

Treatment **JOURNAL**

It's all about
**tracking your
progress.**

THIS JOURNAL STARTS

DATE

AND GOES TO

DATE

PERSONAL INFORMATION

IF FOUND, PLEASE CONTACT:

NAME

ADDRESS

HOME PHONE

CELL PHONE

E-MAIL

IN CASE OF EMERGENCY, PLEASE CALL:

1) NAME

PHONE

2) NAME

PHONE

3) NAME

PHONE

EMERGENCY MEDICAL INFORMATION:

BLOOD TYPE

ALLERGIES



MY HEALTHCARE TEAM

DOCTOR:

NAME

HOSPITAL OR PRACTICE

PHONE

ADDRESS

E-MAIL

NEUROLOGIST:

NAME

HOSPITAL OR PRACTICE

PHONE

ADDRESS

E-MAIL

NURSE:

NAME

PHONE

E-MAIL

PHARMACY:

STORE

PHONE

ADDRESS

E-MAIL

INSURANCE:

CARRIER

POLICY #

GROUP #

PHONE

FAX

CUSTOMER SERVICE CONTACT



INDICATIONS

Betaseron (interferon beta-1b) is a prescription medicine used to treat relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

IMPORTANT SAFETY INFORMATION

Do not take BETASERON (interferon beta-1b) if you are allergic to interferon beta-1b, to another interferon beta, to human albumin, or mannitol.

BETASERON can cause serious side effects, including:

Liver Problems Including Liver Failure. Symptoms of liver problems may include yellowing of your eyes, itchy skin, feeling very tired, flu-like symptoms, nausea or vomiting, bruising easily or bleeding problems. Your healthcare provider will do blood tests to check for these problems while you take BETASERON.

Serious Allergic Reactions. Serious allergic reactions can happen quickly and may happen after your first dose of BETASERON or after you have taken BETASERON many times. Symptoms may include difficulty breathing or swallowing, swelling of the mouth or tongue, rash, itching, or skin bumps.

Depression or Suicidal Thoughts. Call your healthcare provider right away if you have any of the following symptoms, especially if they are new, worse or worry you: thoughts about suicide or dying, new or worse depression (sinking feeling or sadness), new or worse anxiety (feeling uneasy, nervous or fearful for no reason), trouble sleeping (insomnia), acting aggressive, being angry, or violent, acting on dangerous impulses, hallucinations, other unusual changes in behavior or mood.

Other possible serious side effects with BETASERON include:

Heart Problems. BETASERON may worsen heart problems including congestive heart failure. Symptoms of heart problems may include swollen ankles, shortness of breath, decreased ability to exercise, fast heartbeat, tightness in chest, increased need to urinate at night, not being able to lay flat in bed.

Please see full Prescribing Information. For BETACONNECT™ Instructions for Use, please visit

IMPORTANT SAFETY INFORMATION (continued)

Injection Site Problems. Serious skin reactions can happen in some people including areas of severe damage to skin and the tissue below the skin (necrosis). These reactions can happen anywhere you inject BETASERON. Symptoms of injection site problems may include swelling, redness, or pain at the injection site, fluid drainage from the injection site, and breaks in your skin or blue-black skin discoloration. Call your healthcare provider right away if an injection site becomes swollen and painful or the area looks infected. You may have a skin infection or an area of severe skin damage (necrosis) requiring treatment by a healthcare provider.

Pulmonary Arterial Hypertension. Pulmonary arterial hypertension can occur with interferon beta products, including BETASERON. Symptoms may include new or increasing fatigue or shortness of breath. Contact your healthcare provider right away if you develop these symptoms.

Flu-like Symptoms. BETASERON can cause flu-like symptoms including fever, chills, tiredness, sweating, muscle aches when you first start to use it. These symptoms may decrease over time. Taking medicines for fever and pain relief on the days you are using BETASERON may help decrease these symptoms.

Seizures. Some people have had seizures while taking BETASERON, including people who have never had seizures before. It is not known if the seizures were related to MS, to BETASERON, or to a combination of both. If you have a seizure after taking BETASERON call your healthcare provider right away.

Blood Problems. You may have a drop in the levels of infection-fighting white blood cells, red blood cells, or cells that help you form blood clots. If drops in levels are severe, they can lessen your ability to fight infections, make you feel tired or sluggish or cause you to bruise or bleed easily.

Pregnancy:

Tell your doctor if you are pregnant or plan to become pregnant.

