

Enliven® ENROLMENT FORM

Rheumatology

New enrolment
 Renewal
Fax 1-888-987-2201

Enrol in Enliven®
1.877.9ENBREL (1.877.936.2735)
enbrel.ca



Patient Information

First name Female Male
Last name (/ /)
Date of birth (dd/mm/yyyy)
Do you have health insurance coverage? Private Public Both

Contact Information

Preferred phone Alternate phone
Preferred time to call Morning Afternoon Evening
Preferred language
Address
City Province Postal code
Email

Consent

By providing my email address, I agree to receive, electronically, communications from Adjuvant_z® acting on behalf of Amgen Canada, Inc. containing information and updates relating to my enrolment in the Enliven Program. I understand that I may withdraw my consent to such communications at any time by providing notice to Adjuvant_z Inc. at: 901 King St. West, Suite 300, Toronto, Ontario, M5V 3H5 or via email at enliven@adjuvantz.com.

By signing this form, I acknowledge that I have read and understand the information on the reverse of this form and consent to the collection, use and disclosure of my personal information, including personal health information, by Adjuvant_z, Amgen and their authorized agents and service providers as explained. I further consent to being contacted from time to time by Adjuvant_z, Amgen or their authorized agents for the above-noted purposes.

I consent to being contacted from time to time 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 Enliven Program.

 (/ /)
Patient signature Date (dd/mm/yyyy)

SEE FULL PATIENT CONSENT TERMS ON REVERSE. PLEASE ENSURE YOU HAVE READ AND FULLY UNDERSTAND THE PATIENT CONSENT TERMS.

Physician Information

Physician name
Site # (if applicable)
Phone Fax

Other information/office stamp

Patient Medical Information

Diagnosis

- Adult rheumatoid arthritis (RA)
 Psoriatic arthritis (PsA)
 Ankylosing spondylitis (AS)
 Juvenile idiopathic arthritis (JIA)

Injection training

Request an Enliven Yes No
nurse to train this
patient on self-injection

Allergies? * Yes No
Specify _____

TB test required? Yes No

ENBREL® dosage

Adult rheumatoid arthritis, psoriatic arthritis
and ankylosing spondylitis

50 mg SC per week

Juvenile idiopathic arthritis (ages 4 to 17 years)

0.8 mg/kg SC per week
(up to a maximum of 50 mg per week)

* Required for nursing service only.
SC=subcutaneous

ENBREL format

- SureClick®
Autoinjector
(50 mg/mL) Prefilled
syringe
(50 mg/mL) Multi-use vial
(lyophilized powder)
(25 mg/mL)

Patient to start ENBREL:

At this time OR Pending test results

Prescription Information (optional)

R_x

Duration: _____

Repeat(s): _____

Other instructions: _____

I authorize Adjuvant_z 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. This prescription represents the original of the prescription drug order. The pharmacy chosen by the Program 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 (/ /)
Date (dd/mm/yyyy)

Physician license # _____

Consent

We respect your right to privacy. The *Enliven* Program (“Program”) is sponsored by Amgen Canada Inc. (“Amgen”) and administered by Adjuvant_z[®] (a division of GMD) on behalf of Amgen. The personal information that you and/or your doctor provide to the Program, including your name, contact information, and prescription information, will be used to provide you with Program services, including locating reimbursement or insurance coverage on your behalf, administering, training or assisting in therapy (e.g. self-injection training), and to allow Adjuvant_z to conduct confidential surveys, from time to time, about the Program. Your personal information may be combined with the information of others who participate in the Program in order to generate aggregated data that do 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 the identification of trends such as product utilization, adherence or outcomes.

For these sole purposes, Adjuvant_z may share your personal information, on a confidential basis, with 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, 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 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 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 as long as is needed to fulfil 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 Adjuvant_z’s Privacy Officer at 1-888-706-4717, email to info@adjuvantz.com or write to 901 King St. West, Suite 300, Toronto, Ontario, M5V 3H5 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 to inquire about our privacy practices for the Program. Please note that if you modify or withdraw your consent, your ability to receive the Program services may be limited. Eligibility criteria and availability of financial assistance may change at any time without prior notice and are at the sole and absolute discretion of the *Enliven* Program.

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Enliven[®]
YOUR ENBREL SUPPORT PROGRAM

