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Welcome to your Wellness Journal.

What is HyQvia® [Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase]?

HyQvia is a liquid medicine that is given under the skin (subcutaneously) to treat primary immunodeficiency (PI) in people 2 years and older.

IMPORTANT SAFETY INFORMATION

What is the most important information that I should know about HyQvia?

- HyQvia can cause blood clots.
- Call your healthcare professional (HCP) if you have pain, swelling, warmth, redness, or a lump in your legs or arms, other than at the infusion site(s), unexplained shortness of breath, chest pain or discomfort that worsens on deep breathing, unexplained rapid pulse, numbness or weakness on one side of the body.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), and discuss with your HCP.

HyQvia
[Immune Globulin Infusion 10% (Human)
with Recombinant Human Hyaluronidase]



Let's track your treatment together.

Keeping a record of your infusions is an important part of staying on track with your treatment plan. And with this Wellness Journal, we're here to help you do just that. Use this journal to log each infusion, document how you're feeling, and write down any questions that you want to talk about with your doctor.



We're here to help.

Resources and support are available. [See page 45](#) of your Wellness Journal for information about co-pay and community support.

IMPORTANT SAFETY INFORMATION (continued)

What is the most important information that I should know about HyQvia? (continued)

- Your HCP may perform blood tests regularly to check your IgG level.
- Do not infuse HyQvia into or around an infected or red swollen area because it can cause infection to spread.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

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Write down your details.

These are all the basics of the start of any journal.
What are yours?

This Wellness Journal is the property of:

Name:

Phone:

Medication allergy:

Date I was diagnosed with PI:

I started my treatment on:

What I want from this therapy:

Brand of my infusion pump:

Healthcare contacts:

Keep this info handy so you're not scrambling for phone numbers when you need them.

Doctor

Name:

Phone:

Nurse

Name:

Phone:

Specialty pharmacy

Name:

Phone:

Insurance

Name:

Phone:

What the infusion experience is like.



BEFORE the infusion

- Get comfy
- Get your supplies out and ready
- Read over the infusion steps if you need to, especially if you're just starting out
- If appropriate, make sure you're hydrated before infusing and have a drink nearby in case you're thirsty during your infusion
- If others are around, let them know your infusion time so there's as little disruption for you as possible
- Always follow the directions provided by your doctor regarding your dose and schedule



DURING the infusion

- Try your best to relax and stay comfy, as the average infusion time is about 2 hours. Read, play a game, catch up on your fave show, call a friend, get creative and use this time for you
- You may experience mild to moderate pain, redness, swelling, and itching (BUT, these are common and generally go away within a few hours). These aren't all of the possible side effects, but ones you may immediately notice
- In addition to local infusion site reactions, the most common side effects may include headache, nausea, fatigue, diarrhea, fever, and vomiting
- These are not all the possible side effects. Talk to your doctor about any side effect that bothers you or that does not go away. If side effects increase in severity or persist more than a few days, call your doctor or hospital emergency services immediately
- For additional safety information, click for [Information for Patients](#)



AFTER the infusion

- If appropriate, continue to drink fluids to stay hydrated
- Record your infusion details and any reactions or notes for yourself or your doctor. Make sure to inform your doctor about any side effect that bothers you or does not go away
- A temporary, soft swelling, referred to as a pancake (yep, a pancake), may occur at your infusion site. It's named for the shape it takes and is pretty common. It can last 1 to 3 days due to the volume of fluid infused but will subside as your medicine is absorbed

IMPORTANT SAFETY INFORMATION (continued)

Who should not take HyQvia?

Do not take HyQvia if you:

- Are allergic to IgG, hyaluronidase, other blood products, or any ingredient in HyQvia.