Most Common Side Effects:

The most common side effects of BETASERON include low white blood cell count, increases in your liver enzymes, headache, increase in your muscle tension, pain, rash, problems sleeping, stomach pain, weakness. These are not all the possible side effects of BETASERON.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away. Tell your healthcare provider about all the medicines you take and your medical conditions.

Please see the full Prescribing Information and Medication Guide for additional information and talk to your healthcare provider.

You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call **1-800-FDA-1088**.

Please see full Prescribing Information. For BETACONNECT™ Instructions for Use, please visit www.betaconnectifu.com.



Treatment **JOURNAL**

It's all about
tracking your
progress.

USE THIS JOURNAL TO TRACK YOUR THERAPY.

THIS JOURNAL CAN HELP YOU:

- Stay organized and keep contact information in one place
- Keep track of your injections and rotate them properly
- Remember important appointments and tests
- Keep medical and insurance information handy
- Remember when to reorder your BETASERON® (interferon beta-1b) refills

TOOLS TO HELP YOU TRACK YOUR TREATMENT:


- A Rotating Injection Sites diagram showing 24 recommended injection sites
- 9 monthly calendars for tracking your injection sites
- A Treatment Tracker you can fill out every 3 months and discuss with your healthcare team

MY MEDICATIONS

Use the chart below to fill in details about all your medications. Make sure your doctors know about ALL the medications you’re taking, including supplements.

DRUG NAME/ PRESCRIPTION NO.	STRENGTH	HOW OFTEN	USED FOR	PRESCRIBED BY
BETASERON®	1.0 mL	Every other day	RRMS	Dr Cunningham





BETASERON[®]
(interferon beta-1b)
0.3 mg for SC injection

Treatment **JOURNAL**

*It's all about
tracking your
progress.*

Model used for illustrative
purposes only.

FAQs ABOUT BETASERON[®] (interferon beta-1b)

Q How do I get personal injection training?

A Every person taking BETASERON can get personal injection training from their healthcare provider.

Please see Indications and Important Safety Information on pages 4 and 5, and full Prescribing Information.

8 For BETACONNECT[™] Instructions for Use, please visit www.betaconnectifu.com.

Q Are there tips to help reduce injection site reactions?

A Serious skin reactions can happen to some people, including areas of severe damage to skin and the tissue below the skin (necrosis). One thing you can do to help reduce injection-site reactions is to rotate your injection sites. Never use the same injection site twice in a row. If an area is sore, red, infected, or swollen, use another area and call your healthcare provider.

Use BETA track™ or this journal to mark your injection site. It can help you keep track of when and where to inject. Talk with your healthcare provider about more things you can do to help make your injection experience go more smoothly.

Q How do I store BETASERON® (interferon beta-1b)?

A BETASERON does not need to be stored in the refrigerator. It can be stored at room temperature up to its expiration date. That's a big plus when you're traveling! If you don't use BETASERON immediately after reconstitution, you can refrigerate it and use within 3 hours. Do not freeze BETASERON.

Q How do I dispose of used BETASERON syringes?

A Put the used syringe and needle in a proper sharps container for safe disposal. To avoid injury, do not attempt to recap a used needle. DO NOT throw the needle or syringe in the household trash or recycle bin. Always keep the sharps container out of the reach of children. When the container is full, ask your pharmacist where you can drop it off. The laws for getting rid of sharps containers differ from state to state.

Q Where can I get a sharps container?

A You can get one from a local pharmacy.

Q What if I have to travel with BETASERON?

A If you're flying, always keep your medication in your carry-on luggage because checked bags can get lost. Your healthcare provider can give you a note for airport security to explain why you need to take an injectable treatment on board with you. And don't worry about the X-ray scanners; they won't affect BETASERON in your carry-on bags. You also don't have to worry about refrigerating BETASERON.

Still have questions? Talk with your healthcare team. Just call **1-844-788-1470**.



TRACKING TIPS

- Write in the month and dates on each new calendar, starting on page 13
- Circle your first injection day each month
 - If the day is **light blue**, you will inject on every **light blue** day for the rest of the month
 - If the day is **light green**, you will inject only on **light green** days
- You can also note whether your first injection day is an ODD or an EVEN number
- In our sample calendar below, if you started your injection on the second day of the month, you would inject on every EVEN-numbered day for the rest of that month
- Keep track of each injection area and section, as well as your dose
- Your doctor may suggest starting your BETASERON® (interferon beta-1b) at a lower dose and increasing it over time. This process is called titration
- Titration gives your body time to adjust. Following your doctor's instructions, mark your journal calendar to remind you when to increase to a higher dosage



To learn more about titration, talk with your healthcare team or refer to the Injection Training Guide.

