



My daily planner

IMPORTANT SAFETY INFORMATION AND BOXED WARNING

ARIKAYCE is associated with a risk of increased respiratory adverse reactions including allergic inflammation of lungs, coughing up blood, severe breathing problems and worsening of COPD.

Please see additional Important Safety Information at end and full [Prescribing Information](#), including Boxed Warning, at [ARIKAYCE.com](#).

How to use your planner

This daily planner has been designed with you in mind. It serves several purposes that you may find helpful during your MAC (*Mycobacterium avium* complex) lung disease journey.

My healthcare team

Please use this page to keep all of your doctors, pharmacies, and members of your healthcare team readily accessible.

Name

Specialty

Address

Email

Telephone

Fax

Name

Specialty

Address

Email

Telephone

Fax

Name

Specialty

Address

Email

Telephone

Fax

My healthcare team:

- Fill out the contact information for your doctors, pharmacies, and anybody else who is part of your healthcare team
- **Tip:** Keep your planner handy—either digitally or print it out if you like—and reference it before your appointments.

Daily planner:

- If you take multiple medications, it can be difficult to keep track of them and when to take them. You can also use this section to keep track of any health routines you would like to establish
- **Tip:** You can check off the box after you've taken your medications for the day. There are also blank lines so you can add additional health tasks for the day—and check them off—such as cleaning your Lamira® Nebulizer System for ARIKAYCE® (amikacin liposome inhalation suspension)

To do list

week starting: ____/____/____


M	<input type="checkbox"/> Took my medication(s) _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
T	<input type="checkbox"/> Took my medication(s) _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
W	<input type="checkbox"/> Took my medication(s) _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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T	<input type="checkbox"/> Took my medication(s) _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
F	<input type="checkbox"/> Took my medication(s) _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
S	<input type="checkbox"/> Took my medication(s) _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
S	<input type="checkbox"/> Took my medication(s) _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____

My goals

Notes

Symptom tracker:

- Sometimes it's hard to pinpoint when your symptoms started, or how long they've lasted. This can be critical information for your doctor
- A scale has been provided to help you track how you feel each day. You should note any symptoms you experience as well
- **Tip:** The more information you provide, the better. Even if a detail seems unimportant, it can provide background to your physician about what's going on


How I felt this week 

Monday I felt	Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday I felt	Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday I felt	Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday I felt	Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday I felt	Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday I felt	Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday I felt	Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My successes My frustrations

To do list week starting: _____ / _____

M	<input type="checkbox"/> Took my medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T	<input type="checkbox"/> Took my medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How I felt this week 

Monday I felt	Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday I felt	Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monday
I felt



Symptom

4

Tuesday
I felt

Symptom

1 Very poor 2 Poor 3 Average 4 Above average 5 Great

- Also within the symptom tracker page, is a place to keep track of how you are feeling. You can use the guide shown to the left to find which number corresponds to how you are feeling each day and write that in the circle provided

My doctor appointments:

- There is a doctor appointment reminder page for every month. This page can help you stay on top of your upcoming medical visits
- Use the column on the left to help you designate the day of your upcoming appointment by circling the day. While you can also add these appointments to your daily pages, these pages are intended to include more detailed information. This gives you a place to see all of your appointments and tests for the month at a glance
- **Tip:** Every time you schedule an appointment, add the appointment information to help you remember

My doctor appointments

Please list any upcoming appointments you may have for the month, along with the purpose of the appointment and any questions you have.

M

T

W

6/3

ADD APPOINTMENT DATE IN BOX ABOVE

T

F

S

Dr. _____

Time _____

Purpose of appointment _____

Questions for my doctor _____

Notes _____

Specialty _____

M

T

W

6/3

ADD APPOINTMENT DATE IN BOX ABOVE

T

F

S

Dr. _____

Time _____

Purpose of _____

Question _____

Getting started

Before you begin taking medication, take a few moments to record how you're doing now.

I feel _____

I want to accomplish _____

My biggest challenge will be _____

My worst day was _____

Things I want to learn are _____

Things I want to do are _____

I plan to achieve my goals by _____

My motivation for next month is _____

How do I feel now? _____

Getting started:

- Fill out this page when you get your planner
- **Tip:** Look back at this page periodically so you can reflect on how you're doing

- These are blank pages for you to write about your successes and challenges during the past month
- You can also capture your goals for the next month and changes you want to make to your routine. You'll be able to look back month to month and year to year to see patterns, things you want to change, or achievements you have accomplished

Take a moment to reflect on your successes and/or challenges this month:

Peanut Butter Banana Breakfast Smoothie

- Nutrition is an integral part of your journey to well-being. These delicious recipes were selected to help people with MAC lung disease maintain a healthy weight as part of a well-balanced diet
- **Remember:** Discuss changes in your diet with your physician
- **Tip:** Keep these recipes with your personal collection of recipes. They're yours to use as you choose. Bon appétit!

