XPOSE® Program enrollment and consent form:

For patients prescribed PrERELZI® (etanercept) for moderately to severely active rheumatoid arthritis (RA), polyarticular juvenile idiopathic arthritis (JIA), psoriatic arthritis (PsA) and active ankylosing spondylitis (AS).

Telephone: 1-844-27XPOSE
(1-844-279-7673)
Fax: 1-866-872-5771
Monday – Friday:
8 AM – 8 PM EST

Erelzi® etanercept | XPOSE® Patient Support Program

Patient information (please print)

The XPOSE® Program will contact you to assist with your insurance/reimbursement needs and provide you with information about the medication and your illness.

First name _____ Last name _____

Date of birth (DD/MM/YYYY) _____ ☐ Male ☐ Female

Address _____ City _____ Province _____ Postal code _____

Primary number (____) ____ - ____ Other (____) ____ - ____

Leave a message: ☐ Yes ☐ No

Preferred time to call: ☐ Morning ☐ Afternoon ☐ Evening

Mode of communication: ☐ Phone ☐ E-mail

Language: ☐ English ☐ French

E-mail _____

I consent to receive e-mails related to the Program.
You will have the ability to withdraw your consent any time in the future.

☐ I agree to be contacted for market research purposes and studies.

Pharmacy services (optional)

Pharmacy services: Indicate if the patient has a preferred pharmacy provider

Patient signature

I have read and agree to the patient consent on the reverse side of this form.

X _____ Date (DD/MM/YYYY) _____

Patient signature

Physician signature

I have read and agree to the physician declaration on the reverse side of this form.

X _____ Date (DD/MM/YYYY) _____

Physician signature

Referring physician (please print or stamp)

First name _____ Last name _____

License # _____

Address _____ City _____ Province _____ Postal code _____

Office contact name _____

Telephone (____) ____ - ____ Fax (____) ____ - ____

E-mail _____

Preferred mode of communication: ☐ Phone ☐ E-mail ☐ Fax

Rx

ERELZI® prescribed for:

- ☐ Moderately to severely active rheumatoid arthritis
- ☐ Moderately to severely active juvenile idiopathic arthritis
- ☐ Active psoriatic arthritis
- ☐ Active ankylosing spondylitis

☐ New Rx ☐ Renewal Rx

ERELZI® format:

- ☐ SensoReady® pen (50 mg)
- ☐ Prefilled syringe (50 mg)
- ☐ Prefilled syringe (25 mg)

ERELZI® dosage:

☐ **Adult patient OR pediatric patient aged 4–17 weighing ≥63 kg (138 lbs)**

- ☐ 50 mg per week as one subcutaneous (sc) injection
- ☐ 50 mg per week as two 25 mg sc injections

Duration of treatment: _____ (months)

Tuberculosis (TB) screening

☐ I confirm that TB testing has been completed for the patient and they can start treatment.

Do you require the Program to schedule TB testing on your behalf?

☐ Yes ☐ No

If Yes, select type: ☐ TB QuantiFERON ☐ TB skin test

Injection services

- ☐ Patient trained for home injection
- ☐ First injection and injection training required
- ☐ Ongoing injection assistance required: nurse will do all injections

Directives from the prescriber

I confirm the prescription and permit start at the time indicated below:

Therapy initiation

- ☐ Start treatment
- ☐ Pending test results
- ☐ Future date _____ Date (DD/MM/YYYY)

ERELZI® NOW
Number of doses provided ☐

Other instructions _____

For program-related inquiries, please call the XPOSE® Program at 1-844-27XPOSE (1-844-279-7673).

Recommended ERELZI® dose in adults and pediatric patients aged 4–17 years weighing ≥63 kg (138 lbs)

50 mg sc weekly, given as one 50 mg sc injection or two 25 mg sc injections

ERELZI® is intended for use under the guidance of a health care professional. Patients may self-inject after proper training and when deemed appropriate. Prescribers are advised to periodically reassess the need for continued therapy.

Physician declaration

I have read the Patient consent section of this form and confirm: (1) I agree to my patient being enrolled in the XPOSE® Program ("Program"); (2) I have prescribed the drug specified on this form in accordance with its 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 accept that my information, including personal information, may be used by Sandoz Canada Inc. ("Sandoz") 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.

I acknowledge that adverse events may be reported about my patients participating in the Program and understand I may be contacted by Sandoz 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.

I certify that this prescription order is an original prescription. The designated pharmacy is the only recipient. The original will not be reused.

Patient consent

What is XPOSE®?

XPOSE® is a patient support program ("Program") provided by Sandoz Canada Inc. and/or its affiliates (collectively "Sandoz", "we", "us", "our") to Canadian patients who have been prescribed ERELZI®. Your health care professional believes you could benefit from the Program. The Program services may include health/product information, insurance reimbursement assistance or treatment related services such as injection training and support (the "Services").

A third-party service provider is the administrator of the Program: its employees and/or agents handle your Personal Information, which is processed in accordance with privacy laws and Sandoz privacy/data protection standards. You will be notified should the administrator of the Program change, including in the case of administration by a Sandoz department; 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. Sandoz reserves the right to modify or terminate the Program at any time without prior notice.

In the event that you elect to benefit from any external support referral service offered by the Program to help you locate available resources in your community (including injection training at a community pharmacy), you understand that the third parties to whom you may be referred by the Program are in no way affiliated with, or monitored by, Sandoz. You understand that you are solely responsible for your interactions with these third parties and Sandoz cannot be held responsible for the information or services that these third parties may offer to you.

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

Information, such as your 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 other (if via cellular, we will not assume any resulting cellular phone charges). 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. 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 Sandoz employees or agents will have access to your Personal Information.

The Administrator or Sandoz' 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, Sandoz ensures 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 1-844-279-7673. 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 Administrator Privacy Officer at xpose@xposeprogram.ca.

By signing the consent, you agree to the collection, use and disclosure of your Personal Information as described herein. You can learn more about how Sandoz protects privacy at https://www.sandoz.com/privacy-policy.

ERELZI® (etanercept) is indicated for:

- treatment of moderately to severely active rheumatoid arthritis (RA) in adults. Treatment is effective in reducing the signs and symptoms of RA, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function. ERELZI® can be initiated in combination with methotrexate (MTX) in adult patients or used alone.
- reducing signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis (JIA) in patients aged 4 to 17 years who have had an inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs). Efficacy and safety have not been established in children less than 4 years of age.
- reducing signs and symptoms, inhibiting the progression of structural damage of active arthritis, and improving physical function in adult patients with psoriatic arthritis (PsA). ERELZI® can be used in combination with methotrexate in adult patients who do not respond adequately to methotrexate alone.
- reducing signs and symptoms of active ankylosing spondylitis (AS).

Consult the Product Monograph at www.sandoz.ca/en/erelzi/monograph for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling 1-800-361-3062.

For program-related inquiries, please call the XPOSE® Program at 1-844-27XPOSE (1-844-279-7673).

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