MONTH

October

Sample calendar

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2 Started treatment! UP right ab .25 mL	3	4 UP right thigh .25 mL	5	6 UP left ab .25 mL
7	8 UP left thigh .25 mL	9	10 UP left arm .25 mL	11	12 UP left buttock .25 mL	13
14 UP right arm .5 mL	15	16 UP right buttock .5 mL	17	18 MID right ab .5 mL	19	20 MID right thigh .5 mL
21	22 MID left ab .5 mL	23	24 MID left thigh .5 mL	25	26 MID left arm .5 mL	27
28 MID left buttock .75 mL	29	30 MID right arm .75 mL	31			

QUESTIONS, NOTES, AND APPOINTMENTS

Thoughts and questions to discuss with my healthcare team.

NOTES:



APPOINTMENTS THIS MONTH

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

Remember to call your pharmacy for a refill 1 week before you run out of BETASERON® (interferon beta-1b).

MONTH _____

[illegible]

QUESTIONS, NOTES, AND APPOINTMENTS

Thoughts and questions to discuss with my healthcare team.

NOTES:



APPOINTMENTS THIS MONTH

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

Remember to call your pharmacy for a refill 1 week before you run out of BETASERON® (interferon beta-1b).

QUESTIONS, NOTES, AND APPOINTMENTS

Thoughts and questions to discuss with my healthcare team.

NOTES:



APPOINTMENTS THIS MONTH

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

Remember to call your pharmacy for a refill 1 week before you run out of BETASERON® (interferon beta-1b).

TREATMENT TRACKER

Answer these 5 questions to help you track any changes in your symptoms—and keep your healthcare team informed.

Today's date: _____

This tracker covers _____ to _____
(mm/yy) (mm/yy)

During this time period...

1. Have you had a relapse of your MS?

☐ Yes

☐ No

2. If yes, have you experienced any of the following relapse symptoms?

(please check all that apply)

☐ Weakness

☐ Poor muscle coordination

☐ Tingling/pain

☐ Sexual problems

☐ Problems with balance and walking

☐ Bladder and bowel problems

☐ Changes in vision

☐ Other _____



Please see Indications and Important Safety Information on pages 4 and 5, and full Prescribing Information.

3. Have you called your doctor about any symptoms?

☐ Yes

☐ No

4. How would you describe your overall mood? (please check one)

☐ Better than usual

☐ A little worse than usual

☐ A little better than usual

☐ Worse than usual

☐ Same as usual

5. Do you have any concerns about how your treatment is going?

☐ No

☐ Yes. My concerns include: _____

Take this tracker to your next doctor appointment and share your answers, or use it to guide a conversation with your healthcare provider.

If you think you may be having a relapse, or experienced one recently, call your doctor's office and make an appointment right away.

NOTES:

QUESTIONS, NOTES, AND APPOINTMENTS

Thoughts and questions to discuss with my healthcare team.

NOTES:



APPOINTMENTS THIS MONTH

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

Remember to call your pharmacy for a refill 1 week before you run out of BETASERON® (interferon beta-1b).

MONTH _____

[illegible]

QUESTIONS, NOTES, AND APPOINTMENTS

Thoughts and questions to discuss with my healthcare team.

NOTES:



APPOINTMENTS THIS MONTH

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

Remember to call your pharmacy for a refill 1 week before you run out of BETASERON® (interferon beta-1b).

MONTH _____

[illegible]

QUESTIONS, NOTES, AND APPOINTMENTS

Thoughts and questions to discuss with my healthcare team.

NOTES:



APPOINTMENTS THIS MONTH

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

Remember to call your pharmacy for a refill 1 week before you run out of BETASERON® (interferon beta-1b).

MONTH _____

[illegible]

TREATMENT TRACKER

Answer these 5 questions to help you track any changes in your symptoms—and keep your healthcare team informed.

Today's date: _____

This tracker covers _____ to _____
(mm/yy) (mm/yy)

During this time period...

1. Have you had a relapse of your MS?

☐ Yes

☐ No

2. If yes, have you experienced any of the following relapse symptoms?

(please check all that apply)

☐ Weakness

☐ Poor muscle coordination

☐ Tingling/pain

☐ Sexual problems

☐ Problems with balance and walking

☐ Bladder and bowel problems

☐ Changes in vision

☐ Other _____



3. Have you called your doctor about any symptoms?

☐ Yes

☐ No

4. How would you describe your overall mood? (please check one)

☐ Better than usual

☐ A little worse than usual

☐ A little better than usual

☐ Worse than usual

☐ Same as usual

5. Do you have any concerns about how your treatment is going?

☐ No

☐ Yes. My concerns include: _____

Take this tracker to your next doctor appointment and share your answers, or use it to guide a conversation with your healthcare provider.

