

Patient Name _____

Infliximab Infusion Calendar

1st Infusion	2nd Infusion	3rd Infusion	4th Infusion	5th Infusion	6th Infusion	7th Infusion	8th Infusion
Week 0	Week 2	Week 6	□ Week 12°		□ Week 24°	Week 30°	□ Week 36°
			Week 14 ^b	. □ Week 22 ^b	Week 30 ^b	Week 38 ^b	Week 46 ^b
			Other (please specify)*	Other (please specify)*	Other (please specify)*	Other (please specify)*	Other (please specify)*
					•		
				•	•		
Date	Date	Date	Date	Date	Date	Date	Date
Date	Dute	Dute	Dute				
Brand name	Brand name	Brand name	Brand name	Brand name	Brand name	Brand name	Brand name
				•	•		
Batch number	Batch number	Batch number	Batch number	Batch number	Batch number	Batch number	Batch number
		•			•		•

a If doing interval is every 6 weeks after the initial infusions given on Weeks 0, 2 and 6.

b If dosing interval is every 8 weeks after the initial infusions given on Weeks 0, 2 and 6.

*Some patients may require a different schedule of treatments. Your doctor will decide this based on factors such as disease type and severity, body weight, test results and how well you respond to infliximab treatment.

Infliximab treatment is to be initiated and supervised by qualified physicians. infliximab should be administered intravenously. infliximab infusions should be administered by qualified healthcare professionals trained to detect any infusion-related issues.

Patients treated with infliximab should be given the package leaflet and the patient reminder card.

- If you forget or miss an appointment to receive infliximab treatment, please make another appointment as soon as possible.
- If you have any further questions on the use of infliximab treatment, please ask your doctor.



Biogen - 108391 August 2023



Patient Name _____

Infusion Calendar

2nd Infusion	3rd Infusion	4th Infusion	5th Infusion	6th Infusion	7th Infusion	8th Infusion
Week 2	Week 6	Week 12°	☐ Week 18ª	☐ Week 22ª	🗌 Week 30ª	☐ Week 36°
• • •	• • •	☐ Week 14 [▷]	U Week 24 ^b	U Week 30 ^b	□ Week 38 ^b	☐ Week 46 [▷]
0 0 0 0	0 0 0 0	Other (please specify)*	Other (please specify)*	Other (please specify)*	Other (please specify)*	Other (please specify)*
0 0 0 0	• • • •	• • • •	• • • •	• • • •	• • • •	0 0 0 0
0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0
0 0 0 0	• • •	• • •	0 0 0 0	6 6 6 6 6	0 0 0 0	0 0 0 0
Date	Date	Date	Date	Date	Date	Date
0 0 0 0	• • •	• • •	• • •	• • • •	0 0 0 0	0 0 0 0
Batch number	Batch number	Batch number	Batch number	Batch number	Batch number	Batch number
0 0 0 0	• • •	• • •	• • •	e e e e	0 0 0	0 0 0 0
	Date	Date Date	Date Date	Date Date Date Date Date	DateDateDateDateDateDateDate	DateDateDateDateDateDateDate

a If doing interval is every 6 weeks after the initial infusions given on Weeks 0, 2 and 6.

b If dosing interval is every 8 weeks after the initial infusions given on Weeks 0, 2 and 6.

*Some patients may require a different schedule of treatments. Your doctor will decide this based on factors such as disease type and severity, body weight, test results and how well you respond to FLIXABI™ treatment.

FLIXABI[™] treatment is to be initiated and supervised by qualified physicians. FLIXABI[™] should be administered intravenously. FLIXABI[™] infusions should be administered by qualified healthcare professionals trained to detect any infusion-related issues.

Patients treated with FLIXABI[™] should be given the package leaflet and the patient reminder card.

• If you forget or miss an appointment to receive FLIXABI™, please make another appointment as soon as possible.

• If you have any further questions on the use of FLIXABI™, please ask your doctor.



Biogen - 108391 August 2023