Gattex®
(teduglutide) for injection

What is GATTEX?

GATTEX® (teduglutide) for subcutaneous injection is a prescription medicine used in adults and children 1 year of age and older with Short Bowel Syndrome (SBS) who need additional nutrition or fluids from intravenous (IV) feeding (parenteral support). It is not known if GATTEX is safe and effective in children under 1 year of age.

ADULT PATIENT TRACKER

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

GATTEX may cause serious side effects including making abnormal cells grow faster, polyps in the colon (large intestine), blockage of the bowel (intestines), swelling (inflammation) or blockage of your gallbladder or pancreas, and fluid overload.

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

Could GATTEX® help you achieve your health goals?

When it comes to setting goals that are right for you, it's important to work closely with your doctor. And, of course, communicating with your healthcare team is key throughout your treatment journey. So ask questions, keep a record of your weekly health status and take an active role in your SBS management plan. After all, no one knows your experience with SBS better than you – so take charge and get tracking!

Please note, this is not a diagnostic tool. Only a doctor or other trained healthcare professional can diagnose you. Talk to your doctor if you are experiencing symptoms and/or have questions about your medical condition.

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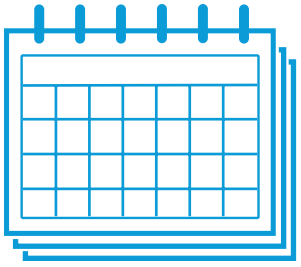
IN THIS TRACKER, YOU CAN RECORD:

- **Healthcare team contact info**
- **Monthly appointments**
- **Allergies and medications**
- **Urine output**
- **Your parenteral support**
- **Your weight**
- **How much and what you drink or eat**
- **How you feel**
- **Other treatment information**



PLUS: Record weekly, monthly and 3-month overviews of your health information to review with your doctor.

DID YOU KNOW?

Parenteral support refers to nutrition and fluids that are given to you through your veins and includes both nutrition and intravenous (IV) fluids or hydration.

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

TAKING AN ACTIVE ROLE

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TAKING AN ACTIVE ROLE

Empower yourself by following these 3 simple steps:

1. Carefully monitor your health information.

2. Bring your completed tracker with you to your doctor appointments.

3. Ask your doctor about your treatment plan.

Remember that you are already playing an active role in your treatment by tracking your status and talking with your healthcare team.

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MY CONTACTS

PRIMARY HEALTHCARE PROVIDER

Name: _____ Phone: _____

SURGEON

Name: _____ Phone: _____

GASTROENTEROLOGIST

Name: _____ Phone: _____

DIETITIAN

Name: _____ Phone: _____

PARENTERAL SUPPORT AND/OR GATTEX PHARMACIST

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PATIENT SUPPORT MANAGER

Name: _____ Phone: _____

ONBOARDING AND ACCESS SPECIALIST

Name: _____ Phone: _____

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

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MY ALLERGIES AND MEDICATIONS

My Allergies

Do you have allergies? If yes, describe below:

_____

_____

My Medications

Make sure to tell your healthcare providers about all the medications you are using and any changes in your medications. Write your medications below and share with your healthcare provider.

Medication	Reason for Medication	Strength	Frequency	Prescriber	Start Date	Stop Date

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

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MY ALLERGIES AND MEDICATIONS

My Medications

Medication	Reason for Medication	Strength	Frequency	Prescriber	Start Date	Stop Date

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

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MY STARTING POINT

Before you start taking GATTEX, please fill in the table below with your healthcare provider.

- Together, you should decide what information you should track and if you should set specific health goals.
- At the end of every month, you can track your information in your monthly update sheet.
- This information may help you and your healthcare provider see how your treatment is going and make decisions about your treatment.