If you think you may be having a relapse, or experienced one recently, call your doctor's office and make an appointment right away.

ACCESS A NEW JOURNAL NOW.

If you need a new treatment journal, visit <https://www.betaseron.com/whybetaseron/injection-tracking>.

QUESTIONS, NOTES, AND APPOINTMENTS

Thoughts and questions to discuss with my healthcare team.

NOTES:



APPOINTMENTS THIS MONTH

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

Remember to call your pharmacy for a refill 1 week before you run out of BETASERON® (interferon beta-1b).

MONTH

[illegible]

QUESTIONS, NOTES, AND APPOINTMENTS

Thoughts and questions to discuss with my healthcare team.

NOTES:



APPOINTMENTS THIS MONTH

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

Remember to call your pharmacy for a refill 1 week before you run out of BETASERON® (interferon beta-1b).

QUESTIONS, NOTES, AND APPOINTMENTS

Thoughts and questions to discuss with my healthcare team.

NOTES:



APPOINTMENTS THIS MONTH

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

WHERE

DATE

TIME

Remember to call your pharmacy for a refill 1 week before you run out of BETASERON® (interferon beta-1b).

MONTH

[illegible]

TREATMENT TRACKER

Answer these 5 questions to help you track any changes in your symptoms—and keep your healthcare team informed.

Today's date: _____

This tracker covers _____ to _____
(mm/yy) (mm/yy)

During this time period...

1. Have you had a relapse of your MS?

☐ Yes

☐ No

2. If yes, have you experienced any of the following relapse symptoms?

(please check all that apply)

☐ Weakness

☐ Poor muscle coordination

☐ Tingling/pain

☐ Sexual problems

☐ Problems with balance and walking

☐ Bladder and bowel problems

☐ Changes in vision

☐ Other _____



Please see Indications and Important Safety Information on pages 4 and 5, and full Prescribing Information.

3. Have you called your doctor about any symptoms?

☐ Yes

☐ No

4. How would you describe your overall mood? (please check one)

☐ Better than usual

☐ A little worse than usual

☐ A little better than usual

☐ Worse than usual

☐ Same as usual

5. Do you have any concerns about how your treatment is going?

☐ No

☐ Yes. My concerns include: _____

Take this tracker to your next doctor appointment and share your answers, or use it to guide a conversation with your healthcare provider.

If you think you may be having a relapse, or experienced one recently, call your doctor's office and make an appointment right away.

NOTES:

NOTES:

This image shows a single sheet of cream-colored paper with horizontal ruling lines. The paper has a slightly textured appearance and is set against a dark background. There are 20 horizontal lines in total, evenly spaced across the page. The lines are thin and light gray or blue. The paper itself is off-white or light beige. There is no handwriting or other markings on the paper.

Please see Indications and Important Safety Information on pages 4 and 5, and full Prescribing Information.

REMEMBER TO REFILL AND REORDER

Call your pharmacy for a refill a week before you run out of BETASERON.
Download a new Treatment Journal at www.betaseron.com/why-betaseron/injection-tracking.



Model used for illustrative purposes only.

For copay enrollment and support, you can:

