What is OFEV?

OFEV is a prescription medicine used to treat people with a lung disease called idiopathic pulmonary fibrosis (IPF). It is not known if OFEV is safe and effective in children.

Important Safety Information

What is the most important information I should know about OFEV (nintedanib)?

OFEV can cause harm, birth defects or death to an unborn baby. Women should not become pregnant while taking OFEV. Women who are able to become pregnant should have a pregnancy test before starting treatment and should use birth control during and for at least 3 months after your last dose. If you become pregnant while taking OFEV, tell your doctor right away.

Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
Important Safety Information

What should I tell my doctor before using OFEV? Before you take OFEV, tell your doctor if you have:

- liver problems
- heart problems
- a history of blood clots
- a bleeding problem or a family history of a bleeding problem
- had recent surgery in your stomach (abdominal) area
- any other medical conditions.

Tell your doctor if you:

- are pregnant or plan to become pregnant.
- are breastfeeding or plan to breastfeed. It is not known if OFEV passes into your breast milk. You should not breastfeed while taking OFEV.
- are a smoker. You should stop smoking prior to taking OFEV and avoid smoking during treatment.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, herbal supplements such as St. John’s wort.

Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
Using the OFEV Journal

You have been diagnosed with idiopathic pulmonary fibrosis (IPF) [ID-ee-oh-PATH-ik PUHL-mon-air-ee fi-BRO-sis]. Your doctor has prescribed a medicine called OFEV (nintedanib) to help treat it. The OFEV Journal is an important tool to use during your treatment. In addition to recording your dosing of OFEV capsules, the journal allows you to also record your experience. Using and sharing this journal enables your doctor to regularly review how you are doing between visits. This will be an important tool for both you and your doctor.

Share the OFEV Journal with your healthcare team at your next check-up or immediately if you feel something important needs to be discussed. This way you have specific information to discuss and your healthcare team can give you helpful advice about your disease. Your doctor may choose to make changes in your care if needed.

Try to keep this journal close at hand. That way, it will always be in reach if you want to write down questions about your medicine, questions you might have about your disease, or things going on with your body.

Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
What is IPF?
Your lungs get oxygen from the air. The oxygen travels through the bloodstream to the heart. From there, the oxygen-rich blood is pumped to all the cells in the body.

In patients with IPF, scarring occurs when lungs are injured. When lungs are scarred, they become stiff, difficult to inflate, and no longer work like healthy lungs. In patients with IPF, the cause of this scarring is unknown.

IPF is different for every patient. Some people with IPF remain stable for many years. Others progress quickly.

What is OFEV?
OFEV (nintedanib) is a prescription medicine that is used to treat patients with IPF. It is not known if OFEV is safe and effective in children.

How does OFEV work?
OFEV capsules are prescription medicine designed to work for people with IPF by blocking the effects of some of the substances that are involved in the scarring of the lungs.

Monitoring IPF and OFEV treatment
During your care your doctor will perform certain tests routinely to monitor you. One test that the doctor might use is a spirometry test. This test will measure your forced vital capacity (FVC), or the amount of air your lungs can expel after taking the deepest breath possible.

Once your doctor prescribes you OFEV, you will have blood work, including liver function tests. These are performed prior to starting OFEV, at regular intervals during the first three months of treatment and periodically thereafter or as clinically indicated. Be sure to keep up with all your scheduled tests so your doctor can have a complete picture of your health.

Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
Important Safety Information

What are the possible side effects of OFEV?
OFEV may cause serious side effects.

TELL YOUR DOCTOR RIGHT AWAY if you are experiencing any side effects, including:

- **Liver problems.** Unexplained symptoms may include yellowing of your skin or the white part of your eyes (jaundice), dark or brown (tea colored) urine, pain on the upper right side of your stomach area (abdomen), bleeding or bruising more easily than normal, feeling tired, or loss of appetite. Your doctor will do blood tests regularly to check how well your liver is working during your treatment with OFEV.

- **Diarrhea, nausea, and vomiting.** Your doctor may recommend that you drink fluids or take medicine to treat these side effects. Tell your doctor if you have these symptoms, if they do not go away, or get worse and if you are taking over-the-counter laxatives, stool softeners, and other medicines or dietary supplements.

