

T:8"

T:10"

Rebinyn®

# INFUSION LOGBOOK

A comprehensive logbook to keep your bleed and infusion information together and organized

**NAME:** \_\_\_\_\_

For help with your infusions, please speak to your local hemophilia treatment center or health care provider.

All images of hemophilia B patients shown are for illustrative purposes only.

## INDICATIONS AND USAGE

### What is Rebinyn® Coagulation Factor IX (Recombinant), GlycoPEGylated?

Rebinyn® is an injectable medicine used to replace clotting Factor IX that is missing in patients with hemophilia B. Rebinyn® is used to treat and control bleeding in people with hemophilia B. Your healthcare provider may give you Rebinyn® when you have surgery. Rebinyn® is not used for prophylaxis or immune tolerance therapy.

## IMPORTANT SAFETY INFORMATION

### What is the most important information I need to know about Rebinyn®?

- **Do not attempt to do an infusion yourself unless you have been taught how by your healthcare provider or hemophilia treatment center.** Carefully follow your healthcare provider's instructions regarding the dose and schedule for infusing Rebinyn®.



Please see additional Important Safety Information on page 11.  
Please see accompanying Prescribing Information.

**rebinyn®**  
Coagulation Factor IX  
(Recombinant), GlycoPEGylated

## Bleed and infusion records

For help with your infusions, please speak to your local hemophilia treatment center or health care provider.

Tracking your bleeds and infusions is important for keeping an open discussion with your health care provider about your treatment. Utilize the infusion records entries, and keep this logbook for future reference as you continue your Rebinyn® journey.

CIRCLE YOUR INFUSION DATES BELOW.

2020  
2021

<b>JANUARY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>FEBRUARY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	<b>MARCH</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>APRIL</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>MAY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>JUNE</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>JULY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>AUGUST</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<b>SEPTEMBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>OCTOBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>NOVEMBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>DECEMBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<b>JANUARY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>FEBRUARY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	<b>MARCH</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>APRIL</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>MAY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>JUNE</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>JULY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>AUGUST</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<b>SEPTEMBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>OCTOBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>NOVEMBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>DECEMBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Date: \_\_\_\_\_  
 Location of bleed: \_\_\_\_\_  
 Cause of bleed: \_\_\_\_\_  
 Duration of bleed: \_\_\_\_\_  
 Details: \_\_\_\_\_

Date: \_\_\_\_\_  
 Location of bleed: \_\_\_\_\_  
 Cause of bleed: \_\_\_\_\_  
 Duration of bleed: \_\_\_\_\_  
 Details: \_\_\_\_\_

Date: \_\_\_\_\_  
 Location of bleed: \_\_\_\_\_  
 Cause of bleed: \_\_\_\_\_  
 Duration of bleed: \_\_\_\_\_  
 Details: \_\_\_\_\_



Please see Important Safety Information on page 11.  
Please see accompanying Prescribing Information.

This logbook may last for a longer period of time, based upon your number of bleeds.

**rebinyn®**  
Coagulation Factor IX  
(Recombinant), GlycoPEGylated

# Bleed and infusion records

For help with your infusions, please speak to your local hemophilia treatment center or health care provider.

🔴 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Place label here and fill out the adjacent details

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔴 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Place label here and fill out the adjacent details

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔴 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Place label here and fill out the adjacent details

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔴 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Place label here and fill out the adjacent details

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔴 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Place label here and fill out the adjacent details

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔴 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Place label here and fill out the adjacent details

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_



HELPFUL TERM:

**FACTOR LEVELS**

In people with hemophilia, a clotting factor is missing or the level of factor is low. Hemophilia can be mild, moderate, or severe, depending on the amount of clotting factor missing in a person's blood.



HELPFUL TERM:

**MILD HEMOPHILIA**

A disorder caused by factor IX activity of 5%-40%.

4 This logbook may last for a longer period of time, based upon your number of bleeds.

Please see Important Safety Information on page 11. Please see accompanying Prescribing Information.

**rebinyn**<sup>®</sup>  
Coagulation Factor IX  
(Recombinant), GlycoPEGylated

# Bleed and infusion records

For help with your infusions, please speak to your local hemophilia treatment center or health care provider.

🔹 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Place label here and fill out the adjacent details

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔹 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Place label here and fill out the adjacent details

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔹 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Place label here and fill out the adjacent details

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔹 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Place label here and fill out the adjacent details

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔹 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Place label here and fill out the adjacent details

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔹 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Place label here and fill out the adjacent details

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_



Markus, 33 years old, enjoys playing pool and spending time with his family. Markus lives with hemophilia B.

**HELPFUL TERM:**

**EXPOSURE DAYS**  
The number of days a person has been infused with concentrate.



Clayton, 34 years old, is a pilot who hikes and camps in his spare time. Clayton lives with hemophilia B.

**HELPFUL TERM:**

**MODERATE HEMOPHILIA**  
A disorder caused by factor IX activity of 1%-5%.

6 This logbook may last for a longer period of time, based upon your number of bleeds.

Please see Important Safety Information on page 11. Please see accompanying Prescribing Information.