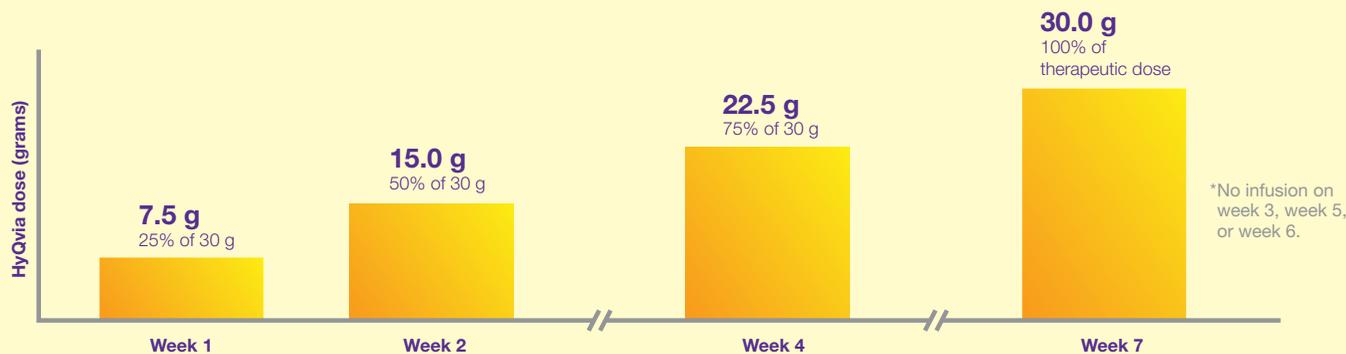
Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

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When starting, you'll "ramp up."

Here's what that means: a ramp-up period helps your body adjust to your treatment by slowly increasing how much HyQvia you infuse in order to reach your full monthly (every 3-4 weeks) dose.

4-week ramp-up example for 30-gram dose of HyQvia*



The first dose of HyQvia is given 1 week after the last infusion of the patient's previous IG treatment.

Like anything new, there's an adjustment period.

It's important to give your body 3 months to adjust, and then monitor how you're responding after the 3-month time period. And you'll work with your doctor to monitor how this all goes during your ramp-up (and beyond). You may experience some infusion site reactions during the first few infusions, but they should become less likely to occur.

While you're ramping up, your doctor or a nurse will work with you to ensure you have a successful infusion. This is where you can start to individualize your infusions and figure out infusion time, volume per site, and tolerability.

IMPORTANT SAFETY INFORMATION (continued)

What should I avoid while taking HyQvia?

- HyQvia can make vaccines (like measles/mumps/rubella or chickenpox vaccines) not work as well for you. Before you get any vaccines, tell your HCP that you take HyQvia.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

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How to use this journal.

IMPORTANT SAFETY INFORMATION (continued)

What should I tell my HCP before I start using or while using HyQvia?

Tell your HCP if you:

- Have or had any kidney, liver, or heart problems or history of blood clots because HyQvia can make these problems worse.
- Have IgA deficiency or a history of severe allergic reactions to IgG or other blood products.
- Are pregnant, trying to become pregnant or are breast feeding. It is not known whether HyQvia can harm the unborn baby or breastfed infant.

Please see additional Important Safety Information throughout, click for Information for Patients, including Warning about Blood Clots, and discuss with your HCP.

HyQvia

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Use your Wellness Journal to track your treatment.

Your Wellness Journal serves two purposes—to maintain a log of your infusions and to keep track of your day-to-day wellness. Keeping a record of all your infusions and how you're feeling is important for you and your doctor to monitor your health.

As soon as you complete each infusion, just fill in the information required to log that infusion.

Keep track of IG vial information here. You don't have to worry about removing the Hy label.

Add date to this square.

Document how you feel before, after, and in between your infusions by using the scale.

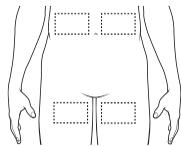
Use the space below to add any notes.

Mark any pages you want to talk over with your doctor or nurse.

Infusion 5

Date of infusion: ____/____/____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated): _____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion: _____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____/____/____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____/____/____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____/____/____

Wellness Tracker for Infusion 5

Month: _____ Year: _____ Rate your overall wellness: - (☹️) (😞) (😐) (🙂) (😊) (+)

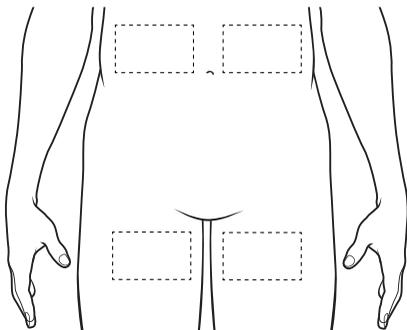
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️
☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️
☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️
☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️
☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️
☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️	☹️ 😞 😐 😊 ☹️