- **Heart attack.** Symptoms of a heart problem may include chest pain or pressure, pain in your arms, back, neck or jaw, or shortness of breath.

Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
OPEN DOORS™ Patient Support Program

You can call 1-866-OPEN-DOOR (1-866-673-6366) to get more information.

OPEN DOORS™ is a resource for people who have been prescribed OFEV (nintedanib) to help treat their IPF. OPEN DOORS™ also provides services to the caregivers and physicians who support these patients.

IPF is a challenging disease for you and everyone close to you. Dealing with your disease and handling your insurance benefits while balancing other responsibilities can be difficult. We’re here to help.

You’ll have access to nurse support 24 hours a day, 7 days a week, to help you understand and treat your IPF with OFEV capsules. We can assist you in finding resources to help you afford your medication. And we also have people who can help identify additional resources for you and your caregiver, like local support groups.
Online resources

The following websites have information for people with IPF as well as access to support groups that patients and caregivers can join.

- www.PulmonaryFibrosis.org
- www.PatientsLikeMe.com
- www.Inspire.com

Important Safety Information

What are the possible side effects of OFEV? (cont’d)

TELL YOUR DOCTOR RIGHT AWAY if you are experiencing any side effects, including:

- **Stroke.** Symptoms of a stroke may include numbness or weakness on 1 side of your body, trouble talking, headache, or dizziness.

- **Bleeding problems.** OFEV may increase your chances of having bleeding problems. Tell your doctor if you have unusual bleeding, bruising, or wounds that do not heal and/or if you are taking a blood thinner, including prescription blood thinners and over-the-counter aspirin.

Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
Get actively involved in your care

Learn everything you can about IPF. Now that you are starting on OFEV (nintedanib), make sure to keep a personal journal. The OFEV Journal can help you record things about your disease. At the back of this booklet are pages that you fill in on a daily basis to track what is happening. What did your lung function tests measure on your spirometer? Did you see your doctor? Did you take your OFEV capsules? Gather all the information that you need so that you and your doctor can meet IPF head-on.

Make the time with your doctor count

The OFEV Journal helps you organize your thoughts, questions, and concerns. Similar to a grocery list, which helps you remember all the items you need, keeping a list of your concerns eases the stress of having to remember them when you are in the doctor’s office. Take the OFEV Journal with you to doctor visits so you know what you want to talk about.

You or your caregiver can look at your journal and raise any recurring or important issues with your doctor at your next visit.

If you run out of the journal pages provided to you, you can request additional pages through OPEN DOORS™.

Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
Important Safety Information

What are the possible side effects of OFEV? (cont’d)

TELL YOUR DOCTOR RIGHT AWAY if you are experiencing any side effects, including:

- Tear in your stomach or intestinal wall (perforation).
  OFEV may increase your chances of having a tear in your stomach or intestinal wall. Tell your doctor if you have pain or swelling in your stomach area.

The most common side effects of OFEV are diarrhea, nausea, stomach pain, vomiting, liver problems, decreased appetite, headache, weight loss, and high blood pressure.

These are not all the possible side effects of OFEV. For more information, ask your doctor or pharmacist. 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.
What is OFEV (nintedanib)?
OFEV is a prescription medicine used to treat people with a lung disease called idiopathic pulmonary fibrosis (IPF). It is not known if OFEV is safe and effective in children.

Important Safety Information
What is the most important information I should know about OFEV (nintedanib)?
OFEV can cause harm, birth defects or death to an unborn baby. Women should not become pregnant while taking OFEV. Women who are able to become pregnant should have a pregnancy test before starting treatment and should use birth control during and for at least 3 months after your last dose. If you become pregnant while taking OFEV, tell your doctor right away.

Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
Use this journal to record your experience and questions while taking OFEV capsules.

Important Safety Information

What should I tell my doctor before using OFEV?

Before you take OFEV, tell your doctor if you have:

- liver problems
- heart problems
- a history of blood clots
- a bleeding problem or a family history of a bleeding problem
- had recent surgery in your stomach (abdominal) area
- any other medical conditions.

Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
Important Safety Information

What should I tell my doctor before using OFEV? (cont’d)

Tell your doctor if you:

• are pregnant or plan to become pregnant.