Today's date: _____

Weekly volume (mL)

Parenteral nutrition: _____

Intravenous (IV) fluids: _____

Days per week

Parenteral nutrition: _____

IV fluids: _____

Weight (lbs): _____

Important Safety Information

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

GATTEX may cause serious side effects, including:

Making abnormal cells grow faster

GATTEX can make abnormal cells that are already in your body grow faster. There is an increased risk that abnormal cells could become cancer. If you get cancer of the bowel (intestines), liver, gallbladder or pancreas while using GATTEX, your healthcare provider should stop GATTEX. If you get other types of cancers, you and your healthcare provider should discuss the risks and benefits of using GATTEX.

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

EXAMPLE COMPLETED SHEETS

Gattex®
(teduglutide) for injection

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HOW TO TRACK MY WEEKLY STATUS

This is what a completed sheet might look like. See some helpful tips for filling it in on the next few pages.

MY WEEKLY STATUS | WEEK OF: 5/11/17

MY PARENTERAL SUPPORT PRESCRIPTION

Same as last week? ☐ Yes ☑ No

If No, please fill in below:

☑ Parenteral nutrition ☑ IV fluids

		Compared to Last Week		
	This Week	**More**	**Less**	**No Change**
Parenteral nutrition				
Weekly volume (mL)	1400	☑	☐	☐
Days per week	M,W,F,S	☑	☐	☐
IV fluids				
Weekly volume (mL)	1200	☑	☐	☐
Days per week	Every day	☑	☐	☐

MY DIET

(If your healthcare provider has you on a food-based diet)

Mon: Lentil soup, bread

Tues: Tomato soup, meatballs (lean), bagel

Wed: Yogurt, apple

Thu: Chicken breast, bagel, vegetable soup

Fri: Orange, breadsticks, yogurt

Sat: Tofu, brown rice, apple

Sun: Mushroom omelet, bagel, apple

MY ORAL FLUIDS (fluid oz.)

☑ Water
☑ Oral rehydration solutions

Mon: 55

Tues: 75

Wed: 55

Thu: 85

Fri: 55

Sat: 80

Sun: 55

MY WEIGHT (lbs)

Mon: 130

Tues: 130

Wed: 130

Thu: 130

Fri: 130

Sat: 130

Sun: 129.5

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

Gattex® (teduglutide) for injection

HOW TO TRACK MY WEEKLY STATUS

Important: This form is filled in just to show you how to do it. Your information will be different. The information shown here is not meant to give you medical advice or tell you what you should do.

MY WEEKLY STATUS | WEEK OF: 5/11/17

MY URINE OUTPUT

(Liters per day)

Mon: 1.20
Tues: 1.23
Wed: 1.21
Thu: 1.25
Fri: 1.27
Sat: 1.29
Sun: 1.29

MY STOOL/OSTOMY OUTPUT

(Number of times per day)

Mon: 9
Tues: 10
Wed: 8
Thu: 8
Fri: 6
Sat: 10
Sun: 8

Any unusual changes in color, consistency, etc.?

☑ Yes ☐ No

If yes, please explain:

It looked darker on Friday

HOW AM I FEELING?

☐ Better than last week

☑ Same as last week

☐ Not as good as last week

Do I have any symptoms that are bothering me?

☑ Yes ☐ No

If yes, please describe:

A bit tired

MY GATTEX INJECTION LOCATION

Write down where you inject GATTEX every day.
You can use "**S**" for stomach, "**T**" for thigh and "**A**" for arm (upper).
See page 14 for more information.

Mon: T (left)
Tues: T (right)
Wed: S
Thu: A (right)
Fri: A (left)
Sat: T (left)
Sun: T (right)

MY NOTES/QUESTIONS

Ask Dr. Smith about the tiredness!

Call your doctor for medical advice about side effects. Use Gattex exactly as your healthcare provider tells you to. Gattex is given 1 time each day at the same time. Read the Instructions for Use for detailed instructions for preparing and injecting a dose of GATTEX.

Gattex® (teduglutide) for injection

HOW TO TRACK MY WEEKLY STATUS

Track your status and share it with your healthcare provider. This tracker will help you remember important information to discuss with your doctor. Please see below for instructions and some helpful tips.