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Ramp-up Infusion 1 Week 1

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

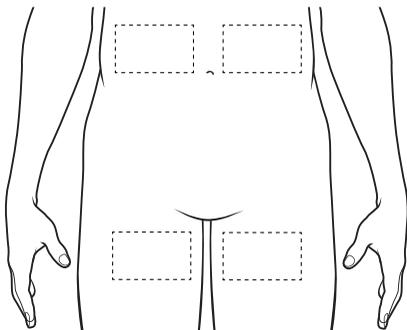
Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

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Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 2

Month: _____ Year: _____

Rate your overall wellness: — +

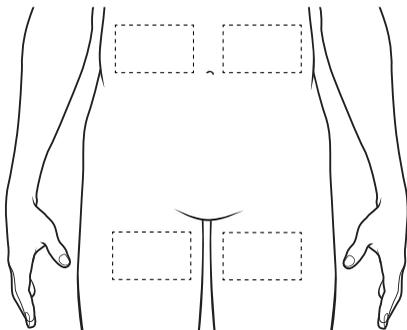
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use the space below to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 3

Month: _____ Year: _____

Rate your overall wellness: —     +

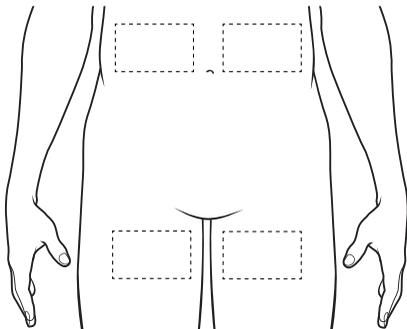
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
						
						
						

Use the space below to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

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Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 4

Month: _____ Year: _____

Rate your overall wellness: —     +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
						
						
						
						
						

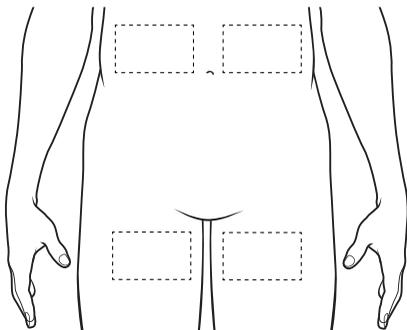
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 5

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 5

Month: _____ Year: _____

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

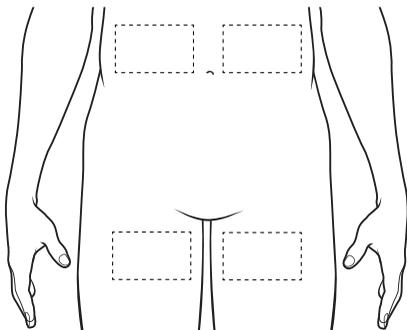
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 6

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 6

Month: _____ Year: _____

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

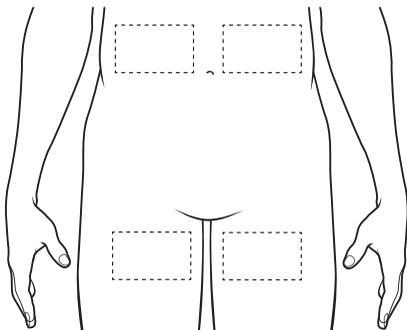
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 7

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 7

Month: _____ Year: _____

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

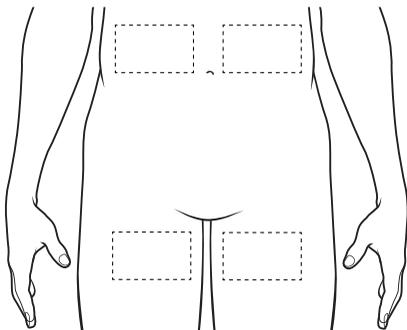
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 8

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 8

Month: _____ Year: _____

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

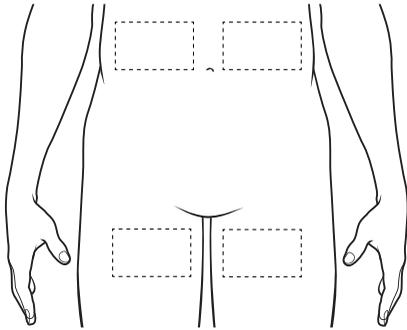
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 9

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 9

Month: _____ Year: _____

Rate your overall wellness: —     +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
						
