

PATIENT INFORMATION

Patient name: _____ Date of birth: _____
First name Last name dd/mm/yy

Gender: F M Patient weight: _____ kg

Primary phone: _____ Leave messages: Y N Preferred time to call: AM PM Evening

Other phone: _____ Leave messages: Y N Preferred time to call: AM PM Evening

Alternate contact name: _____ Alternate contact phone: _____

PHYSICIAN INFORMATION

Physician name: _____ Email: _____

Mailing address: _____ Postal code: _____

Key contact name (e.g., office staff, nurse): _____ Phone: _____

Additional comments: _____ Email: _____ Fax: _____

INFUSION

Please choose **ONE** of the following locations for SOLIRIS® infusion: Home Infusion clinic Other: _____

PRESCRIPTION

SOLIRIS® (eculizumab for injection) DIN: 02322285

(Refer to Product Monograph for complete prescribing information¹)

- Generalized Myasthenia Gravis (gMG)**
For patients ≥18 years of age
 900 mg weekly x 4 doses, 1200 mg at week 5; then 1200 mg every 2 weeks thereafter for 12 months
- Neuromyelitis Optica Spectrum Disorder (NMOSD)**
For patients ≥18 years of age
 900 mg weekly x 4 doses, 1200 mg at week 5; then 1200 mg every 2 weeks thereafter for 12 months
- Other condition:** _____
- Dosage: _____ 12 months Other: _____

^{*} Adapted from the NACI recommendations and Trumenba® Product Monograph.^{2,3} Please refer to the Product Monograph for additional information about serious warnings and precautions.

[†] A booster dose should be given every 3 to 5 years if vaccinated at 6 years of age or younger and every 5 years for those vaccinated at 7 years of age and older.²

[‡] Two doses given 8 weeks apart. Men-C-ACYW vaccines may be given a minimum of 4 weeks apart if accelerated immunization needed.²

[§] Two doses given at least 4 weeks apart.²

[¶] Two doses administered at least 1 month apart, followed by a third dose at least 4 months after the second dose.³

Required pre-treatment vaccination

WARNING

All patients must be vaccinated with meningococcal vaccines prior to, or at the time of, initiating SOLIRIS®, unless the risks of delaying SOLIRIS® therapy outweigh the risks of developing a meningococcal infection; revaccinate according to current medical guidelines for vaccine use. Vaccination may not prevent all meningococcal infections.*

Refer to the [NACI Meningococcal Vaccine Canadian Immunization Guide](#) and respective vaccine product monographs for additional information.

Previously vaccinated Date: _____ dd/mm/yy

Meningococcal vaccines, administer as directed:

Select one quadrivalent A, C, Y, W serotype vaccine (Men-C-ACYW):[†]

- Menveo®[‡] Menactra®[‡] Nimenrix®[‡] Other

Select one B serotype vaccine (4CMenB):[†]

- Bexsero®[§] Trumenba® (10–25 years)[¶]

Physician signature: _____ Date: _____ dd/mm/yy

PATIENT AUTHORIZATION AND CONSENT

Patient consented verbally

I understand that ONESOURCE™ Canada has been contracted by Alexion Pharma Canada (“Alexion”), for the purpose of assisting Canadian patients with obtaining access to medical treatment under the ONESOURCE™ Program.

Signature of Patient/Legal representative: _____ Date signed: _____

Address: _____ dd/mm/yy

ONESOURCE™ Canada is the treatment support program for patients. ONESOURCE™ provides information, education, and assistance.

By signing this Authorization and Consent, you agree to permit (1) your physician(s), and other healthcare providers involved in the treatment of your medical condition (“Providers”); (2) the distributor, pharmacy, infusion clinic or home health agency that supplies or dispenses your medical therapy (“Distributor”); and (3) your health insurer, payor, or patient assistance program (“Payor”); to disclose personal and sensitive information, including health and payment information (“Personal Information”) about you to Alexion Pharma Canada including, but not limited to, its employees, affiliates, sub-contractors, agents, and other representatives (together, “Alexion”), for the uses and purposes described below.