My healthcare team

Please use this page to keep all of your doctors, pharmacies, and members of your healthcare team readily accessible.

Name _____

Specialty _____

Address _____

Email _____

Telephone _____

Fax _____

Name _____

Specialty _____

Address _____

Email _____

Telephone _____

Fax _____

Name _____

Specialty _____

Address _____

Email _____

Telephone _____

Fax _____

Getting started

Before you begin taking medication, take a few moments to record how you're doing now.

I feel

I want to accomplish

My biggest challenge will be

My worst day was

Things I want to learn are

Things I want to do are

I plan to achieve my goals by

My motivation for next month is

How do I feel now?

My biggest successes and/or frustrations before starting my new medication:

My goals as I start my new medication:

Notes for me and my doctor:

To do list

week starting: _____/_____/_____

M

- ☐ Took my medication(s) _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

T

- ☐ Took my medication(s) _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

W

- ☐ Took my medication(s) _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

T

- ☐ Took my medication(s) _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

F

- ☐ Took my medication(s) _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

S

- ☐ Took my medication(s) _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

S

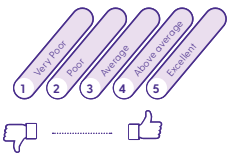
- ☐ Took my medication(s) _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

My goals

Notes

_____	_____
_____	_____
_____	_____
_____	_____

How I felt this week



Monday
I felt

☐

Symptoms _____ ☐ _____

_____ ☐ _____

_____ ☐ _____

Tuesday
I felt

☐

Symptoms _____ ☐ _____

_____ ☐ _____

_____ ☐ _____

Wednesday
I felt

☐

Symptoms _____ ☐ _____

_____ ☐ _____

_____ ☐ _____

Thursday
I felt

☐

Symptoms _____ ☐ _____

_____ ☐ _____

_____ ☐ _____

Friday
I felt

☐

Symptoms _____ ☐ _____

_____ ☐ _____

_____ ☐ _____

Saturday
I felt

☐

Symptoms _____ ☐ _____

_____ ☐ _____

_____ ☐ _____

Sunday
I felt

☐

Symptoms _____ ☐ _____

_____ ☐ _____

_____ ☐ _____

My successes

My frustrations

My doctor appointments

Please list any upcoming appointments you may have for the month, along with the purpose of the appointment and any questions you have.

M
T
W
T
F
S
S

ADD
APPOINTMENT
DATE IN BOX
ABOVE

CIRCLE DAY OF
WEEK TO LEFT

Dr. _____ Specialty _____

Time _____

Purpose of appointment _____

Questions for my doctor _____

Notes _____

M
T
W
T
F
S
S

ADD
APPOINTMENT
DATE IN BOX
ABOVE

CIRCLE DAY OF
WEEK TO LEFT

Dr. _____ Specialty _____

Time _____

Purpose of appointment _____

Questions for my doctor _____

Notes _____

M
T
W
T
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S
S

ADD
APPOINTMENT
DATE IN BOX
ABOVE

CIRCLE DAY OF
WEEK TO LEFT

Dr. _____ Specialty _____

Time _____

Purpose of appointment _____

Questions for my doctor _____

Notes _____

M
T
W
T
F
S
S

ADD
APPOINTMENT
DATE IN BOX
ABOVE

CIRCLE DAY OF
WEEK TO LEFT

Dr. _____ Specialty _____

Time _____

Purpose of appointment _____

Questions for my doctor _____

Notes _____

Checking in

Take a moment to reflect on your successes and/or challenges this month:

Month _____

You can print these pages, and then download and print them again when you need more for planning.



Flip back to the Getting Started page you completed.
Take a moment to reflect on and recognize all you have accomplished over the past several months.

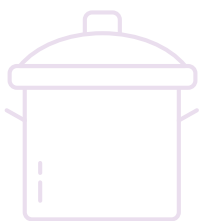
"Take a hard look at the team that you're working with and also at your lifestyle, and how to manage yourself and your physicians towards getting the answers you need for resolution."

—Judy, a real patient

Judy was compensated for her time.

A decorative border at the top of the page featuring a repeating pattern of food icons: a bowl with a fork, a pot, a spatula, a burger, a drink with a straw, and a bowl with a fork.