- *Call our customer service number at **647-245-5620***



- *Self-enroll through our website at <https://www.savingscard.bayer.com/>*

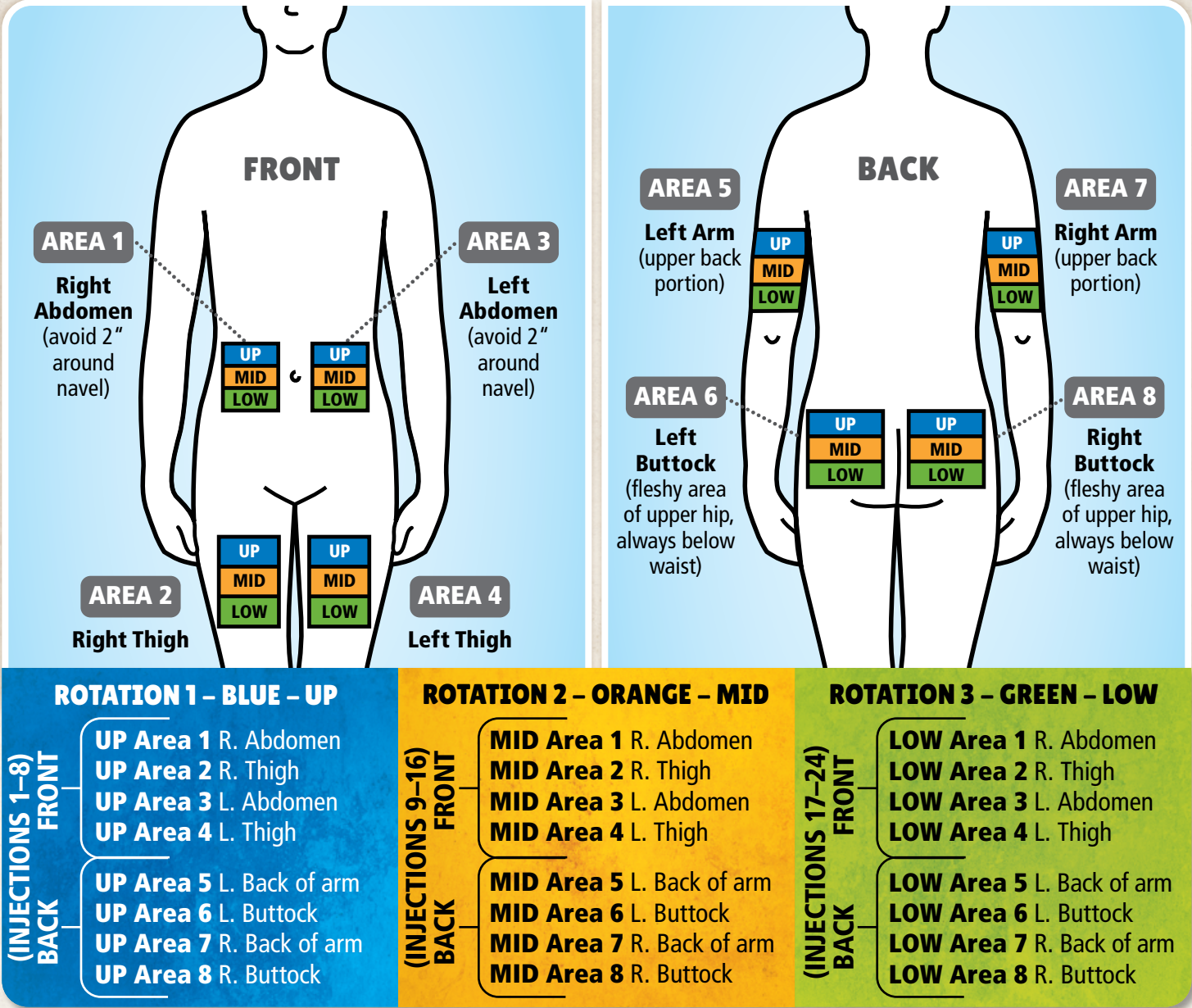
*If you are still unable to afford your copayment, please contact the Bayer US Patient Assistance Foundation at **1-866-228-7723**.*

NOTES:

Using this rotation schedule, you'll come back to your first injection site after 24 injections (48 days). Remember, if an area is sore, red, infected, or swollen, choose another area. If you notice any unusual skin conditions, immediately call your healthcare provider.

Please see Indications and Important Safety Information on pages 4 and 5, and full Prescribing Information. For BETACONNECT™ Instructions for Use, please visit www.betacconnectifu.com.

INJECTION SITES



TIP The best areas for injection are where the skin is loose and soft and away from the joints, nerves, and bones. DO NOT use the area near your navel or waistline. If you are very thin, use only the thigh or outer surface of the arm for the injection.



ALWAYS ROTATE YOUR INJECTION SITES.

TO HELP REDUCE INJECTION SITE REACTIONS, ROTATE YOUR INJECTION SITES PROPERLY.

Use the rotation chart on the previous page, and follow the recommended area as you go along.

- If an area is sore, red, infected, or swollen, use another area.
Never use the same injection site twice in a row
- Always keep track of where you last injected with your Treatment Journal or BETA track™

▶ Questions?

Talk with your healthcare team. You can also review the Injection Training Guide or watch the injection training video on [BETASERON.com/resources/videos-resources](https://www.betacommunity.com/resources/videos-resources).

Treatment **JOURNAL**

It's all about
**tracking your
progress.**



Learn more at **Betaseron.com**



Bayer

BAYER, the Bayer Cross, and BETASERON are registered trademarks of Bayer.
BETACONNECT and BETA track are trademarks of Bayer.

© 2025 Bayer. Whippany, NJ 07981.

All rights reserved. PP-BETA-S-US-1110-1 01/2025