The Personal Information disclosed as part of your participation in ONESOURCE™ Canada may include diagnoses, medical reports, orders, prescriptions, records, medical histories, findings, prognoses, plans of care and discharge summaries, billing information, insurance claims, and utilization review reports. The Personal Information and other information covered by this Authorization and Consent includes Personal Information and other information provided to Alexion by you, Providers, Distributors and Payors. The uses and purposes to which your Personal Information and other information may be put are:

Coordination of Care: Between you, the Provider, Distributor, or Payor for the coordination of your medical care.

Disease Management/Patient Education: To provide information, training, and case management services to you or your representative, or any Provider, Distributor, or Payor.

Clinical Research/Treatment Protocols: To inform you or your representative of clinical research studies, treatment protocols, or disease-related surveys.

Reviewing your Insurance Coverage: To review, verify, and assist you in understanding the services that your Payor covers, if you ask and request such service. This may include review of your personal financial information to determine if you qualify for financial assistance which may be available under the ONESOURCE™ Program. If you do not qualify for insurance or other coverage to pay for your treatment, your Personal Information and other information may be used to determine if you might qualify in future for such coverage.

Billing and Payment: To coordinate the preparation, filing, and processing of health insurance claims, the evaluation of coding (billing) issues, and the resolution or collection of any payment due to Provider, Distributor, Payor or Alexion for your treatment.

Distribution of Hematologic Therapy: To coordinate the distribution of the medical product to you.

Product Orders: To fulfill medical product orders, answer any questions that you may have and to inform you about other services that may be of interest to you.

Government Agencies: To provide Personal Information and other information as required or requested by representatives of government agencies.

Other Use of Information: To use pseudonymised information about you for Alexion purposes (including business development, improving the patient support program, and any other uses). You may opt-out of this use of data at any time by contacting Alexion as provided below.

To also de-identify the Personal Information about you and to use this de-identified Personal Information in performing clinical research, patient and community education, clinical protocol development, marketing studies, or for other commercial purposes as determined by Alexion. You may opt-out of this use of data at any time by contacting Alexion as provided below.

Transfer and Processing of Personal Information: To transfer the Personal Information, either between provinces or outside of Canada, for the purposes of communicating the information to Alexion’s parent and affiliated entities, and/or for the purposes of storing and processing the information on behalf of Alexion. Your Consent and Authorization serves as explicit consent that your data can be transferred and processed in countries outside Canada, which may not ensure the same level of data protection as provided in Canada, to provide you with the information you requested. The Personal Information will be protected while outside of Canada; however, to the extent required under applicable law, your Personal Information may be accessed by the courts, law enforcement and national security authorities of that other country.

This Consent and Authorization may be revoked by you at any time by sending a written notice to Alexion Canada Privacy Officer at 3100 Rutherford Road, Suite 300, Vaughan, Ontario L4K 0G6 or by email privacy@alexion.com.

SOLIRIS® (eculizumab for injection) neurology indications

gMG: SOLIRIS® (eculizumab for injection) is indicated in adult patients with generalized Myasthenia Gravis (gMG). SOLIRIS® was studied in clinical trials in patients who were anti-acetylcholine receptor (AChR) antibody positive and refractory, defined as failure of treatment with two or more immunosuppressive therapies (ISTs) either in combination or as monotherapy, or failed at least one IST and required chronic plasmapheresis, plasma exchange (PE), or intravenous immunoglobulin (IVIg) to control symptoms. Patients continued to receive standard therapy throughout the pivotal clinical trial.

NMOSD: SOLIRIS® (eculizumab for injection) is indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive. SOLIRIS® is not intended for acute treatment of an NMOSD relapse.

References:

1. SOLIRIS® (eculizumab for injection) Product Monograph. Alexion Pharmaceuticals Inc. September 24, 2019. 2. National Advisory Committee on Immunization (NACI). Meningococcal Vaccine: Canadian Immunization Guide. 2019. Available at: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-13-meningococcal-vaccine.html#p4c12t3>. 3. Trumenba® Product Monograph. Pfizer Canada ULC. May 24, 2019.