						
						
						
						

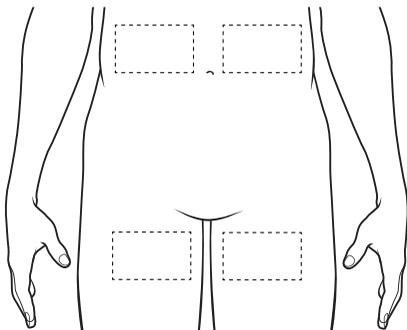
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 10

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 10

Month: _____ Year: _____

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

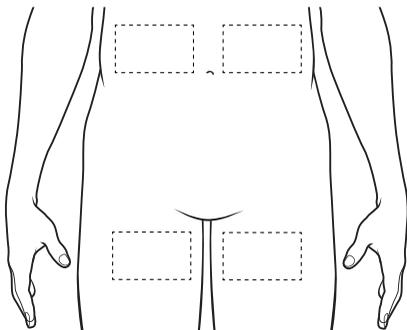
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 11

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 11

Month: _____ Year: _____

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

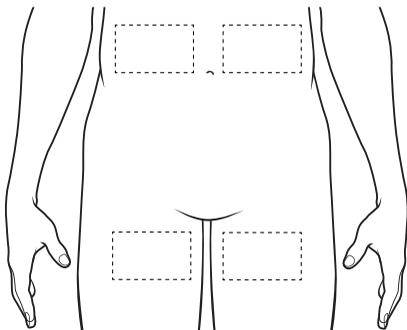
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 12

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 12

Month: _____ Year: _____

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

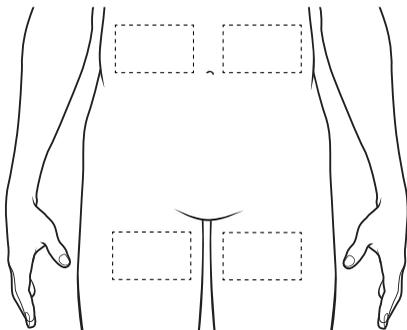
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 13

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 13

Month: _____ Year: _____

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

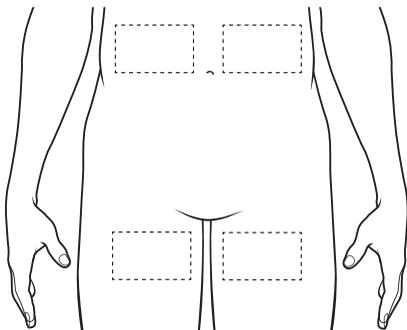
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 14

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 14

Month: _____ Year: _____

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

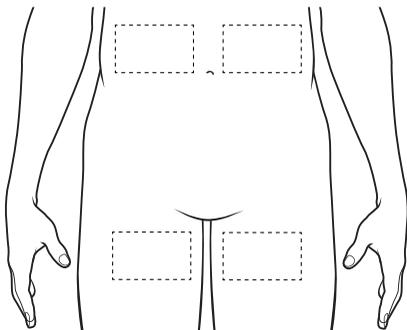
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 15

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 15

Month: _____ Year: _____

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

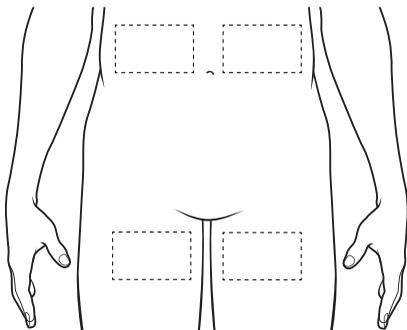
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 16

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 16

Month: _____ Year: _____

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

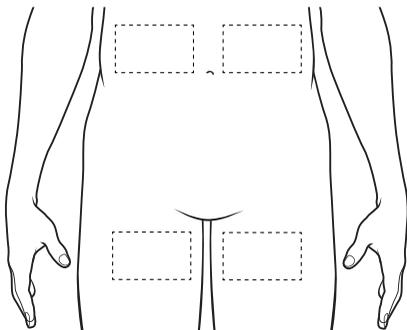
Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Infusion 17

Date of infusion: _____ / _____ / _____

Mark an X to show the site(s) of this infusion.