• are breastfeeding or plan to breastfeed. It is not known if OFEV passes into your breast milk. You should not breastfeed while taking OFEV.

• are a smoker. You should stop smoking prior to taking OFEV and avoid smoking during treatment.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, herbal supplements such as St. John’s wort.

What are the possible side effects of OFEV?

OFEV may cause serious side effects.

TELL YOUR DOCTOR RIGHT AWAY if you are experiencing any side effects, including:

• Liver problems. Unexplained symptoms may include yellowing of your skin or the white part of your eyes (jaundice), dark or brown (tea colored) urine, pain on the upper right side of your stomach area (abdomen), bleeding or bruising more easily than normal, feeling tired, or loss of appetite. Your doctor will do blood tests regularly to check how well your liver is working during your treatment with OFEV.

• Diarrhea, nausea, and vomiting. Your doctor may recommend that you drink fluids or take medicine to treat these side effects. Tell your doctor if you have these symptoms, if they do not go away, or get worse and if you are taking over-the-counter laxatives, stool softeners, and other medicines or dietary supplements.

Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: 3/15/15  

Weight today  
Weight yesterday  

time: 6:00pm  

OFEV CAPSULES TAKEN
✓ Morning  ❏ With food  ✓ Evening  ❏ With food  

OTHER MEDICINES  
Morning  ibuprofen  
Evening  

OXYGEN USE  
✓ Yes  ❏ No  
Oxygen prescription from doctor
1 Liter(s) at rest  
2 Liter(s) when active  
1 Liter(s) when sleeping  

Oxygen level  
[ ] I do not have an oximeter  

Oxygen level  

Spirometry results  
FVC

COMMENTS


Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: ___________________________  time: ___________________________
Weight today ___________________  Weight yesterday ________________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES  Morning _____________  Evening _____________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level ___________

Spirometry results  _______ FVC

COMMENTS

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: ____________________________  time: ____________________________

Weight today ____________________  Weight yesterday ____________________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES  Morning ___________  Evening ___________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level ___________

Spirometry results  _______ FVC

COMMENTS

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
**OFEV Journal**

**date:** ___________________  
**time:** ___________________

Weight today _______________  
Weight yesterday ____________

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**OFEV CAPSULES TAKEN**

- [ ] Morning  
- [ ] With food  
- [ ] Evening  
- [ ] With food

**OTHER MEDICINES**

Morning ____________  
Evening ____________

**OXYGEN USE**

- [ ] Yes  
- [ ] No

Oxygen prescription from doctor

___ Liter(s) at rest  
___ Liter(s) when active  
___ Liter(s) when sleeping

**Oxygen level**

- [ ] I do not have an oximeter  
Oxygen level ____________

**Spirometry results**

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**COMMENTS**

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Please see additional Important Safety Information throughout this journal and accompanying full **Prescribing Information**, including **Patient Information**.
date: __________________________  time: __________________________

Weight today __________________  Weight yesterday ________________

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OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES  Morning _____________  Evening _____________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

COMMENTS

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: __________________________  time: __________________________

Weight today _________________  Weight yesterday _______________  

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES  Morning ____________  Evening ____________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: __________________________  time: __________________________

Weight today __________________________  Weight yesterday __________________________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES  Morning __________________________  Evening __________________________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
☐ __ Liter(s) at rest  ☐ __ Liter(s) when active  ☐ __ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
OFEV Journal

date: ___________________________  time: ___________________________

Weight today ___________________  Weight yesterday ________________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES  Morning ______________  Evening ______________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

COMMENTS
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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: ______________________ time: ______________________

Weight today ________________  Weight yesterday ________________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES  Morning ________________  Evening ________________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

COMMENTS
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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: ___________________________  time: ___________________________

Weight today _________________  Weight yesterday _________________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES  Morning _____________  Evening ________________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level ___________

Spirometry results  _______ FVC

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: ______________________   time: ______________________

Weight today __________________  Weight yesterday ______________

OFEV CAPSULES TAKEN
☐ Morning   ☐ With food   ☐ Evening   ☐ With food

OTHER MEDICINES  Morning _____________  Evening ______________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