**rebinyn<sup>®</sup>**  
Coagulation Factor IX  
(Recombinant), GlycoPEGylated

# Bleed and infusion records

For help with your infusions, please speak to your local hemophilia treatment center or health care provider.

🔴 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔴 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔴 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔴 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔴 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔴 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_



Leopoldo, 61 years old, is an IT engineer who spends time sailing. Leopoldo lives with hemophilia B.

HELPFUL TERM:  
**HALF-LIFE**  
 The amount of time it takes for the factor activity level to drop by half after an infusion.



Markus, 33 years old, spends his time with his family and playing pool. Markus lives with hemophilia B.

HELPFUL TERM:  
**SEVERE HEMOPHILIA**  
 A disorder caused by a lack or a very low level of factor IX activity in the blood, usually less than 1%.

8 This logbook may last for a longer period of time, based upon your number of bleeds.

Please see Important Safety Information on page 11. Please see accompanying Prescribing Information.

**rebinyn**<sup>®</sup>  
 Coagulation Factor IX  
 (Recombinant), GlycoPEGylated

## Bleed and infusion records

For help with your infusions, please speak to your local hemophilia treatment center or health care provider.

🔹 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔹 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_

🔹 Date: \_\_\_\_\_

Place label here and fill out the adjacent details

Location of bleed: \_\_\_\_\_

Cause of bleed: \_\_\_\_\_

Duration of bleed: \_\_\_\_\_

Details: \_\_\_\_\_



Clayton, 34 years old, is a pilot who hikes and camps in his spare time. Clayton lives with hemophilia B.

10 This logbook may last for a longer period of time, based upon your number of bleeds.

## Important Safety Information

### INDICATIONS AND USAGE

#### What is Rebinyn® Coagulation Factor IX (Recombinant), GlycoPEGylated?

Rebinyn® is an injectable medicine used to replace clotting Factor IX that is missing in patients with hemophilia B. Rebinyn® is used to treat and control bleeding in people with hemophilia B. Your healthcare provider may give you Rebinyn® when you have surgery. Rebinyn® is not used for prophylaxis or immune tolerance therapy.

### IMPORTANT SAFETY INFORMATION

#### What is the most important information I need to know about Rebinyn®?

- **Do not attempt to do an infusion yourself unless you have been taught how by your healthcare provider or hemophilia treatment center.** Carefully follow your healthcare provider's instructions regarding the dose and schedule for infusing Rebinyn®.

#### Who should not use Rebinyn®?

Do not use Rebinyn® if you:

- are allergic to Factor IX or any of the other ingredients of Rebinyn®.
- are allergic to hamster proteins.

#### What should I tell my health care provider before using Rebinyn®?

Tell your health care provider if you:

- have or have had any medical conditions.
- take any medicines, including non-prescription medicines and dietary supplements.
- are nursing, pregnant, or plan to become pregnant.
- have been told you have inhibitors to Factor IX.

#### How should I use Rebinyn®?

- Rebinyn® is given as an infusion into the vein.
- **Call your healthcare provider right away if your bleeding does not stop after taking Rebinyn®.**
- Do not stop using Rebinyn® without consulting your healthcare provider.

#### What are the possible side effects of Rebinyn®?

- **Common side effects include** swelling, pain, rash or redness at the location of the infusion, and itching.
- **Call your healthcare provider right away or get emergency treatment right away if you get any of the following signs of an allergic reaction:** hives, chest tightness, wheezing, difficulty breathing, and/or swelling of the face.
- **Tell your healthcare provider about any side effect that bothers you or that does not go away.**
- Animals given repeat doses of Rebinyn® showed Polyethylene Glycol (PEG) inside cells lining blood vessels in the choroid plexus, which makes the fluid that cushions the brain. The potential human implications of these animal tests are unknown.

#### Please see accompanying Prescribing Information.

Rebinyn® is a prescription medication.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

**rebinyn®**  
Coagulation Factor IX  
(Recombinant), GlycoPEGylated

# CONTINUE THE CONVERSATION

Being proactive in your treatment process requires reaching out for information and support when you need it. The following options can help you take control of your Rebinyn® treatment when you have questions.

- 1 Speak to your hemophilia treatment center or health care provider for any questions regarding infusions.
- 2 Visit [Rebinyn.com](http://Rebinyn.com) to stay informed on recent updates and the latest product information.
- 3 Contact a local Novo Nordisk representative for additional information.



T:10"

## INDICATIONS AND USAGE

### What is Rebinyn® Coagulation Factor IX (Recombinant), GlycoPEGylated?

Rebinyn® is an injectable medicine used to replace clotting Factor IX that is missing in patients with hemophilia B. Rebinyn® is used to treat and control bleeding in people with hemophilia B. Your healthcare provider may give you Rebinyn® when you have surgery. Rebinyn® is not used for prophylaxis or immune tolerance therapy.

**Please see additional Important Safety Information on page 11.  
Please see accompanying Prescribing Information.**

Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536 U.S.A.

Rebinyn® is a registered trademark of Novo Nordisk Health Care AG.  
Novo Nordisk is a registered trademark of Novo Nordisk A/S.  
© 2019 Novo Nordisk Printed in the U.S.A. US19REB00070 August 2019



**rebinyn®**  
Coagulation Factor IX  
(Recombinant), GlycoPEGylated