Enrolment Form

Spevigo® spesolimab

HeadStart Go™ Patient Assistance Program

Fax the completed form to **1-833-876-3080**
Or email to headstartGO@supportprogram.com
Call toll-free: **1-833-773-4746**

PLEASE COMPLETE BOTH PAGES

CLEAR FORM

Patient Information

Last name:

First name:

Address:

Phone number:

☐ *May the program leave a message?*

Date of birth (dd/mm/yyyy):

Email:

Preferred language:

☐ English ☐ French

☐ Other:

Provincial health card number:

Office Information

Prescribing physician name:

Medical licence number:

Office address:

Office phone:

Office fax:

Email:

Preferred method of contact:

☐ Phone ☐ Fax ☐ Email

Office contact (if not physician):

Diagnosis Information

Confirmation of patient diagnosis

☐ Generalized pustular psoriasis

** Please contact the Program Administrator in event of alternative diagnosis.*

SPEVIGO® (spesolimab for injection) is indicated for the treatment of flares in adult patients with generalized pustular psoriasis (GPP).

Infusion Information

Patient wishes Program to inquire regarding in-home infusion options. If no, patient will be referred to nearest InViva or hospital clinic for infusion.

☐ Yes ☐ No

Enrolment Requirement

○ Immediate use

Patient is experiencing confirmed flare. All relevant bloodwork and other clinical parameters to determine eligibility for safe medication administration have been assessed and I authorize infusion of SPEVIGO® at time of enrolment.

Flare confirmation: Date (dd/mm/yyyy):

○ Defer SPEVIGO® infusion until confirmed flare and medical authorization by physician

Notes:

TB testing required:

☐ Yes ☐ No

Interferon-Gamma testing required:

☐ Yes ☐ No

FORM CONTINUES ON PAGE 2 ↪

HeadStart Go™
Patient Assistance Program

Prescription Information & Physician Consent

SPEVIGO® (spesolimab)

Dose: 900 mg intravenous infusion

Quantity: 2 x 450 mg/7.5 mL vials

☐ Refills:

I have read the Physician and Patient consent sections of this form and confirm: (1) I agree to my patient being enrolled in the HeadStartGo™ Program ("Program"); (2) I have prescribed SPEVIGO® (spesolimab) in accordance with the Product Monograph; and (3) I have the patient's express consent to provide the Program with the information in this form and any other information relevant to provide the Program's services. I authorize the Program to be my designated agent to forward this prescription by fax or other mode of delivery to the pharmacy chosen by the above-named. This prescription represents the original 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 will not be transmitted at another time.

I accept that my information, including personal information, may be used by Sponsor or its agent for reasons related to improving, monitoring and auditing its programs, for commercial or market research purposes, or as otherwise permitted by law. Details about how my file will be maintained, and how to access/correct my information, are as set out in the Patient consent section below.

I acknowledge that adverse events may be reported about my patients participating in the Program and understand I may be contacted by Sponsor or its agents to provide follow-up information. As adverse event reports may need to be processed in and outside of Canada and forwarded to Canadian and foreign regulatory authorities, I understand that my information may be stored or processed outside of Canada. I have discussed the Program with the patient who wishes to enroll and has agreed that I share their personal information to the Program to contact patient and confirm enrolment.

x

Physician's authorization

Date (dd/mm/yyyy):

Patient Consent

What is HeadStartGo™?

HeadStartGo™ is a patient assistance program ("Program") provided by Boehringer Ingelheim (Canada) Ltd. and/or its affiliates (collectively "Sponsor", "we", "us", "our") to Canadian patients who have been prescribed SPEVIGO®. The Program services may include health/product information, insurance reimbursement assistance or treatment-related services such as infusion support, adverse event monitoring, and medication delivery (the "Services").

A third-party service provider is the administrator of the Program ("Program Administrator"): its employees and/or agents handle your Personal Information, which is processed in accordance with privacy laws and Sponsor privacy/data protection standards. You will be notified should the administrator of the Program change; including in the case of administration by Sponsor, your Personal Information will continue to be protected with equivalent safeguards.