MY ORAL FLUIDS (fluid oz.)

☐ Water
☑ Oral rehydration solutions

Mon: 55

Tues: 75

- **Indicate if you consumed water and/or oral rehydration solutions (ORS).**

MY WEIGHT (lbs)

Mon: 130

Tues: 130

- **Wear the same type of clothing, use the same scale and weigh at approximately the same time every day.**

MY URINE OUTPUT

(Liters per day)

Mon: 1.20

Tues: 1.23

Wed: 1.21

- **Fill in your urine output regularly. It is important to help your doctor know about your urine output.**

Gattex® (teduglutide) for injection

HOW TO TRACK MY WEEKLY STATUS

MY STOOL/OSTOMY OUTPUT

(Number of times per day)

Mon: 9

Tues: 10

- Make note of the number of times each day that you pass a stool or express a stomal output.

MY GATTEX INJECTION LOCATION

Mon: S

Tues: T

Wed: A

Thu: S

Fri: T

Sat: A

Sun: S

- Write down where you inject GATTEX every day. You can use "S" for stomach, "T" for thigh and "A" for arm (upper).
- Inject your dose of GATTEX under the skin (subcutaneous injection) in your stomach area (abdomen), upper legs (thighs), or upper arms. Do not inject GATTEX into a vein or muscle. Use a different injection site each time you use GATTEX.

MY NOTES/QUESTIONS

Ask Dr. Smith about the tiredness!

- Use this area to write down any questions or notes you have for your healthcare provider.

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

LET'S GET TRACKING

Gattex®
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MY MONTHLY APPOINTMENTS

Write down your scheduled appointments below. You can also write down any questions you want to ask your doctor in the notes section.

Month:

Appointment	Date	Reason	Notes

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY PARENTERAL SUPPORT PRESCRIPTION

Same as last week? ☐ Yes ☐ No

If No, please fill in below:

☐ Parenteral nutrition ☐ IV fluids

		Compared to Last Week		
	This Week	**More**	**Less**	**No Change**
Parenteral nutrition				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐
IV fluids				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐

MY DIET (If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

MY ORAL FLUIDS (fluid oz.)

☐ Water

☐ Oral rehydration solutions

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY WEIGHT (lbs)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY URINE OUTPUT

(Liters per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY STOOL/OSTOMY OUTPUT

(Number of times per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Any unusual changes in color, consistency, etc.?

☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

HOW AM I FEELING?

☐ Better than last week

☐ Same as last week

☐ Not as good as last week

Do I have any symptoms that are bothering me?

☐ Yes ☐ No

If yes, please describe:

_____

_____

_____

_____

_____

_____

MY GATTEX INJECTION LOCATION

Write down where you inject GATTEX every day.
You can use "**S**" for stomach, "**T**" for thigh and "**A**" for arm (upper).

Mon: _____

Tues: _____ Fri: _____

Wed: _____ Sat: _____

Thu: _____ Sun: _____

MY NOTES/QUESTIONS

_____

_____

_____

_____

_____

Call your doctor for medical advice about side effects.

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY PARENTERAL SUPPORT PRESCRIPTION

Same as last week? ☐ Yes ☐ No

If No, please fill in below:

☐ Parenteral nutrition ☐ IV fluids

		Compared to Last Week		
	This Week	**More**	**Less**	**No Change**
Parenteral nutrition				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐
IV fluids				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐

MY DIET (If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

MY ORAL FLUIDS (fluid oz.)

☐ Water

☐ Oral rehydration solutions

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY WEIGHT (lbs)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY URINE OUTPUT

(Liters per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY STOOL/OSTOMY OUTPUT

(Number of times per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Any unusual changes in color, consistency, etc.?

☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

HOW AM I FEELING?

☐ Better than last week

☐ Same as last week

☐ Not as good as last week

Do I have any symptoms that are bothering me?

