



Daily Medication Tracker

- You are receiving this tracker because you have been prescribed XPOVIO[®] together with bortezomib and dexamethasone
- This tool is designed to help you stay on track with your treatment plan
- You will find a weekly calendar inside. For each day, there are fields in which you will fill out information about your treatment regimen, bloodwork, and any additional notes
- Use this tracker to collaborate with your healthcare team

WEEK 1

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD
XPOVIO® (selinexor tablets)	 x ___ = ___ tablets total dose : Time						
Bortezomib	Received <input type="checkbox"/> : Time of clinic appointment						
Dexamethasone	 x ___ = ___ tablets total dose : Time	 x ___ = ___ tablets total dose : Time					

Supportive Care Medications

Please record the dose and number of doses taken for any supportive medications below

Medication name

Medication name

Medication name

Bloodwork
appointments

Notes

WEEK 2

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD
XPOVIO® (selinexor tablets)	 x ___ = ___ tablets total dose : Time						
Bortezomib	Received <input type="checkbox"/> : Time of clinic appointment						
Dexamethasone	 x ___ = ___ tablets total dose : Time	 x ___ = ___ tablets total dose : Time					

Supportive Care Medications

Please record the dose and number of doses taken for any supportive medications below

Medication name

Medication name

Medication name

Bloodwork
appointments

Notes

WEEK 3

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD
XPOVIO® (selinexor tablets)	 x ___ = ___ tablets total dose : Time						
Bortezomib	Received <input type="checkbox"/> : Time of clinic appointment						
Dexamethasone	 x ___ = ___ tablets total dose : Time	 x ___ = ___ tablets total dose : Time					

Supportive Care Medications

Please record the dose and number of doses taken for any supportive medications below

Medication name

Medication name

Medication name

Bloodwork
appointments

Notes

WEEK 4

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD
XPOVIO [®] (selinexor tablets)	 x ___ = ___ tablets total dose : Time						
Bortezomib	Received <input type="checkbox"/> : Time of clinic appointment						
Dexamethasone	 x ___ = ___ tablets total dose : Time	 x ___ = ___ tablets total dose : Time					

Supportive Care Medications

Please record the dose and number of doses taken for any supportive medications below

Medication name

Medication name

Medication name

Bloodwork
appointments

Notes

WEEK 5

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD	WEEKDAY ___ / ___ MM / DD
XPOVIO [®] (selinexor tablets)	 x $\frac{\quad}{\quad} = \frac{\quad}{\quad}$ tablets total dose : Time						
Bortezomib							
Dexamethasone	 x $\frac{\quad}{\quad} = \frac{\quad}{\quad}$ tablets total dose : Time	 x $\frac{\quad}{\quad} = \frac{\quad}{\quad}$ tablets total dose : Time					

Supportive Care Medications

Please record the dose and number of doses taken for any supportive medications below

Medication name

Medication name

Medication name

Bloodwork appointments

Notes