RECIPES



If you have MAC lung disease, one of your goals may be to maintain a well-balanced diet. The following recipes can be incorporated into a healthy lifestyle. Not only do they taste great, they are filled with good-for-you ingredients. Please consult with your doctor and/or a dietitian to learn more about nutrition or to ask any questions.



Lemony Quinoa

From the pages of:



Did you know?

Quinoa is one of the only plant foods that's a complete protein, offering all essential amino acids.

Estimated calories per serving: 147

Total time: 25 minutes

Servings: 6

Ingredients:

- 1/4 cup pine nuts
- 1 cup quinoa
- 2 cups water
- sea salt to taste
- 1/4 cup fresh lemon juice
- 2 stalks celery, chopped
- 1/4 red onion, chopped
- 1/4 teaspoon cayenne pepper
- 1/2 teaspoon ground cumin
- 1 bunch fresh parsley, chopped

Instructions:

1. Toast the pine nuts briefly in a dry skillet over medium heat. This will take about 5 minutes, and stir constantly as they will burn easily. Set aside to cool.
2. In a saucepan, combine the quinoa, water, and salt. Bring to a boil, then reduce heat to medium and cook until quinoa is tender and water has been absorbed, about 10 minutes. Cool slightly, then fluff with a fork.
3. Transfer the quinoa to a serving bowl and stir in the pine nuts, lemon juice, celery, onion, cayenne pepper, cumin, and parsley. Adjust salt and pepper if needed before serving.

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Quick and Easy Chicken Noodle Soup

From the pages of:



Did you know?

Chicken broth is rich with essential fatty acids and protein. Both help your body repair and build healthy muscle, bone, skin, and blood cells.

Estimated calories per serving: 162

Total time: 30 minutes

Servings: 6

Ingredients:

- 1 tablespoon butter
- 1/2 cup chopped onion
- 1/2 cup chopped celery
- 4 (14.5 ounce) cans chicken broth
- 1 (14.5 ounce) can vegetable broth
- 1/2 pound chopped cooked chicken breast
- 1 1/2 cups egg noodles
- 1 cup sliced carrots
- 1/2 teaspoon dried basil
- 1/2 teaspoon dried oregano
- salt and pepper to taste

Instructions:

1. In a large pot over medium heat, melt butter. Cook onion and celery in butter until just tender, 5 minutes. Pour in chicken and vegetable broths and stir in chicken, noodles, carrots, basil, oregano, salt, and pepper. Bring to a boil, then reduce heat and simmer 20 minutes before serving.

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Peanut Butter Banana Breakfast Smoothie

From the pages of:



Did you know?

Flax seeds are full of healthy omega-3 fats and fiber.

Estimated calories per serving: 335

Total time: 5 minutes

Servings: 4

Ingredients:

- 2 frozen bananas
(peel before you freeze)
- 2 cups almond milk
- 2 cups ice cubes
- ½ cup chunky peanut butter
- 2 tablespoons wheat germ
- 2 tablespoons ground flax seed
- 1 tablespoon honey

Instructions:

1. Blend bananas, almond milk, ice, peanut butter, wheat germ, flax seed, and honey in a blender until smooth.

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Turkey Meatloaf Burgers

From the pages of:



Did you know?

Turkey is rich in many vitamins and minerals such as iron, magnesium, B vitamins, and zinc.

Estimated calories per serving: 423

Total time: 40 minutes

Servings: 8

Ingredients:

- 2 pounds ground turkey
- 1½ cups seasoned bread crumbs
- 1 small onion - grated, and juice drained
- 2 eggs
- 3 tablespoons applesauce
- 2 teaspoons chili powder
- 1 teaspoon paprika
- 1 teaspoon kosher salt
- 2 tablespoons olive oil
- 8 hamburger buns, split

Instructions:

1. Preheat oven to 375 degrees F (190 degrees C).
2. Mix the turkey, bread crumbs, onion, eggs, applesauce, chili powder, paprika, and kosher salt in a large bowl until thoroughly combined. Divide mixture into 8 equal portions, then shape into patties.
3. Heat olive oil in a large skillet over medium-high heat. Arrange the patties in the skillet and cook until browned, 3 to 5 minutes on each side. Place the browned patties on a paper towel-lined plate to drain. Transfer the patties to a 9x13-inch baking dish.
4. Bake the turkey burgers in the preheated oven until no longer pink in the center and the juices run clear, about 10 minutes more. An instant-read thermometer inserted into the center should read at least 165 degrees F (74 degrees C). Serve the turkey burgers on the hamburger buns.

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What is ARIKAYCE?

