ONESOURCE™ PATIENT SUPPORT

ENROLMENT FORM

TELEPHONE: 1-888-SOLIRIS (1-888-765-4747) FAX: 1-877-301-2596

SOLIRIS® (eculizumab)

PATIENT INFORMATION

Patient's name: _____ Date of birth: _____ Gender: ☐ F ☐ M
First name Last name dd/mm/yy

Parent/Guardian name: _____ Patient's weight: _____ kg

Home 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

PHYSICIAN INFORMATION

Physician's name: _____ Email: _____ Postal code: _____

Key contact/Admin: _____ Telephone: _____ Fax: _____

Nurse: _____ Telephone: _____ Fax: _____

Additional comments:

INFUSION

Please choose ONE of the following locations for infusion: ☐ Home ☐ Infusion clinic ☐ Other: _____

PRESCRIPTION

SOLIRIS® (eculizumab) DIN: 02322285
(Refer to Product Monograph for complete prescribing information)

☐ 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

☐ Paroxysmal Nocturnal Hemoglobinuria (PNH)

☐ 600 mg weekly x 4 doses, 900 mg at week 5; then 900 mg every 2 weeks thereafter for 12 months

☐ Atypical Hemolytic Uremic Syndrome (aHUS)

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

For patients <18 years of age

Administer SOLIRIS® based upon body weight for 12 months.

☐ **40 kg and over:** 900 mg weekly x 4 doses, 1200 mg at week 5; then 1200 mg every 2 weeks
☐ **30 kg to less than 40 kg:** 600 mg weekly x 2 doses, 900 mg at week 3; then 900 mg every 2 weeks
☐ **20 kg to less than 30 kg:** 600 mg weekly x 2 doses, 600 mg at week 3; then 600 mg every 2 weeks
☐ **10 kg to less than 20 kg:** 600 mg weekly x 1 dose, 300 mg at week 2; then 300 mg every 2 weeks
☐ **5 kg to less than 10 kg:** 300 mg weekly x 1 dose, 300 mg at week 2; then 300 mg every 3 weeks

☐ Other condition: _____

☐ Dosage:_____ ☐ 12 months ☐ Other:_____

Meningococcal vaccine

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.*

☐ Previously vaccinated Date: _____
dd/mm/yy

Meningococcal vaccine, administer as directed:

For patients ≥2 years of age
A, C, W, Y serotypes: ☐ Menveo® ☐ Menactra® ☐ Nimenrix® (+TT) ☐ Other
B serotype: ☐ Bexsero® ☐ Trumenba™ (10–25 years)

For patients <2 years of age
☐ Menveo® ☐ Bexsero® ☐ Nimenrix® (+TT) ☐ Other

Physician signature: _____

Date: _____
dd/mm/yy

* Based on the National Advisory Committee on Immunization (NACI) Recommendation, circa 2013. Please refer to the Product Monograph for additional information about serious warnings and precautions.

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: _____
dd/mm/yy

Address: _____

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) indications

gMG: SOLIRIS® (eculizumab) 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.

PNH: SOLIRIS® (eculizumab) is indicated for the treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis. SOLIRIS® was studied in clinical trials in patients with a history of at least one transfusion during the past two years.

aHUS: SOLIRIS® (eculizumab) is indicated for the treatment of patients with atypical hemolytic uremic syndrome (atypical HUS) to reduce complement-mediated thrombotic microangiopathy. SOLIRIS® is not indicated for the treatment of patients with Shiga toxin-producing *E. coli* related hemolytic uremic syndrome (STEC-HUS).

ONESOURCE™ PATIENT SUPPORT

CA/SOL-g/18/0088E

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