
Biogen Support Coordinator at 1-800-456-2255.

Get ready to begin your treatment

To prepare for upcoming injections, make sure you have alcohol wipes, gauze pads, and adhesive bandages.

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).


How should I use PLEGRIDY® (peginterferon beta-1a)?

- Use PLEGRIDY exactly as your healthcare provider tells you. A healthcare provider should show you how to inject your PLEGRIDY before you use it for the first time
- When you use PLEGRIDY for the first time, your healthcare provider may tell you to slowly increase your dose
- If you are prescribed PLEGRIDY for injection under the skin (subcutaneous injection):
 - You should use a PLEGRIDY Starter Pack to slowly adjust your dose when you begin treatment
 - Inject PLEGRIDY under the skin of your stomach (abdomen), back of upper arm, or thigh 1 time every 14 days
- If you are prescribed PLEGRIDY for injection into the muscle (intramuscular injection):
 - You should use a PLEGRIDY Titration Kit to slowly adjust your dose when you begin treatment
 - Inject PLEGRIDY into your thigh 1 time every 14 days
- If your healthcare provider changes where you are injecting PLEGRIDY (under the skin or into the muscle), you do not need to slowly increase your dose again
- Change (rotate) the site you choose with each injection to help decrease the chance that you will have an injection site reaction. **Do not** inject into an area of the body where the skin is irritated, reddened, bruised, infected, or scarred in any way
- Always use a new, PLEGRIDY prefilled pen or new, unopened single-dose prefilled syringe for each injection

Treatment Journal

Use these pages to track each PLEGRIDY injection. This is also a place for you to note what you did before and after every dose. Please be sure to review your injection training guide before injecting with PLEGRIDY.

See below for an example of how to fill out your treatment journal.

<p>Date of injection: <u>8 / 15</u></p> <p>Time of injection: <u>7 : 30</u> AM (PM)</p> <p>What did you use to inject?</p> <p><input checked="" type="checkbox"/> Subcutaneous Pen</p> <p><input type="checkbox"/> Subcutaneous Prefilled Syringe</p> <p><input type="checkbox"/> Intramuscular Prefilled Syringe</p> <p>Before injecting, I:</p> <p><input checked="" type="checkbox"/> Drank plenty of water</p> <p><input checked="" type="checkbox"/> Took an over-the-counter pain and fever reducer at <u>6 : 45</u> AM (PM)</p> <p><input checked="" type="checkbox"/> Let PLEGRIDY come to room temperature for at least 30 minutes</p> <p><input type="checkbox"/> Other _____</p> <p>After injecting, I:</p> <p><input checked="" type="checkbox"/> Drank plenty of water</p> <p><input checked="" type="checkbox"/> Took an over-the-counter pain and fever reducer at <u>10 : 45</u> AM (PM)</p> <p><input checked="" type="checkbox"/> Placed the pen/syringe in a sharps disposal container</p> <p><input type="checkbox"/> Other _____</p> <p>Other notes about this injection:</p> <p>_____</p>	<p>Site/location of subcutaneous injection:</p> <ul style="list-style-type: none"> • Thigh (L/R) • Stomach (L/R) • Back of upper arm (L/R) <p>Site/location of intramuscular injection:</p> <ul style="list-style-type: none"> • Thigh (L/R) 
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Dose



If you are starting PLEGRIDY for the first time, dose 1 and dose 2 may be your titration, or starter, doses. Starting with dose 3, be sure to use the Administration Dose Pack.

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Be sure to allow 30 minutes for your pen or syringe to come to room temperature before injecting.

Dose



Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Injection site reactions include redness, pain, itching or swelling at the place where your injection was given.

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Many people who use PLEGRIDY have flu-like symptoms, especially early in the course of therapy. Flu-like symptoms may include headache, muscle and joint aches, fever, chills, or tiredness.

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

To help manage flu-like symptoms, talk to your doctor about taking over-the-counter pain and fever reducers (before and/or after you inject PLEGRIDY). Drink plenty of water on the days around your injection, including the day of.

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Do not inject into an area of the body where the skin is irritated, reddened, bruised, infected, or scarred in any way.

If you have any questions, call a
Biogen Support Coordinator at 1-800-456-2255.

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

3 months of
PLEGRIDY® (peginterferon beta-1a):
**how are
you feeling?**

Now that you've been taking PLEGRIDY for 3 months, let's check in on how you feel. As you continue on your journey with relapsing MS, you may have different symptoms and emotions. It's a good idea to record everything you remember, so you can keep your healthcare team informed.

Take a moment to fill out the information below. Then, bring it to your next doctor's appointment.

- How are you feeling physically?

- How are you feeling emotionally?

- What medications are you currently taking?
(including prescription and nonprescription, vitamins,
and herbal supplements)

- Are there any new symptoms you'd like to discuss with your doctor?

- Do you have any additional questions* for your doctor?

*See pages 4-5 for a list of sample questions you may want to ask your doctor.

If you have any questions, call a
Biogen Support Coordinator at 1-800-456-2255.