Your weight: _____ (lb)

Start time: _____ (AM/PM)

Dose: _____ (g)

Infusion rate (highest rate tolerated):
_____ mL/hr

Stop time: _____ (AM/PM)

Duration of infusion:
_____ hr _____ min

Rotate your site(s) between future infusions.

Questions to discuss with your healthcare team:

Record any changes in the supplies you used for this infusion:

List medication(s) taken prior to infusion:

List any reactions during and after your infusion:

Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.

Remove the peel-off label(s) from each IG vial only, which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Affix the label here or write in:

Lot number: _____

Vial size: _____

Expiration date: ____ / ____ / ____

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

Wellness Tracker for Infusion 17

Month: _____ Year: _____

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.



You've come
a long way!
Keep this
momentum going.

Use the next pages to document any final thoughts or questions that you would like to share with your doctor.

IMPORTANT SAFETY INFORMATION (continued)

What are the possible or reasonably likely side effects of HyQvia?

HyQvia can cause serious side effects. If any of the following problems occur after starting HyQvia, stop the infusion immediately and contact your HCP or call emergency services:

- Hives, swelling in the mouth or throat, itching, trouble breathing, wheezing, fainting or dizziness. These could be signs of a serious allergic reaction.
- Bad headache with nausea, vomiting, stiff neck, fever, and sensitivity to light. These could be signs of irritation and swelling of the lining around your brain.
- Reduced urination, sudden weight gain, or swelling in your legs. These could be signs of a kidney problem.
- Pain, swelling, warmth, redness, or a lump in your legs or arms, other than at the infusion site(s). These could be signs of a blood clot.
- Brown or red urine, fast heart rate, yellow skin or eyes. These could be signs of a liver or blood problem.

Please see additional Important Safety Information throughout, click for [Information for Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.

HyQvia

[Immune Globulin Infusion 10% (Human)
with Recombinant Human Hyaluronidase]

my Ig source

This is a whole community committed to helping each other and loved ones manage a life with PI. With more than 52,000 members, this online community helps you and caregivers find information about PI and connect with IG Community Support Team Advocates—people who live with or love someone with PI.

Want to connect with an advocate?

Call 1-855-250-5111 to talk or visit MyIgSource.com to learn more.



Help is just a tap or call away.

When prescribed a Takeda treatment—whether it's new to you, you've been on treatment, or you're taking care of someone else—Takeda Patient Support is here to help.

The Takeda Patient Support Co-Pay Assistance Program may cover

100% of your out-of-pocket costs if you're eligible*

Not enrolled or need assistance?

You can join Takeda Patient Support in a few simple steps. Visit TakedaPatientSupport.com/HyQvia or scan this QR code.

Our support specialists are never more than a tap or a call away. Reach us at **1-866-861-1750**, Monday through Friday, 8 AM to 8 PM ET.



A co-pay assistance program

Your dedicated specialist will walk you through the insurance process and help you understand what's covered.

Help getting your medicine

We can help you receive your treatment by getting your medication when you need it.

Nursing support

This can be arranged if you have questions about your treatment. Our nurses cannot provide medical advice.

Education about your condition

We can help you better understand your condition and treatment, and direct you to support resources and education that you can discuss with your healthcare provider.

Ongoing support

We're here for you. We'll share emails and texts with tips and timely info throughout your treatment.

***IMPORTANT NOTICE:** The Takeda Patient Support Co-Pay Assistance Program (the Program) is not valid for prescriptions eligible to be reimbursed, in whole or in part, by Medicaid, Medicare (including Medicare Part D), Tricare, Medigap, VA, DoD, or other federal or state programs (including any medical or state prescription drug assistance programs). No claim for reimbursement of the out-of-pocket expense amount covered by the Program shall be submitted to any third party payer, whether public or private. The Program cannot be combined with any other rebate/coupon, free trial, or similar offer. Copayment assistance under the Program is not transferable. The Program only applies in the United States, including Puerto Rico and other U.S. territories, and does not apply where prohibited by law, taxed, or restricted. This does not constitute health insurance. Void where use is prohibited by your insurance provider. If your insurance situation changes you must notify the Program immediately at 1-866-861-1750. Coverage of certain administration charges will not apply for patients residing in states where it is prohibited by law. Takeda reserves the right to rescind, revoke, or amend the Program at any time without notice.

What is HyQvia?

