



Koselugo[®]

(selumetinib)
10 mg & 25 mg capsules

My Child's Treatment Journal

Take a look inside!

This Treatment Journal belongs to:

Name

Address

Phone

Email

Treatment Specialists contacts:

Name

Phone

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A step closer

Your child's treatment on Koselugo will be a journey. Getting off to a good start is key. You can help your child have the best chance at achieving good results by keeping track of any side effects and letting their doctor and care team know as soon as possible.

If your doctor has prescribed Koselugo, you may have questions. There is a support program designed to help you get the most out of your child's treatment. Ask your child's doctor if this is right for them.



**Advise your patients or their caregivers to call
1-888-765-4747, or visit www.AlexionOneSource.com, to learn
more or to contact their personal Case Manager**



Helpful input

Each section can help you track your child's treatment progress over the course of 1 month. You can note any side effects they may experience so you can share your notes with your child's doctor before or during your next visit. Share your notes with your doctor and the care team early because they can help address many of these issues.

In the section marked other, you can make notes about things your child's doctor may need to know about your child, including any factors that might affect their health; such as diet, new medications, and lifestyle changes.

Things to remember

If you run out of pages you can download another tracker at [Koselugo.com](https://www.koselugo.com).

INDICATION

What is Koselugo?

Koselugo is a prescription medicine that is used to treat children 2 years of age and older with neurofibromatosis type 1 (NF1) who have plexiform neurofibromas that cannot be completely removed by surgery.

It is not known if Koselugo is safe and effective in children under 2 years of age.

Important Safety Information

Before taking Koselugo, tell your healthcare provider about all of your medical conditions, including if you:

- have heart problems
- have eye problems
- are pregnant or plan to become pregnant. Koselugo can harm your unborn baby
 - Females who could become pregnant and males with female partners who could become pregnant should use effective birth control (contraception) during treatment with Koselugo and for 1 week after your last dose
 - Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with Koselugo
- are breastfeeding or plan to breastfeed. It is not known if Koselugo passes into your breast milk
 - Do not breastfeed during treatment with Koselugo and for 1 week after your last dose
 - Talk to your healthcare provider about the best way to feed your baby during this time

Please see additional Important Safety Information on pages 30-31 and click [here](#) for full Prescribing Information, including Patient Information.



NOTES for your next doctor's visit
Describe symptoms (share frequency of issue and describe level of discomfort)...and note any observed changes in your child's PN



| | |
|--------------------------------|--|
| Heart and Breathing Issues | <p>He was very tired and coughed a lot.</p> <p>Circle results 0 1 2 3 4 5 Discomfort level</p> |
| Vision Changes | <p>Circle results 0 1 2 3 4 5 Discomfort level</p> |
| Gastrointestinal Problems | <p>He had stomach pain and nausea, and also some vomiting.</p> <p>Circle results 0 1 2 3 4 5 Discomfort level</p> |
| Skin Issues | <p>He had skin problems-- a lot of rash, dryness, and itching.</p> <p>Circle results 0 1 2 3 4 5 Discomfort level</p> |
| Muscle Aches and Pain | <p>Circle results 0 1 2 3 4 5 Discomfort level</p> |
| Other Issues | <p>Circle results 0 1 2 3 4 5 Discomfort level</p> |
| Observed PN Changes | |

Month MAY Check daily symptoms

| Date | Heart and Breathing Issues | Vision Changes | Gastrointestinal Problems | Skin Issues | Muscle Aches and Pain | Other Issues | Observed PN Changes |
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► Notes Page

► Side Effect Tracking Page










NOTES for your next doctor's visit

Describe symptoms (share frequency of issue and describe level of discomfort)...and note any observed changes in your child's PN

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(selumetinib)

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NOTES for your next doctor's visit

Describe symptoms (share frequency of issue and describe level of discomfort)...and note any observed changes in your child's PN

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|  <p>Skin Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Muscle Aches and Pain</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Other Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Observed PN Changes</p> | |

Month _____







Check daily symptoms

| Date |  Heart and Breathing Issues |  Vision Changes |  Gastrointestinal Problems |  Skin Issues |  Muscle Aches and Pain |  Other Issues |  Observed PN Changes |
|------|--|--|---|---|---|--|--|
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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NOTES for your next doctor's visit

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|  <p>Muscle Aches and Pain</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Other Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Observed PN Changes</p> | |

Month _____








Check daily symptoms

| Date |  Heart and Breathing Issues |  Vision Changes |  Gastrointestinal Problems |  Skin Issues |  Muscle Aches and Pain |  Other Issues |  Observed PN Changes |
|------|--|--|---|---|---|--|--|
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NOTES for your next doctor's visit

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Month _____








Check daily symptoms

| Date |  Heart and Breathing Issues |  Vision Changes |  Gastrointestinal Problems |  Skin Issues |  Muscle Aches and Pain |  Other Issues |  Observed PN Changes |
|------|--|--|---|---|---|--|--|
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 29 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |










NOTES for your next doctor's visit

Describe symptoms (share frequency of issue and describe level of discomfort)...and note any observed changes in your child's PN

| | |
|--|---|
|  <p>Heart and Breathing Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Vision Changes</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Gastrointestinal Problems</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Skin Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Muscle Aches and Pain</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Other Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Observed PN Changes</p> | |