☐ Yes ☐ No

If yes, please describe:

_____

_____

_____

_____

_____

_____

MY GATTEX INJECTION LOCATION

Write down where you inject GATTEX every day.
You can use "**S**" for stomach, "**T**" for thigh and "**A**" for arm (upper).

Mon: _____

Tues: _____ Fri: _____

Wed: _____ Sat: _____

Thu: _____ Sun: _____

MY NOTES/QUESTIONS

_____

_____

_____

_____

_____

Call your doctor for medical advice about side effects.

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY PARENTERAL SUPPORT PRESCRIPTION

Same as last week? ☐ Yes ☐ No

If No, please fill in below:

☐ Parenteral nutrition ☐ IV fluids

		Compared to Last Week		
	This Week	**More**	**Less**	**No Change**
Parenteral nutrition				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐
IV fluids				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐

MY DIET (If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

MY ORAL FLUIDS (fluid oz.)

☐ Water

☐ Oral rehydration solutions

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY WEIGHT (lbs)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY URINE OUTPUT

(Liters per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY STOOL/OSTOMY OUTPUT

(Number of times per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Any unusual changes in color, consistency, etc.?

☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

HOW AM I FEELING?

☐ Better than last week

☐ Same as last week

☐ Not as good as last week

Do I have any symptoms that are bothering me?

☐ Yes ☐ No

If yes, please describe:

_____

_____

_____

_____

_____

_____

MY GATTEX INJECTION LOCATION

Write down where you inject GATTEX every day.
You can use "**S**" for stomach, "**T**" for thigh and "**A**" for arm (upper).

Mon: _____

Tues: _____ Fri: _____

Wed: _____ Sat: _____

Thu: _____ Sun: _____

MY NOTES/QUESTIONS

_____

_____

_____

_____

_____

Call your doctor for medical advice about side effects.

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY PARENTERAL SUPPORT PRESCRIPTION

Same as last week? ☐ Yes ☐ No

If No, please fill in below:

☐ Parenteral nutrition ☐ IV fluids

		Compared to Last Week		
	This Week	**More**	**Less**	**No Change**
Parenteral nutrition				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐
IV fluids				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐

MY DIET (If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

MY ORAL FLUIDS (fluid oz.)

☐ Water

☐ Oral rehydration solutions

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY WEIGHT (lbs)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY URINE OUTPUT

(Liters per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY STOOL/OSTOMY OUTPUT

(Number of times per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Any unusual changes in color, consistency, etc.?

☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

HOW AM I FEELING?

☐ Better than last week

☐ Same as last week

☐ Not as good as last week

Do I have any symptoms that are bothering me?

☐ Yes ☐ No

If yes, please describe:

_____

_____

_____

_____

_____

_____

MY GATTEX INJECTION LOCATION

Write down where you inject GATTEX every day.

You can use "**S**" for stomach, "**T**" for thigh and "**A**" for arm (upper).

Mon: _____

Tues: _____ Fri: _____

Wed: _____ Sat: _____

Thu: _____ Sun: _____

MY NOTES/QUESTIONS

_____

_____

_____

_____

_____

Call your doctor for medical advice about side effects.

REMINDERS

☐ **Have your medications changed?**

If yes, please update the "My Allergies and Medications" section and tell your healthcare providers about all the medicines you take.

☐ **Do you have any new appointments?** (Such as doctor's appointments or lab tests)

If yes, please update the "My Appointments" section.

☐ **Are there any other important dates coming up?**

Check the "My Appointments" section.

MY MONTH-TO-MONTH STATUS

Fill out the table below with your healthcare provider.