HyQvia is a liquid medicine that is given under the skin (subcutaneously) to treat primary immunodeficiency (PI) in people 2 years and older.

IMPORTANT SAFETY INFORMATION

What is the most important information that I should know about HyQvia?

- HyQvia can cause blood clots.
- Call your healthcare professional (HCP) if you have pain, swelling, warmth, redness, or a lump in your legs or arms, other than at the infusion site(s), unexplained shortness of breath, chest pain or discomfort that worsens on deep breathing, unexplained rapid pulse, numbness or weakness on one side of the body.
- Your HCP may perform blood tests regularly to check your IgG level.
- Do not infuse HyQvia into or around an infected or red swollen area because it can cause infection to spread.

Who should not take HyQvia?

Do not take HyQvia if you:

- Are allergic to IgG, hyaluronidase, other blood products, or any ingredient in HyQvia.

What should I avoid while taking HyQvia?

- HyQvia can make vaccines (like measles/mumps/rubella or chickenpox vaccines) not work as well for you. Before you get any vaccines, tell your HCP that you take HyQvia.

What should I tell my HCP before I start using or while using HyQvia?

Tell your HCP if you:

- Have or had any kidney, liver, or heart problems or history of blood clots because HyQvia can make these problems worse.
- Have IgA deficiency or a history of severe allergic reactions to IgG or other blood products.
- Are pregnant, trying to become pregnant or are breast feeding. It is not known whether HyQvia can harm the unborn baby or breastfed infant.

What are the possible or reasonably likely side effects of HyQvia?

HyQvia can cause serious side effects. If any of the following problems occur after starting HyQvia, stop the infusion immediately and contact your HCP or call emergency services:

- Hives, swelling in the mouth or throat, itching, trouble breathing, wheezing, fainting or dizziness. These could be signs of a serious allergic reaction.

- Bad headache with nausea, vomiting, stiff neck, fever, and sensitivity to light. These could be signs of irritation and swelling of the lining around your brain.
- Reduced urination, sudden weight gain, or swelling in your legs. These could be signs of a kidney problem.
- Pain, swelling, warmth, redness, or a lump in your legs or arms, other than at the infusion site(s). These could be signs of a blood clot.
- Brown or red urine, fast heart rate, yellow skin or eyes. These could be signs of a liver or blood problem.
- Chest pain or trouble breathing, blue lips or extremities. These could be signs of a serious heart or lung problem.
- Fever over 100°F. This could be a sign of an infection.

After HyQvia infusion a temporary, soft swelling may occur around the infusion site, which may last 1 to 3 days, due to the volume of fluid infused. The following possible side effects may occur at the site of infusion and generally go away within a few hours, and are less likely after the first few infusions.

- Mild or moderate pain
- Redness
- Swelling
- Itching

The most common side effects of HyQvia are:

- Headache
- Fatigue
- Nausea
- Fever
- Vomiting

Antibodies to the hyaluronidase component of HyQvia were formed in some patients taking HyQvia. It is not known if there is any long-term effect. In theory, these antibodies could react with your body's own hyaluronidase (PH20). PH20 is present in the male reproductive tract. So far, these antibodies have not been associated with increased or new side-effects.

These are not all the possible side effects. Talk to your HCP about any side effect that bothers you or that does not go away.

For additional safety information, click for [Information for Patients and discuss with your HCP.](#)

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.


[Immune Globulin Infusion 10% (Human)
with Recombinant Human Hyaluronidase]

You can always say

While your doctor is your best resource, you can always visit [HyQvia.com](https://www.hyqvia.com) for helpful info.

[Click to sign up for HyQvia emails.](#)

And all the good stuff will come straight to your inbox.

IMPORTANT SAFETY INFORMATION (continued)

What are the possible or reasonably likely side effects of HyQvia? (continued)

HyQvia can cause serious side effects. If any of the following problems occur after starting HyQvia, stop the infusion immediately and contact your HCP or call emergency services:

- Chest pain or trouble breathing, blue lips or extremities. These could be signs of a serious heart or lung problem.
- Fever over 100°F. This could be a sign of an infection.

Please see additional Important Safety Information throughout, click for Information for Patients, including Warning about Blood Clots, and discuss with your HCP.

HyQvia

**[Immune Globulin Infusion 10% (Human)
with Recombinant Human Hyaluronidase]**

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