Month _____








Check daily symptoms

| Date | Heart and Breathing Issues  | Vision Changes  | Gastrointestinal Problems  | Skin Issues  | Muscle Aches and Pain  | Other Issues  | Observed PN Changes  |
|------|--|--|---|---|---|--|--|
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 30 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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NOTES for your next doctor's visit

Describe symptoms (share frequency of issue and describe level of discomfort)...and note any observed changes in your child's PN

| | |
|--|---|
|  <p>Heart and Breathing Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Vision Changes</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Gastrointestinal Problems</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Skin Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Muscle Aches and Pain</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Other Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Observed PN Changes</p> | |

Month _____








Check daily symptoms

| Date |  Heart and Breathing Issues |  Vision Changes |  Gastrointestinal Problems |  Skin Issues |  Muscle Aches and Pain |  Other Issues |  Observed PN Changes |
|------|--|--|---|---|---|--|--|
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 27 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |










NOTES for your next doctor's visit

Describe symptoms (share frequency of issue and describe level of discomfort)...and note any observed changes in your child's PN

| | |
|--|---|
|  <p>Heart and Breathing Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Vision Changes</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Gastrointestinal Problems</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Skin Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Muscle Aches and Pain</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Other Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Observed PN Changes</p> | |

Month _____








Check daily symptoms

| Date |  Heart and Breathing Issues |  Vision Changes |  Gastrointestinal Problems |  Skin Issues |  Muscle Aches and Pain |  Other Issues |  Observed PN Changes |
|------|--|--|---|---|---|--|--|
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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|  <p>Other Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
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Month _____








Check daily symptoms

| Date |  Heart and Breathing Issues |  Vision Changes |  Gastrointestinal Problems |  Skin Issues |  Muscle Aches and Pain |  Other Issues |  Observed PN Changes |
|------|--|--|---|---|---|--|--|
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NOTES for your next doctor's visit

Describe symptoms (share frequency of issue and describe level of discomfort)...and note any observed changes in your child's PN

| | |
|--|---|
|  <p>Heart and Breathing Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Vision Changes</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Gastrointestinal Problems</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Skin Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Muscle Aches and Pain</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Other Issues</p> | <p>Circle results</p> <p>0 1 2 3 4 5 Discomfort level</p> |
|  <p>Observed PN Changes</p> | |

Month _____

Check daily symptoms

| Date |  Heart and Breathing Issues |  Vision Changes |  Gastrointestinal Problems |  Skin Issues |  Muscle Aches and Pain |  Other Issues |  Observed PN Changes |
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Important Safety Information

CONT'D

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, or herbal supplements. Especially tell your healthcare provider if you are taking aspirin, blood thinners, or other medicines to treat blood clots. Koselugo contains vitamin E, which may increase your risk of bleeding.

Koselugo may cause serious side effects, including:

Heart problems. Koselugo can lower the amount of blood pumped by your heart, which is common and can also be severe. Your healthcare provider will do tests before and during treatment with Koselugo to check how well your heart is working. Tell your healthcare provider right away if you get any of the following signs or symptoms:

- persistent coughing or wheezing
- shortness of breath
- swelling of your ankles and feet
- tiredness
- increased heart rate

Eye problems. Koselugo can cause eye problems that can lead to blindness. Your healthcare provider will check your vision before and during treatment with Koselugo. Tell your healthcare provider right away if you get any of the following signs or symptoms:

- blurred vision
- loss of vision
- dark spots in your vision (floaters)
- other changes to your vision

Severe diarrhea. Diarrhea is common with Koselugo and can also be severe. Tell your healthcare provider right away the first time that you get diarrhea during treatment with Koselugo. Your healthcare provider may give you medicine to help control your diarrhea and may tell you to drink more fluids.

Skin rash. Skin rashes are common with Koselugo and can also be severe. Tell your healthcare provider if you get any of the following signs or symptoms:

- rash that covers a large area of your body
- peeling skin
- blisters

Please see additional Important Safety Information on pages 4 and 31 and [click here](#) for full Prescribing Information, including Patient Information.

Important Safety Information

CONT'D

Muscle problems (rhabdomyolysis). Muscle problems are common with Koselugo and can also be severe. Treatment with Koselugo may increase the level of a muscle enzyme in your blood, which may be a sign of muscle damage. Your healthcare provider should do a blood test to check your muscle enzyme levels before you start taking Koselugo and during treatment. Tell your healthcare provider right away if you get any of the following signs or symptoms:

- muscle aches or pain
- muscle spasms and weakness
- dark, reddish urine

Your healthcare provider may change your dose, temporarily stop, or permanently ask you to stop taking Koselugo if you have any of these side effects.

The most common side effects of Koselugo are:

- vomiting
- stomach pain
- nausea
- dry skin
- feeling of tiredness, weakness, or lacking energy
- muscle and bone pain
- fever
- inflammation of the mouth
- headache
- redness around the fingernails
- itching

These are not all the possible side effects of Koselugo.

Please see additional Important Safety Information on pages 4 and 30 and click [here](#) for full Prescribing Information, including Patient Information.



Koselugo[®]
(selumetinib)
10 mg & 25 mg capsules



ALEXION[®]
AstraZeneca Rare Disease

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