			Compared to last month		
	Last Month	**This Month**	**More**	**Less**	**No Change**
Parenteral nutrition					
Total monthly volume (mL)			☐	☐	☐
Average days per week			☐	☐	☐
IV fluids					
Total monthly volume (mL)			☐	☐	☐
Average days per week			☐	☐	☐

Remember:

- **Fill in your weekly status sheets every week. Your urine output and weight are very important to monitor.**
- **Talk with your healthcare provider about your urine output and your parenteral support.**
- **Stick to your diet and medications as prescribed by your doctor.**
- **If you would like to continue tracking, you can download a month's worth of tracker worksheets at [http://gattex.com/resources-and-support/].**

Gattex® (teduglutide) for injection

MY MONTHLY APPOINTMENTS

Write down your scheduled appointments below. You can also write down any questions you want to ask your doctor in the notes section.

Month:

Appointment	Date	Reason	Notes

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY PARENTERAL SUPPORT PRESCRIPTION

Same as last week? ☐ Yes ☐ No

If No, please fill in below:

☐ Parenteral nutrition ☐ IV fluids

		Compared to Last Week		
	This Week	**More**	**Less**	**No Change**
Parenteral nutrition				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐
IV fluids				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐

MY DIET (If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

MY ORAL FLUIDS (fluid oz.)

☐ Water

☐ Oral rehydration solutions

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY WEIGHT (lbs)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

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MY WEEKLY STATUS | WEEK OF:

MY URINE OUTPUT

(Liters per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY STOOL/OSTOMY OUTPUT

(Number of times per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Any unusual changes in color, consistency, etc.?

☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

HOW AM I FEELING?

☐ Better than last week

☐ Same as last week

☐ Not as good as last week

Do I have any symptoms that are bothering me?

☐ Yes ☐ No

If yes, please describe:

_____

_____

_____

_____

_____

_____

MY GATTEX INJECTION LOCATION

Write down where you inject GATTEX every day.
You can use "**S**" for stomach, "**T**" for thigh and "**A**" for arm (upper).

Mon: _____

Tues: _____ Fri: _____

Wed: _____ Sat: _____

Thu: _____ Sun: _____

MY NOTES/QUESTIONS

_____

_____

_____

_____

_____

Call your doctor for medical advice about side effects.

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY PARENTERAL SUPPORT PRESCRIPTION

Same as last week? ☐ Yes ☐ No

If No, please fill in below:

☐ Parenteral nutrition ☐ IV fluids

		Compared to Last Week		
	This Week	**More**	**Less**	**No Change**
Parenteral nutrition				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐
IV fluids				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐

MY DIET (If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

MY ORAL FLUIDS (fluid oz.)

☐ Water

☐ Oral rehydration solutions

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY WEIGHT (lbs)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY URINE OUTPUT

(Liters per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY STOOL/OSTOMY OUTPUT

(Number of times per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Any unusual changes in color, consistency, etc.?

☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

HOW AM I FEELING?

☐ Better than last week

☐ Same as last week

☐ Not as good as last week

Do I have any symptoms that are bothering me?

☐ Yes ☐ No

If yes, please describe:

_____

_____

_____

_____

_____

_____

MY GATTEX INJECTION LOCATION

Write down where you inject GATTEX every day.

You can use "**S**" for stomach, "**T**" for thigh and "**A**" for arm (upper).

Mon: _____

Tues: _____ Fri: _____

Wed: _____ Sat: _____

Thu: _____ Sun: _____

MY NOTES/QUESTIONS

_____

_____

_____

_____

_____

Call your doctor for medical advice about side effects.

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY PARENTERAL SUPPORT PRESCRIPTION

Same as last week? ☐ Yes ☐ No

If No, please fill in below:

☐ Parenteral nutrition ☐ IV fluids

		Compared to Last Week		
	This Week	**More**	**Less**	**No Change**
Parenteral nutrition				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐
IV fluids				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐

MY DIET (If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

MY ORAL FLUIDS (fluid oz.)

☐ Water

☐ Oral rehydration solutions

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY WEIGHT (lbs)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY URINE OUTPUT
(Liters per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY STOOL/OSTOMY OUTPUT
(Number of times per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Any unusual changes in color, consistency, etc.?

☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

HOW AM I FEELING?

☐ Better than last week

☐ Same as last week

☐ Not as good as last week

Do I have any symptoms that are bothering me?

☐ Yes ☐ No

If yes, please describe:

_____

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_____

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Write down where you inject GATTEX every day.
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Tues: _____ Fri: _____

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MY NOTES/QUESTIONS

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MY PARENTERAL SUPPORT PRESCRIPTION

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If No, please fill in below:

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	This Week	**More**	**Less**	**No Change**
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Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐
IV fluids				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐

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Mon: _____

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Tues: _____

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Wed: _____

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Thu: _____

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Fri: _____

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Sat: _____

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Sun: _____

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MY ORAL FLUIDS (fluid oz.)

☐ Water

☐ Oral rehydration solutions

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Tues: _____

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Sat: _____

Sun: _____

MY WEIGHT (lbs)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

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Sun: _____

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MY WEEKLY STATUS | WEEK OF:

MY URINE OUTPUT

(Liters per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

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Sat: _____

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Mon: _____

Tues: _____

Wed: _____

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Sun: _____

Any unusual changes in color, consistency, etc.?

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If yes, please explain:

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Tues: _____ Fri: _____

Wed: _____ Sat: _____

Thu: _____ Sun: _____

MY NOTES/QUESTIONS

_____

_____

_____

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_____

Call your doctor for medical advice about side effects.

REMINDERS

☐ **Have your medications changed?**

If yes, please update the "My Allergies and Medications" section and tell your healthcare providers about all the medicines you take.

☐ **Do you have any new appointments?** (Such as doctor's appointments or lab tests)

If yes, please update the "My Appointments" section.

☐ **Are there any other important dates coming up?**

Check the "My Appointments" section.

MY MONTH-TO-MONTH STATUS

Fill out the table below with your healthcare provider.

			Compared to last month		
	Last Month	**This Month**	**More**	**Less**	**No Change**
Parenteral nutrition					
Total monthly volume (mL)			☐	☐	☐
Average days per week			☐	☐	☐
IV fluids					
Total monthly volume (mL)			☐	☐	☐
Average days per week			☐	☐	☐

Remember:

- **Fill in your weekly status sheets every week. Your urine output and weight are very important to monitor.**
- **Talk with your healthcare provider about your urine output and your parenteral support.**
- **Stick to your diet and medications as prescribed by your doctor.**
- **If you would like to continue tracking, you can download a month's worth of tracker worksheets at [http://gattex.com/resources-and-support/].**

Gattex® (teduglutide) for injection

MY MONTHLY APPOINTMENTS

Write down your scheduled appointments below. You can also write down any questions you want to ask your doctor in the notes section.

Month:

Appointment	Date	Reason	Notes

Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY PARENTERAL SUPPORT PRESCRIPTION

Same as last week? ☐ Yes ☐ No

If No, please fill in below:

☐ Parenteral nutrition ☐ IV fluids

		Compared to Last Week		
	This Week	**More**	**Less**	**No Change**
Parenteral nutrition				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐
IV fluids				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐

MY DIET (If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

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Wed: _____

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Thu: _____

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Fri: _____

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Sat: _____

_____

Sun: _____

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MY ORAL FLUIDS (fluid oz.)

☐ Water

☐ Oral rehydration solutions

Mon: _____

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Sat: _____

Sun: _____

MY WEIGHT (lbs)

Mon: _____

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Gattex® (teduglutide) for injection

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MY URINE OUTPUT

(Liters per day)

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HOW AM I FEELING?

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Do I have any symptoms that are bothering me?