COMMENTS

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: ______________________  time: ______________________

Weight today ________________  Weight yesterday ________________

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**OFEV CAPSULES TAKEN**
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

**OTHER MEDICINES**
Morning ________________  Evening ________________

**OXYGEN USE**
☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level
c☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

**COMMENTS**

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Please see additional Important Safety Information throughout this journal and accompanying full **Prescribing Information**, including **Patient Information**.
OFEV Journal

Date: __________________________  Time: __________________________

Weight today __________________________  Weight yesterday __________________________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES  Morning __________________________  Evening __________________________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level __________

Spirometry results  ________ FVC

COMMENTS

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: __________________________ time: __________________________

Weight today ________________  Weight yesterday ________________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES
Morning ________________  Evening ________________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

COMMENTS

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: ____________________    time: ____________________
Weight today ______________    Weight yesterday ______________

OFEV CAPSULES TAKEN
☐ Morning   ☐ With food   ☐ Evening   ☐ With food

OTHER MEDICINES   Morning ______________  Evening ______________

OXYGEN USE   ☐ Yes   ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level   ☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: __________________________  time: __________________________
Weight today __________________  Weight yesterday ________________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES  Morning ______________  Evening _____________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

COMMENTS
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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: ____________________  time: ____________________

Weight today ________________  Weight yesterday ________________

**OFEV CAPSULES TAKEN**

☐ Morning  ☐ With food  ☐ Evening  ☐ With food

**OTHER MEDICINES**  Morning ________________  Evening ________________

**OXYGEN USE**  ☐ Yes  ☐ No

Oxygen prescription from doctor

___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

**COMMENTS**

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Please see additional Important Safety Information throughout this journal and accompanying full [Prescribing Information](#), including [Patient Information](#).
OFEV Journal

date: ___________________________  time: ___________________________

Weight today ___________________  Weight yesterday ________________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES  Morning ___________  Evening _____________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
☐ __ Liter(s) at rest  ☐ __ Liter(s) when active  ☐ __ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level ___________

Spirometry results  _______ FVC

COMMENTS

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: ______________________  time: ______________________

Weight today ______________________  Weight yesterday ______________________

**OFEV CAPSULES TAKEN**
- [ ] Morning  [ ] With food  [ ] Evening  [ ] With food

**OTHER MEDICINES**
- Morning ______________________  Evening ______________________

**OXYGEN USE**
- [ ] Yes  [ ] No

Oxygen prescription from doctor
- __ Liter(s) at rest  __ Liter(s) when active  __ Liter(s) when sleeping

Oxygen level
- [ ] I do not have an oximeter  Oxygen level __________

Spirometry results  ________ FVC

**COMMENTS**

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Please see additional Important Safety Information throughout this journal and accompanying full [Prescribing Information](#), including [Patient Information](#).
date: ____________________  time: ____________________

Weight today ________________  Weight yesterday ________________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES
Morning ________________  Evening ________________

OXYGEN USE
☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level
☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

COMMENTS


Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: ______________________  time: ______________________
Weight today ______________________  Weight yesterday ______________________

**OFEV CAPSULES TAKEN**
- [ ] Morning
- [ ] With food
- [ ] Evening
- [ ] With food

**OTHER MEDICINES**
- Morning: __________
- Evening: __________

**OXYGEN USE**
- [ ] Yes
- [ ] No

Oxygen prescription from doctor
- [ ] __ Liter(s) at rest
- [ ] __ Liter(s) when active
- [ ] __ Liter(s) when sleeping

Oxygen level
- [ ] I do not have an oximeter
- Oxygen level: __________

Spirometry results
- ________ FVC

**COMMENTS**
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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: __________________________  time: __________________________

Weight today ____________________  Weight yesterday ________________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES
Morning ______________  Evening ______________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
__ Liter(s) at rest  __ Liter(s) when active  __ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level ___________

Spirometry results  ________ FVC

COMMENTS
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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: ___________________________  time: ___________________________

Weight today ____________________  Weight yesterday __________________

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**OFEV CAPSULES TAKEN**
- ✔ Morning
- ✔ With food
- ✔ Evening
- ✔ With food