Your participation in the Program is voluntary. If you choose not to participate, neither your medical treatment nor your insurance coverage eligibility will be impacted. However, if you do not participate, you cannot receive assistance or Services from the Program. The Program is not intended to provide medical advice or medical diagnoses. You agree to seek the advice of your physician or other qualified health care professional if you have health concerns, and not to disregard professional medical advice based on information obtained from the Program. Sponsor reserves the right to modify or terminate the Program at any time without prior notice. In particular, Program Services related to providing Product for compassionate use are subject to change based on external factors and may be available for a limited time.

Why is personal information collected, for which purposes and with whom could it be shared?

Information, such as your name, date of birth, contact information, drug/medical and insurance/financial information (collectively "Personal Information"), is collected to communicate with you, provide you with the Program's Services, audit or monitor the Program, and perform certain activities as required or permitted by law, including to process and report adverse events ("AEs"). We may contact you at the contact information you have provided: e-mail, phone or by other method. Only relevant personnel will have access to your Personal Information.

Your Personal Information may be collected from, and disclosed to, health care professionals, insurance providers or other third parties, as needed for the Program's administration and Services.

Your Personal Information may also be collected by a clinic or hospital associated with the Program, for the administration of SPEVIGO® ("Clinic"), if you choose to receive the administration of SPEVIGO® at such Clinic. Your Personal Information shall be collected by the Clinic and used solely for purposes related to your participation in the Program and may be shared with Program Administrator and Sponsor for Program administration, and with other healthcare professionals involved in your care, only in accordance with the permitted disclosures described in this form.

Our third-party providers are contractually obliged to strict data protection and security requirements.

In the case of AE processing and reporting to regulatory authorities, if monitoring or auditing is performed, or if required and/or permitted by law, it may be that Sponsor employees or agents will have access to your Personal Information.

The Program Administrator or Sponsor's agents may de-identify, aggregate (combine with other data) and/or anonymize your Personal Information to conduct analyses for commercial, research/publication purposes or to improve the Program. Your Personal Information may be stored or processed outside of Canada, including for AE processing and reporting requirements. In such case, the Sponsor and Program Administrator ensure that your Personal Information is protected. Your Personal Information may be subject to the laws of foreign jurisdictions with a different level of protection than your country of residence.

What happens if I withdraw from the Program?

You may revoke your consent at any time by calling the Program at 1-833-773-4746. Withdrawing your consent will result in the termination of your participation in the Program and its Services. No new personal information will be collected; the file containing your Personal Information will be maintained during the term of the Program for monitoring and regulatory purposes, de-identified, aggregated or anonymized data may continue to be used as described above.

You may request access or correction to your file by contacting the Program Administrator Privacy Officer at compliance@mckesson.ca. You may consult the privacy policy of the Program Administrator at https://www.mckesson.ca/ and of the Sponsor at https://www.boehringer-ingelheim.ca/en/data-privacy.

PLEASE ENSURE YOU HAVE READ AND FULLY UNDERSTAND THE PATIENT CONSENT AND PRIVACY INFORMATION.

☐ I have read and understand the patient consent text and agree to the collection, use, and disclosure of my personal information in accordance with these terms.

☐ I consent to be contacted for market research and patient survey purposes by Sponsor and patient organizations to help improve the assistance program and provide insight into my patient experience.

☐ I consent to be contacted regarding my interest in participating in Real-World Evidence studies.

x

Patient's signature

Date (dd/mm/yyyy):

IMPORTANT: If unable to obtain written consent from patient/legal representative, please document when verbal consent was obtained and by whom. This will allow the HeadStartGo™ Patient Assistance Program to continue with processing this enrolment. The Program Administrator will provide the patient a copy of this form.

Verbal consent obtained from: ☐ Patient ☐ Legal representative

Verbal consent obtained by:

Signature: x

Name of legal representative:

Relationship to patient:

Date (dd/mm/yyyy):

Please consult the Product Monograph at https://www.boehringer-ingelheim.ca/sites/ca/files/spevigopmen.pdf for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use.

Boehringer Ingelheim

PC-CA-103920

REVIEWED BY PAAB

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