Enliven® ENROLMENT FORM

Dermatology

☐ New enrolment
☐ Renewal
Fax 1-888-987-2201

Enrol in Enliven®
1.877.9ENBREL (1.877.936.2735)
enbrel.ca

Patient Information

First name .....

Last name .....

Female ☐ Male ☐ Date of birth (dd/mm/yyyy) (/ /)

Do you have health insurance coverage? ☐ Private ☐ Public ☐ Both

Email .....

Contact Information

Preferred phone ..... Alternate phone .....

Preferred time to call ☐ Morning ☐ Afternoon ☐ Evening

Preferred language .....

Address .....

City ..... Province ..... Postal code .....

Consent

By providing my email address, I agree to receive, electronically, communications from Adjuvantz® acting on behalf of Amgen Canada, Inc. containing information and updates relating to my enrolment in the Enliven Program. I understand that I may withdraw my consent to such communications at any time by providing notice to Adjuvantz Inc. at: 901 King St. West, Suite 300, Toronto, Ontario, M5V 3H5 or via email at enliven@adjuvantz.com.

By signing this form, I acknowledge that I have read and understand the information on the reverse of this form and consent to the collection, use and disclosure of my personal information, including personal health information, by Adjuvantz, Amgen and their authorized agents and service providers as explained. Furthermore, I acknowledge that the dispensing and delivery of my medication will be performed by a specialty pharmacy chosen by the Enliven Program unless I specify otherwise. I understand that I have the option to choose another pharmacy to dispense and deliver my medication. I further consent to being contacted from time to time by Adjuvantz, Amgen or their authorized agents for the above-noted purposes.

☐ I consent to being contacted from time to time for the purpose of completing confidential surveys about the Program. I understand that I may withdraw my consent to be contacted for this purpose at any time by contacting the Enliven Program.

Date (dd/mm/yyyy) (/ /)

Patient signature .....

SEE FULL PATIENT CONSENT TERMS ON REVERSE. PLEASE ENSURE YOU HAVE READ AND FULLY UNDERSTAND THE PATIENT CONSENT TERMS.

Physician Information

Physician name .....

Site # (if applicable) .....

Phone ..... Fax .....

Other information/office stamp

Patient Medical Information

Diagnosis

☐ Adult plaque psoriasis (PsO)
☐ Adult psoriatic arthritis (PsA)
☐ Pediatric psoriasis (Ped PsO)

Injection training

Request Enliven to train this patient on self-injection
☐ Yes ☐ No

Allergies?*

☐ No ☐ Yes Specify:

.....

TB test required?

☐ Yes ☐ No

* Required for nursing service only.
SC=subcutaneous

ENBREL® dosage

Adult plaque psoriasis

Starting

☐ 50 mg SC twice weekly (administered 3 or 4 days apart) for 3 months

Maintenance

☐ 50 mg SC once per week
☐ 50 mg SC twice weekly (administered 3 or 4 days apart)

Adult psoriatic arthritis

☐ 50 mg SC once per week

Pediatric psoriasis (ages 4 to 17 years)

☐ 0.8 mg/kg SC per week (up to a maximum of 50 mg per week)

ENBREL format

☐ SureClick® Autoinjector (50 mg/mL)
☐ Prefilled syringe (50 mg/mL)
☐ Multi-use vial (lyophilized powder) (25 mg/mL)

Patient to start ENBREL

☐ At this time OR
☐ Pending test results

Rx Prescription information (optional)

☐ **No substitution**

Duration (months): .....

Repeat(s): .....

Other instructions: .....

I authorize Adjuvantz to be my designated agent to forward the prescription indicated above, by fax or other mode of delivery, to the Program specialty pharmacy or to the pharmacy chosen by the above named patient on my behalf. This prescription represents the original of the prescription drug order. The chosen pharmacy is the only intended recipient and there are no others. The original prescription has been invalidated and securely filed and it will not be transmitted elsewhere at another time.

Physician signature .....

Date (dd/mm/yyyy) (/ /) Physician license # .....

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Consent

The En*liven* Program (“Program”) is sponsored by Amgen Canada Inc. (“Amgen”) and administered by Adjuvantz on behalf of Amgen. Other service providers may be appointed by Amgen to administer the Program from time to time. The personal information that you and/or your doctor provide to the Program, including your name, contact information, and prescription information, will be used to manage and administer the Program, including provision of Program services to you, such as reimbursement assistance and administering, training or assisting in therapy (e.g., self-injection training), medication delivery, and provision of information about the Program to you.

Amgen has a legal obligation to report adverse drug events to various local and international health authorities and to monitor product complaints. Personal information provided to the Program may be (i) monitored by Amgen or its service providers for safety related data and product complaints in order to ensure compliance with these legal reporting requirements, and (ii) reported to local or international health authorities. Amgen may contact you or your physician for additional information to fulfill its reporting obligations. Your personal information may be combined with the information of others who participate in the Program in order to generate aggregated data that does not contain identifying information (“Aggregated Data”). Aggregated Data may be used by Amgen and its service providers to improve and/or refine the Program to design and implement other patient programs and for research purposes including the identification of trends such as product utilization, adherence or outcomes.

For these sole purposes, Adjuvantz may share your personal information, on a confidential basis, with Amgen and/or Amgen’s agents and service providers (e.g., information technology providers). If, from time to time, another service provider is appointed by Amgen to administer the Program, your personal information will be transferred to this service provider to ensure the continuity of the Program services to you. Please note that Amgen and its service providers may store or process your personal information outside of Canada (including in the United States), where local laws may require the disclosure of personal information to governmental authorities under circumstances that are different than those that apply in Canada. In addition, your personal information may be used or disclosed to third parties when permitted or required by applicable laws, court orders or government regulations (collectively, “Applicable Laws”).

Your personal information will be retained only for as long as is needed to fulfill the purposes for which it was collected and in order to comply with Applicable Laws. Industry standard safeguards will be used to protect the security of the personal information that is collected. You may contact the Program at any time to update or access your personal information, modify or withdraw your consent (in part or in full), express a privacy-related concern, or inquire about the privacy practices of the Program. Please note that if you modify or withdraw your consent, your ability to receive the Program services may be limited.

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BIOTECHNOLOGY BY AMGEN

PAAB

MEMBER OF INNOVATIVE MEDICINES CANADA

Enliven®
YOUR ENBREL SUPPORT PROGRAM

Enbrel etanercept