ARIKAYCE is used in combination with multidrug therapy for adults who still test positive for MAC lung disease after at least 6 months on multidrug treatment alone.

ARIKAYCE was approved by FDA using the Limited Population pathway. This means FDA has approved this drug for a limited and specific patient population, and studies on the drug may have only answered focused questions about its safety and effectiveness.

ARIKAYCE was studied in adult patients. It is not known if ARIKAYCE is safe and effective in children younger than 18 years of age.

IMPORTANT SAFETY INFORMATION AND BOXED WARNING

ARIKAYCE can cause serious side effects, including:

- **allergic inflammation of the lungs.** These respiratory problems may be symptoms of allergic inflammation of the lungs and often come with fever, wheezing, coughing, shortness of breath, and fast breathing
- **coughing up of blood (hemoptysis).** Coughing up blood is a serious and common side effect of ARIKAYCE
- **severe breathing problems.** Severe breathing problems can be symptoms of bronchospasm. Bronchospasm is a serious and common side effect of ARIKAYCE. Bronchospasm symptoms include shortness of breath, difficult or labored breathing, wheezing, and coughing or chest tightness
- **worsening of chronic obstructive pulmonary disease (COPD).** This is a serious and common side effect of ARIKAYCE
- **serious allergic reactions.** Serious allergic reactions that may lead to death have happened to people who take ARIKAYCE. Stop taking ARIKAYCE right away and get emergency medical help if you have any of the following symptoms of a serious allergic reaction: hives, itching, redness or blushing of the skin (flushing), swollen lips, tongue or throat, trouble breathing or wheezing, shortness of breath, noisy high-pitched breathing (stridor), cough, nausea, vomiting, diarrhea, feel cramps in your stomach area, fast heart rate, feeling light headed, feeling faint, loss of control of the bowels or bladder (incontinence), and dizziness

While using ARIKAYCE, these side effects may become serious enough that treatment in a hospital is needed. Call your healthcare provider or get medical help right away if you have any of these serious side effects while taking ARIKAYCE. Your healthcare provider may ask you to stop using ARIKAYCE for a short period of time or completely stop using ARIKAYCE.

Do not use ARIKAYCE if you are allergic to any aminoglycoside, or any of the ingredients in ARIKAYCE.

Before using ARIKAYCE, tell your healthcare provider about all medical conditions, including if you:

- have asthma, COPD, shortness of breath, or wheezing (bronchospasm)
- have been told you have poor lung function
- have hearing problems, such as ringing in your ears or hearing loss
- have dizziness or a sense of the room spinning
- have kidney problems

Before using ARIKAYCE, tell your healthcare provider about all medical conditions, including if you (cont'd):

- have neuromuscular disease, such as myasthenia gravis
- are pregnant or plan to become pregnant. It is not known if ARIKAYCE can harm your unborn baby. ARIKAYCE is in a class of medicines that may be connected with complete deafness in babies at birth. The deafness affects both ears and cannot be changed
- are breastfeeding or plan to breastfeed. It is not known if the medicine in ARIKAYCE passes into your breast milk and if it can harm your baby. Talk to your healthcare provider about the best way to feed your baby during treatment with ARIKAYCE

Tell your healthcare provider about all the medicines you take, including prescription medicines and over-the-counter medicines, vitamins, and herbal supplements.

ARIKAYCE may cause serious side effects, including:

- **hearing loss or ringing in the ears (ototoxicity).** Ototoxicity is a serious and common side effect of ARIKAYCE. Tell your healthcare provider right away if you have hearing loss or you hear noises in your ears, such as ringing or hissing. Tell your healthcare provider if you start having problems with balance or dizziness (vertigo)
- **worsening kidney problems (nephrotoxicity).** ARIKAYCE is in a class of medicines which may cause worsening kidney problems. Your healthcare provider may do a blood test to check how well your kidneys are working during your treatment with ARIKAYCE
- **worsening muscle weakness (neuromuscular blockade).** ARIKAYCE is in a class of medicines which can cause muscle weakness to get worse in people who already have problems with muscle weakness (myasthenia gravis)

The most common side effects of ARIKAYCE include: changes in voice and hoarseness (dysphonia), cough during or after a dose of ARIKAYCE, especially in the first month after starting treatment, muscle pain, sore throat, tiredness (fatigue), diarrhea, nausea, headache, fever, decreased weight, vomiting, rash, increased sputum, or chest discomfort.

These are not all of the possible side effects of ARIKAYCE. **Call your doctor or pharmacist for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.**

Please see additional Important Safety Information and full [Prescribing Information](#), including Boxed Warning, at ARIKAYCE.com.