3 months of treatment is a big step in your journey!

Biogen Support Coordinators can answer questions you may have about treatment and insurance, and can connect you with additional resources.

Get support today

Call **1-800-456-2255** Monday-Friday from
8:30 AM to 8 PM ET. Hablamos español.

Please see Important Safety Information on pages 47-51
and accompanying full [Prescribing Information](#),
[Medication Guide](#), and [Instructions for Use](#).

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Many people who use PLEGRIDY have flu-like symptoms, especially early in the course of therapy. Flu-like symptoms may include headache, muscle and joint aches, fever, chills, or tiredness.

If you have any questions, call a
Biogen Support Coordinator at 1-800-456-2255.

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Do not inject into an area of the body where the skin is irritated, reddened, bruised, infected, or scarred in any way.

Please see **Important Safety Information** on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Be sure to allow 30 minutes for your pen or syringe to come to room temperature before injecting.

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Injection site reactions include redness, pain, itching or swelling at the place where your injection was given.

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Do not inject into an area of the body where the skin is irritated, reddened, bruised, infected, or scarred in any way.

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Talk to your doctor about taking over-the-counter pain and fever reducers (before and/or after you inject PLEGRIDY). Drink plenty of water on the days around your injection, including the day of.

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

6 months of
PLEGRIDY® (peginterferon beta-1a):
**how are
you feeling?**

Congratulations on reaching 6 months of treatment with PLEGRIDY!
Let's check in again on how you feel. As you know, everyone's journey
with relapsing MS is different, and this journal is all about you.

**Take a moment to fill out the information below. Then, bring it
to your next appointment.**

- How are you feeling physically?

- How are you feeling emotionally?

- What medications are you currently taking?
(including prescription and nonprescription, vitamins,
and herbal supplements)

- Are there any new symptoms you'd like to discuss with your doctor?

- Do you have any additional questions* for your doctor?

*See pages 4-5 for a list of sample questions you may want to ask your doctor.

If you have any questions, call a
Biogen Support Coordinator at 1-800-456-2255.

6 months of treatment is an important milestone!

Congratulations, and keep up the good work as your
journey continues. If you have any questions,
call **Biogen Support Services** at **1-800-456-2255**.

Please see Important Safety Information on pages 47-51
and accompanying full [Prescribing Information](#),
[Medication Guide](#), and [Instructions for Use](#).

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Injection site reactions include redness, pain, itching or swelling at the place where your injection was given.

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Rotate the injection site you choose with each injection. After your injection, gently massage the injection area.

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

Dose 15

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Be sure to allow 30 minutes for your pen or syringe to come to room temperature before injecting.

Dose 16

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Talk to your doctor about taking over-the-counter pain and fever reducers (before and/or after you inject PLEGRIDY). Drink plenty of water on the days around your injection, including the day of.

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Rotate the injection site you choose with each injection. After your injection, gently massage the injection area.

If you have any questions, call a
Biogen Support Coordinator at 1-800-456-2255.

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Injection site reactions include redness, pain, itching or swelling at the place where your injection was given.

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Do not inject into an area of the body where the skin is irritated, reddened, bruised, infected, or scarred in any way.

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Be sure to allow 30 minutes for your pen or syringe to come to room temperature before injecting.

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Rotate the injection site you choose with each injection. After your injection, gently massage the injection area.

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Injection site reactions include redness, pain, itching or swelling at the place where your injection was given.

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Please see Important Safety Information on pages 47-51 and accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

Rotate the injection site you choose with each injection. After your injection, gently massage the injection area.

Dose

Date of injection: ___ / ___

Time of injection: ___ : ___ AM | PM

What did you use to inject?

- Subcutaneous Pen
- Subcutaneous Prefilled Syringe
- Intramuscular Prefilled Syringe

Site/location of subcutaneous injection:

- Thigh (L/R)
- Stomach (L/R)
- Back of upper arm (L/R)

Site/location of intramuscular injection:

- Thigh (L/R)



Before injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Let PLEGRIDY come to room temperature for at least 30 minutes
- Other _____

After injecting, I:

- Drank plenty of water
- Took an over-the-counter pain and fever reducer at ___ : ___ AM | PM
- Placed the pen/syringe in a sharps disposal container
- Other _____

Other notes about this injection:

If you haven't ordered a new treatment journal already, call 1-800-456-2255 today so you can continue planning for PLEGRIDY.

12 months of
PLEGRIDY® (peginterferon beta-1a):
**how are
you feeling?**

Congratulations on completing 1 year of treatment with PLEGRIDY!

Take a moment to reflect on your year with PLEGRIDY. Then, fill out the information below and bring it to your next appointment.

- How are you feeling physically?

- How are you feeling emotionally?

- What medications are you currently taking?
(including prescription and nonprescription, vitamins,
and herbal supplements)

- Are there any new symptoms you'd like to discuss with your doctor?

- Do you have any additional questions* for your doctor?

*See pages 4-5 for a list of sample questions you may want to ask your doctor.