**OTHER MEDICINES**
- Morning ____________________
- Evening ____________________

**OXYGEN USE**
- ✔ Yes  
- ✔ No

Oxygen prescription from doctor
- ___ Liter(s) at rest
- ___ Liter(s) when active
- ___ Liter(s) when sleeping

**Oxygen level**
- ✔ I do not have an oximeter
- Oxygen level _______

**Spirometry results**
- ______ FVC

**COMMENTS**

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
date: __________________________  time: __________________________

Weight today __________________________  Weight yesterday __________________________

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**OFEV CAPSULES TAKEN**

☐ Morning  ☐ With food  ☐ Evening  ☐ With food

**OTHER MEDICINES**  Morning __________________________  Evening __________________________

**OXYGEN USE**  ☐ Yes  ☐ No

Oxygen prescription from doctor

☐ __ Liter(s) at rest  ☐ __ Liter(s) when active  ☐ __ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level __________________________

Spirometry results  _______ FVC

**COMMENTS**

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Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
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<tbody>
<tr>
<td>Weight today</td>
<td>Weight yesterday</td>
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**OFEV CAPSULES TAKEN**
- [ ] Morning
- [ ] With food
- [ ] Evening
- [ ] With food

**OTHER MEDICINES**
- Morning ____________
- Evening ____________

**OXYGEN USE**
- [ ] Yes
- [ ] No

Oxygen prescription from doctor
- ___ Liter(s) at rest
- ___ Liter(s) when active
- ___ Liter(s) when sleeping

**Oxygen level**
- [ ] I do not have an oximeter
- Oxygen level ____________

**Spirometry results**
- _______ FVC

**COMMENTS**

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Weight today ________________  Weight yesterday ____________

OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

OTHER MEDICINES  Morning ____________  Evening ____________

OXYGEN USE  ☐ Yes  ☐ No

Oxygen prescription from doctor
___ Liter(s) at rest  ___ Liter(s) when active  ___ Liter(s) when sleeping

Oxygen level  ☐ I do not have an oximeter  Oxygen level __________

Spirometry results  _______ FVC

COMMENTS

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OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

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COMMENTS
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**OFEV Journal**

**date:** __________________________  **time:** __________________________

Weight today __________________________  Weight yesterday __________________________

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**OFEV CAPSULES TAKEN**

☐ Morning  ☐ With food  ☐ Evening  ☐ With food

**OTHER MEDICINES**

Morning __________________________  Evening __________________________

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Spirometry results  __________ FVC

**COMMENTS**

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OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

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Spirometry results  _______ FVC

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OFEV CAPSULES TAKEN
☐ Morning  ☐ With food  ☐ Evening  ☐ With food

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Spirometry results  _______ FVC

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Spirometry results  ________ FVC

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Spirometry results  ________ FVC

COMMENTS

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TELL YOUR DOCTOR RIGHT AWAY if you are experiencing any side effects, including:

- **Heart attack.** Symptoms of a heart problem may include chest pain or pressure, pain in your arms, back, neck or jaw, or shortness of breath.

- **Stroke.** Symptoms of a stroke may include numbness or weakness on 1 side of your body, trouble talking, headache, or dizziness.

- **Bleeding problems.** OFEV may increase your chances of having bleeding problems. Tell your doctor if you have unusual bleeding, bruising, or wounds that do not heal and/or if you are taking a blood thinner, including prescription blood thinners and over-the-counter aspirin.

- **Tear in your stomach or intestinal wall (perforation).** OFEV may increase your chances of having a tear in your stomach or intestinal wall. Tell your doctor if you have pain or swelling in your stomach area.

The most common side effects of OFEV are diarrhea, nausea, stomach pain, vomiting, liver problems, decreased appetite, headache, weight loss, and high blood pressure.

These are not all the possible side effects of OFEV. For more information, ask your doctor or pharmacist. 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.

Please see additional Important Safety Information throughout this journal and accompanying full Prescribing Information, including Patient Information.
To request additional journal pages, call our patient support program at 1-866-OPEN-DOOR (1-866-673-6366).

Learn more at www.OFEV.com

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OPEN DOORS™ PATIENT SUPPORT PROGRAM

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