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MY GATTEX INJECTION LOCATION

Mon: _____

Tues: _____

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MY NOTES/QUESTIONS

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Gattex® (teduglutide) for injection

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Gattex® (teduglutide) for injection

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(Liters per day)

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Gattex® (teduglutide) for injection

MY WEEKLY STATUS | WEEK OF:

MY URINE OUTPUT

(Liters per day)

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MY NOTES/QUESTIONS

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Gattex® (teduglutide) for injection

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MY PARENTERAL SUPPORT PRESCRIPTION

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Parenteral nutrition				
Weekly volume (mL)		☐	☐	☐
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IV fluids				
Weekly volume (mL)		☐	☐	☐
Days per week		☐	☐	☐

MY DIET (If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

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Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

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Sun: _____

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MY ORAL FLUIDS (fluid oz.)

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Sat: _____

Sun: _____

MY WEIGHT (lbs)

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Tues: _____

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Thu: _____

Fri: _____

Sat: _____

Sun: _____

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

Gattex® (teduglutide) for injection

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MY URINE OUTPUT
(Liters per day)

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Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

MY STOOL/OSTOMY OUTPUT
(Number of times per day)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Any unusual changes in color, consistency, etc.?

☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

HOW AM I FEELING?

☐ Better than last week

☐ Same as last week

☐ Not as good as last week

Do I have any symptoms that are bothering me?

☐ Yes ☐ No

If yes, please describe:

_____

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_____

_____

_____

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Tues: _____ Fri: _____

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MY NOTES/QUESTIONS

_____

_____

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Call your doctor for medical advice about side effects.

REMINDERS

☐ **Have your medications changed?**

If yes, please update the "My Allergies and Medications" section and tell your healthcare providers about all the medicines you take.

☐ **Do you have any new appointments?** (Such as doctor's appointments or lab tests)

If yes, please update the "My Appointments" section.

☐ **Are there any other important dates coming up?**

Check the "My Appointments" section.

MY MONTH-TO-MONTH STATUS

Fill out the table below with your healthcare provider.

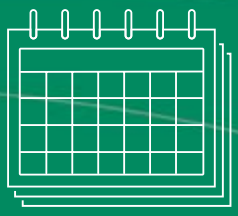
			Compared to last month		
	Last Month	**This Month**	**More**	**Less**	**No Change**
Parenteral nutrition					
Total monthly volume (mL)			☐	☐	☐
Average days per week			☐	☐	☐
IV fluids					
Total monthly volume (mL)			☐	☐	☐
Average days per week			☐	☐	☐

Remember:

- **Fill in your weekly status sheets every week. Your urine output and weight are very important to monitor.**
- **Talk with your healthcare provider about your urine output and your parenteral support.**
- **Stick to your diet and medications as prescribed by your doctor.**
- **If you would like to continue tracking, you can download a month's worth of tracker worksheets at [http://gattex.com/resources-and-support/].**

Gattex® (teduglutide) for injection

MY 3-MONTH STATUS SHEET



Month	Parenteral Nutrition		IV Fluids		Average Weight (lbs)	Notes
	Total monthly volume (mL)	Average days per week	Total monthly volume (mL)	Average days per week		

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

How should I use GATTEX?

- Use GATTEX exactly as your healthcare provider tells you to.
- GATTEX is given 1 time each day at the same time.
- Inject your dose of GATTEX under the skin (subcutaneous injection) in your stomach area (abdomen), upper legs (thighs), or upper arms. **Do not inject GATTEX into a vein or muscle.**
- Use a different injection site each time you use GATTEX.
- GATTEX comes as a powder for injection in a vial that is used only 1 time (single-use vial). The powder must be mixed with Sterile Water for Injection (a diluent) provided in a prefilled syringe before you inject it.
- GATTEX must be injected within 3 hours after you mix it with the diluent.
- **If you miss a dose, take it as soon as you remember that day. Take your next dose the next day at the same time you take it every day.**
- **Do not take 2 doses on the same day.**
- **If you use more than 1 dose, call your healthcare provider right away.**
- **Do not stop taking GATTEX without consulting your healthcare provider.**
- **Read the Instructions for Use for detailed instructions for preparing and injecting a dose of GATTEX.**

DID YOU KNOW?

