Patient Enrolment Form | **Plaque Psoriasis**

ez Start
Patient Support Program

FAX FORM TO: 1-844-397-5635 **OTEZLA ez Start Bridging Program app enrolment ID:** __ __ __ __ __ __

PATIENT INFORMATION

NOTE: Asterisks (*) denote mandatory fields, daggers (†) denote fields mandatory for bridging program assessment.

First name:* _____ **Last name:*** _____ ☐ Male ☐ Female **Date of birth (mm/dd/yy):** _____/_____/_____

Address: _____ **Phone:*** _____ ☐ OK to leave message

City: _____ **Province:** _____ **Postal code:** _____ **Email:** _____

Preferred method of contact: ☐ Phone ☐ Email

☐ **Covered by private health insurance†**

Insurance company: _____ ☐ **Covered by spousal insurance**

Consent: By providing my email address, I agree to receive, electronically, communications from Innomar Strategies Inc. ("Innomar") acting on behalf of Amgen Canada Inc. containing information and updates relating to my enrolment in the ez Start Patient Support Program (the "Program"). I understand that I may withdraw my consent to such communications at any time by providing notice to Innomar at: Innomar Strategies Inc., 3470 Superior Court, Oakville, Ontario, L6L 0C4 or via e-mail at OtezlaEzstart@innomar-strategies.com.

☐ I consent to being contacted from time to time by Innomar, Amgen Canada Inc., or their authorized agents 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 ez Start Patient Support Program.

I HAVE READ, UNDERSTAND AND AGREE TO THE CONSENT TERMS ON THE REVERSE OF THIS FORM.

Patient/patient representative signature: X _____ **Date (mm/dd/yy):** _____/_____/_____

If signed by patient representative, please include name and explain authority to act on behalf of the patient:

OPTIONAL VERBAL CONSENT: To be completed by healthcare provider (if applicable). If healthcare provider is unable to obtain written consent from patient, please document when patient verbal consent was obtained. This will allow the Program to continue processing this enrolment while written consent is obtained by the Program.

☐ **Verbal consent obtained by healthcare provider** **Name:** _____ **Date (mm/dd/yy):** _____/_____/_____

PRESCRIBER INFORMATION*

Name: _____ **Phone:** _____ **Fax:** _____

Address: _____

ASSESSMENT FOR BRIDGING PROGRAM COVERAGE

Diagnosis:
☐ Plaque Psoriasis (PsO)†

Assessment parameters:
BSA:† _____% **OR** PASI:† _____ Other: _____

Affected areas:†
_____

_____

Treatment history:†
_____

_____

_____

Additional information:‡
_____

_____

_____

PRESCRIPTION INFORMATION*

Starter Pack (titration) Rx for OTEZLA
☐ Take as directed (x 14 days, 27 tablets, 0 refills)
☐ Other: _____

Patient received Starter Pack in office
☐ Yes ☐ No

Maintenance Rx for OTEZLA
☐ Take 30 mg PO BID x28 days Refill(s): _____
☐ Other: _____

Special instructions: _____

PRESCRIBER AUTHORIZATION*

I authorize Innomar 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: X _____ **Date (mm/dd/yy):** _____/_____/_____ **License #:** _____

* Mandatory field.
† Mandatory field for bridging program assessment.
‡ For example, dosage, start of therapy, end of therapy, reason for discontinuation.
BID, twice a day; BSA, Body Surface Area; ID, identification; PASI, Psoriasis Area and Severity Index; PO, take by mouth; Rx, prescription; Tx, treatment.

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ez Start
Patient Support Program

Enrolment and consent form for the ez Start Patient Support Program

By signing this form, I acknowledge that I have read and understand the information below and consent to the collection, use and disclosure of my personal information, including personal health information, by Innomar, 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 ez Start 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 Innomar, Amgen or their authorized agents for the above-noted purposes.

The ez Start Patient Support Program ("Program") is sponsored by Amgen Canada Inc. ("Amgen") and administered by Innomar, a third-party service provider, 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 healthcare providers (including your doctor and pharmacy), insurers or payers 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, therapy 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 health economic studies and analysis, the identification of trends such as product utilization, adherence or outcomes.

For these sole purposes, Innomar may on a confidential basis, collect your personal information and share it with your healthcare providers, insurers and/or other payers, 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 or provide Program services, 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's Privacy Officer 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 (including those related to foreign information processing). The Privacy Officer can be reached at privacycanada@amgen.com or Amgen Canada Inc., Attn: Chief Privacy Officer, 6775 Financial Drive, Suite 100, Mississauga, ON, L5N 0A4. Please note that if you modify or withdraw your consent, your ability to receive the Program services may be limited.

AMGEN®

MEMBER OF INNOVATIVE MEDICINES CANADA

PAAB

P Otezla® apremilast tablets

ez Start Patient Support Program | Innomar Strategies Inc.
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