

**immun·gen**

**EYE DROP**

**TRACKER**



**CARING FOR YOUR EYES IS AN IMPORTANT PART OF YOUR TREATMENT. THIS BOOKLET WILL HELP YOU KEEP TRACK OF WHEN YOU'LL NEED TO USE EYE DROPS AND WILL HELP REMIND YOU TO TAKE THEM AS DIRECTED.**

## **TYPES OF EYE DROPS**

Before receiving treatment, and periodically throughout your treatment, your doctor will have you meet with an eye doctor (ophthalmologist or optometrist).



**You will receive 2 kinds of eye drops for use before and during your treatment:**

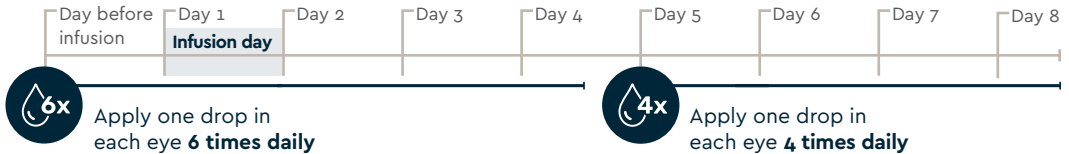
- Prescription steroid eye drops, filled by a pharmacist
- Over-the-counter, lubricating, preservative-free eye drops

## RECOMMENDED EYE DROP SCHEDULE

### Steroid eye drops

Using steroid eye drops is recommended throughout your infusion cycle.

#### Steroid Eye Drop Schedule for Each Infusion Cycle (Every 3 Weeks)



### Lubricating eye drops

The use of preservative-free lubricating eye drops is also recommended at least 4 times daily and as needed during treatment. **Wait at least 10 minutes after applying steroid eye drops** before using lubricating eye drops

## REMINDERS



You should use eye drops as directed by your doctor



Avoid wearing contact lenses throughout your treatment unless your doctor tells you that you can



During treatment, tell your doctor if you experience any eye problems, including blurred vision, dry eyes, sensitivity to light, eye pain, or new or worsening vision changes



A 2-month supply of lubricating eye drops is enclosed in the treatment starter and welcome kits

## HOW TO USE THE EYE DROP TRACKER

In the spaces provided, write down the date that you apply each type of eye drop. Mark each circle with an **X** once the drops are applied. Each tracker form is meant to be completed for one infusion cycle.

Fill in the date for each day.

Remember to start the steroid drops the day before each infusion cycle starts.

This is the date of your infusion.

Mark each circle with an **X** once the drops are applied.

Infusion cycle #: _____	Day before infusion	Infusion day Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	
Date										
Steroid drops	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Reminder:</b> Recommended dosage changes on Day 5 of infusion cycle to 4x daily.									
Lubricating drops		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

## HOW TO USE THE NOTES PAGE

Along with the tracker, a Notes page is provided to help capture any appointment information, as well as anything you may want to remember to discuss with your doctors about your treatment experience.

Use this section to track your upcoming appointments with your eye doctor.

Use this section to jot down any eye problems you may experience and any other notes you'd like to share with your doctors.

Reminder of upcoming visits/appointments

Date(s): \_\_\_\_\_

Notes to discuss with my doctors:

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Date										
Steroid drops	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○
	<b>Reminder:</b> Recommended dosage changes on Day 5 of infusion cycle to 4x daily.									
Lubricating drops		○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	
For <b>Days 9–21</b> , administer your lubricating eye drops as needed.										

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Lubricating drops		○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	
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