You can visit the GATTEX website to download Instructions for Use on how to prepare, measure your dose, and give your injection of GATTEX the right way. Go to: [http://gattex.com/getting-started/]

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

Important Safety Information

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

GATTEX may cause serious side effects, including:

Making abnormal cells grow faster

GATTEX can make abnormal cells that are already in your body grow faster. There is an increased risk that abnormal cells could become cancer. If you get cancer of the bowel (intestines), liver, gallbladder or pancreas while using GATTEX, your healthcare provider should stop GATTEX. If you get other types of cancers, you and your healthcare provider should discuss the risks and benefits of using GATTEX.

Polyps in the colon (large intestine)

Polyps are growths on the inside of the colon. Your healthcare provider will have your colon checked for polyps within 6 months before starting GATTEX and have any polyps removed. Children and adolescents will be checked for blood in the stool before they start using GATTEX.

To keep using GATTEX, your healthcare provider should have your colon checked for new polyps at the end of 1 year of using GATTEX. If no polyp is found, your healthcare provider should check you for polyps as needed and at least every 5 years and have any new polyps removed. If cancer is found in a polyp, your healthcare provider should stop GATTEX.

Blockage of the bowel (intestines)

A bowel blockage keeps food, fluids, and gas from moving through the bowels in the normal way. Tell your healthcare provider right away if you have any of these symptoms of a bowel or stomal blockage:

- trouble having a bowel movement or passing gas
- stomach area (abdomen) pain or swelling
- nausea
- vomiting
- swelling and blockage of your stoma opening, if you have a stoma

If a blockage is found, your healthcare provider may temporarily stop GATTEX.

Swelling (inflammation) or blockage of your gallbladder or pancreas

Your healthcare provider will do tests to check your gallbladder and pancreas within 6 months before starting GATTEX and at least every 6 months while you are using GATTEX. Tell your healthcare provider right away if you get:

- stomach area (abdomen) pain and tenderness
- chills
- fever
- a change in your stools
- nausea
- vomiting
- dark urine
- yellowing of your skin or the whites of your eyes

Important Safety Information continues on the next page. Click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor

Important Safety Information (continued)

Fluid overload

Your healthcare provider will check you for too much fluid in your body. Too much fluid in your body may lead to heart failure, especially if you have heart problems. Tell your healthcare provider if you get swelling in your feet and ankles, you gain weight very quickly (water weight), or you have trouble breathing.

The most common side effects of GATTEX in adults include:

- stomach area (abdomen) pain or swelling
- nausea
- cold or flu symptoms
- skin reaction where the injection was given
- vomiting
- swelling of the hands or feet
- allergic reactions

The side effects of GATTEX in children and adolescents are similar to those seen in adults.
Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

What should I tell my healthcare provider before using GATTEX?

Tell your healthcare provider about all your medical conditions, including if you or your child:

- have cancer or a history of cancer
- have or had polyps anywhere in your bowel (intestines) or rectum
- have heart problems
- have high blood pressure
- have problems with your gallbladder, pancreas, kidneys
- are pregnant or planning to become pregnant. It is not known if GATTEX will harm your unborn baby. Tell your healthcare provider right away if you become pregnant while using GATTEX.
- are breastfeeding or plan to breastfeed. It is not known if GATTEX passes into your breast milk. You should not breastfeed during treatment with GATTEX. Talk to your healthcare provider about the best way to feed your baby while using GATTEX.

Tell your healthcare providers about all the medicines you take, including prescription or over-the-counter medicines, vitamins, and herbal supplements. Using GATTEX with certain other medicines may affect each other causing side effects. Your other healthcare providers may need to change the dose of any oral medicines (medicines taken by mouth) you take while using GATTEX. Tell the healthcare provider who gives you GATTEX if you will be taking a new oral medicine.

Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

For additional safety information, click for full Prescribing Information and Medication Guide,

Gattex®
(teduglutide) for injection

Takeda

Please see Important Safety Information on pages 48 and 49, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.