Congratulations on your 1-year anniversary with PLEGRIDY

Biogen Support Coordinators are ready to help you
with one-on-one phone support throughout treatment.

Get support today

Call **1-800-456-2255** Monday-Friday from
8:30 AM to 8 PM ET. Hablamos español.

Please see Important Safety Information on pages 47-51
and accompanying full [Prescribing Information](#),
[Medication Guide](#), and [Instructions for Use](#).

Important contacts

My neurologist: _____

Address: _____

Phone: _____

Email: _____

My primary care doctor: _____

Address: _____

Phone: _____

Email: _____

My local pharmacy: _____

Address: _____

Phone: _____

Website: _____

My PLEGRIDY® (peginterferon beta-1a) specialty pharmacy:

Address: _____

Phone: _____

Website: _____

My health insurance company: _____

Phone: _____

Website: _____

Important Safety Information (cont'd)

Before taking PLEGRIDY® (peginterferon beta-1a), tell your healthcare provider about all of your medical conditions, including if you:

- Are being treated for a mental illness or had treatment in the past for any mental illness, including depression and suicidal behavior
- Have or had liver problems, low blood cell counts, bleeding problems, heart problems, seizures (epilepsy), thyroid problems, or any kind of autoimmune disease (where the body's immune system attacks the body's own cells)
- Have or had an allergic reaction to rubber or latex. The tip of the cap of the PLEGRIDY prefilled syringe for intramuscular use is made of natural rubber latex
- Are pregnant or plan to become pregnant. It is not known if PLEGRIDY can harm your unborn baby
- Are breastfeeding or plan to breastfeed. PLEGRIDY may pass into your breastmilk. Talk to your healthcare provider about the best way to feed your baby if you take PLEGRIDY

Tell your healthcare provider about all the medicines you take, including prescription and over the counter medicines, vitamins, and herbal supplements.

What are the possible side effects of PLEGRIDY?

PLEGRIDY may cause serious side effects, including:

- **serious allergic reactions.** Serious allergic reactions can happen if you take PLEGRIDY. Symptoms may include itching, swelling of the face, eyes, lips, tongue, or throat, trouble breathing, feeling faint, anxiousness, skin rash, hives, or skin bumps. Get emergency help right away if you have any of these symptoms. Talk to your healthcare provider before taking another dose of PLEGRIDY
- **injection site reactions.** PLEGRIDY may commonly cause redness, pain, itching or swelling at the place where the injection was given. Call your healthcare provider right away if an injection site becomes swollen and painful or the area looks infected. You may have a skin infection or an area of severe skin damage (necrosis) requiring treatment by a healthcare provider
- **heart problems, including congestive heart failure.** Call your healthcare provider right away if you have worsening symptoms of heart failure such as shortness of breath or swelling of your lower legs or feet while using PLEGRIDY
 - Some people using PLEGRIDY may have other heart problems, including low blood pressure, fast or abnormal heartbeat, chest pain, heart attack, or a heart muscle problem (cardiomyopathy)

Important Safety Information (cont'd)

What are the possible side effects of PLEGRIDY[®] (peginterferon beta-1a)? (cont'd)

PLEGRIDY may cause serious side effects, including:

- **blood problems and changes in your blood tests.** PLEGRIDY can decrease your white blood cells or platelets, which can cause an increased risk of infection, bleeding, or anemia and can cause changes in your liver function tests. Your healthcare provider will do tests to monitor for side effects while you use PLEGRIDY
- **thrombotic microangiopathy (TMA).** TMA is a condition that involves injury to the smallest blood vessels in your body. TMA can also cause injury to your red blood cells (the cells that carry oxygen to your organs and tissues) and your platelets (cells that help your blood clot) and can sometimes lead to death. Your healthcare provider may tell you to stop taking PLEGRIDY if you develop TMA
- **pulmonary arterial hypertension.** Pulmonary arterial hypertension can occur with interferon beta products, including PLEGRIDY. Symptoms may include new or increasing fatigue or shortness of breath. Contact your healthcare provider right away if you develop these symptoms
- **autoimmune diseases.** Problems with easy bleeding or bruising (idiopathic thrombocytopenia), thyroid gland problems (hyperthyroidism and hypothyroidism), and autoimmune hepatitis have happened in some people who use interferon beta
- **seizures.** Some people have had seizures while taking PLEGRIDY, including people who have never had seizures before

The most common side effects of PLEGRIDY include:

- **flu-like symptoms.** Many people who take PLEGRIDY have flu-like symptoms especially early in the course of therapy. These symptoms are not really the flu. You cannot pass it on to anyone else
 - You may be able to manage these flu-like symptoms by taking over-the-counter pain and fever reducers and drinking plenty of water

Flu-like symptoms or other common side effects of PLEGRIDY may include: headache, muscle and joint aches, fever, chills, or tiredness.

These are not all of the possible side effects of PLEGRIDY.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please see accompanying full [Prescribing Information](#), [Medication Guide](#), and [Instructions for Use](#).

This information does not take the place of talking with your healthcare provider about your medical condition or your treatment.