



Call Toll-Free: 1-877-787-3228
 Fax Toll-Free: 1-877-787-3376
 Email: eligard@medicum.ca

Patient Information/Sticker

Home Injection Program Patient Enrollment Form

PATIENT INFORMATION & CONSENT

| | | |
|---|------------------------|--|
| First Name: | | I acknowledge that my physician is solely responsible for the management of my condition and for the prescribing of Eligard® in the treatment management of my condition. <input type="checkbox"/> By signing this form, I acknowledge that I have read and understand the information on this form and consent to the collection, use and disclosure of my personal information, by the Administrator or its authorized agents and service providers as detailed in the Patient Privacy Notice. <input type="checkbox"/> I also consent to being contacted from time to time by phone, email or text message by the Administrator or its authorized agents for the Purposes noted in the Patient Privacy Notice. <input type="checkbox"/> I, the patient, wish to participate in the Program as described herein and for which I was informed by my treating physician. This authorization form is valid for as long as I receive services from the Program. |
| Last Name: | | |
| Primary Phone: () - | Alternate Phone: () - | |
| E-mail: | | |
| DOB (DD/MM/YYYY): / / | | |
| Best Time to Contact: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Cannot leave message | | |
| Preferred Language: <input type="checkbox"/> French <input type="checkbox"/> English | | Printed Name of Legal Representative:* |
| Please indicate which support program(s) you wish to be enrolled into: <input type="checkbox"/> Home-based injections by visiting nurse <input type="checkbox"/> I authorize the visiting nurse to collect Eligard® on my behalf from the designated pharmacy. <input type="checkbox"/> "Trans-Canada" Injection Program for Canadian Visits <input type="checkbox"/> "Snowbird" Injection Program for U.S. Visits | | Relationship to patient: * Patient/Legal Representative Signature:* Date: |
| | | *If signed by someone other than the patient, please describe your authority to sign on behalf of the patient. <input type="checkbox"/> I agree that my electronic signature is as valid as my wet ink signature. |

PHYSICIAN INFORMATION AND DIRECTED STANDING ORDER: (To be completed by physician)

| | | | |
|--|--------------|---|--------------|
| Physician Name: | | Phone: () - | Fax: () - |
| Address: | | City: | |
| Province: | Postal Code: | | |
| Previous LH-RH Analogue: | | Next Scheduled Injection: | |
| Please check appropriate boxes to indicate agreement and sign below: <input type="checkbox"/> I consider that the medical condition of this patient better lends itself to home-based administration of hormonal treatment to be administered by subcutaneous injection by a registered nurse. I have prescribed Eligard® (leuprolide acetate) in one of the indicated strengths for the duration of time indicated below: <input type="checkbox"/> 7.5 mg, (1 month) for a period of ___ months <input type="checkbox"/> 22.5 mg, (3 months) for a period of ___ months <input type="checkbox"/> 30.0 mg, (4 months) for a period of ___ months <input type="checkbox"/> 45.0 mg, (6 months) for a period of ___ months | | <input type="checkbox"/> I would like to receive the patient injection reports by fax. Fax number (if different from the above): () - <input type="checkbox"/> I, the prescribing physician, have received verbal consent from the patient to initiate the enrollment process. <input type="checkbox"/> By providing the information herein, I acknowledge that I have read and understand the information provided in the Prescriber Privacy Notice and consent to the collection, use and disclosure of my personal information as detailed in said notice. | |
| | | Physician's Authorization (Please sign): | Date: |
| | | <input type="checkbox"/> I agree that my electronic signature is as valid as my wet ink signature. | |

PLEASE E-MAIL, FAX OR SEND IN THE COMPLETED FORM TO THE ADDRESS INDICATED BELOW:

Email: eligard@medicum.ca • Fax: 1-877-787-3376 (Toll-Free)

Mail: Medicum Patient Assistance Program Inc.
 1965 Ch. Ste-Angélique, Suite 210 St-Lazare, QC J7T 0E2

Notes:

The Eligard® Home Injection Program (“Program”) is sponsored by Tolmar Pharmaceuticals Canada, Inc. (“Tolmar Canada”) and managed by an administrator on behalf of Tolmar Canada (the “Administrator”). The Program offers the service of a trained nurse to provide home based Eligard® subcutaneous injections.

TERMS AND CONDITIONS: HOME-BASED INJECTION BY VISITING NURSE AND TRANS-CANADA PROGRAM OPTIONS

Tolmar Canada agrees to cover all costs as they may apply to nursing time costs, nursing travel costs and related administration supplies (i.e. alcohol swabs) for all nursing visits related to the administration of Eligard® only. This offer applies to injections in Canada only (see Snowbird Program below).

The patient is at all times responsible for the payment or reimbursement by his provincial formulary or private insurer, for all prescribed medications including Eligard®, other concomitant medications or local anesthetics which the physician may prescribe or recommend. The Program, the Administrator and Tolmar Canada are not responsible for the supply or payment of any medications.

The Program or its designated home nursing providers, reserve the right to refuse referred patients for reasons such as but not limited to:

- The patient’s temporary or permanent residence is more than 100 kilometers from the nearest available registered nurse provider, or
- The patient is considered to have associated co-morbidity, risk factors, disabilities or home environmental factors which may be considered too difficult or hazardous for the safe or effective execution of injection by a visiting nurse.

The patient and/or his family will be responsible for the safe and environmentally friendly disposal of the Eligard® syringe following injection. Syringe disposal regulations vary by province. In general, the used Eligard® syringe should first be placed in any impenetrable container such as an empty detergent bottle with lid, coffee can with plastic lid or a sharps’ container and then disposed of in an appropriate manner consistent with local waste disposal bylaws.

The Program cannot guarantee that benefits at the time of acceptance of the patient into the Program will remain available to the patient on an ongoing basis.

TERMS AND CONDITIONS: “SNOWBIRD” PROGRAM

The Program will assist enrolled patients in locating a physician or nurse who are duly licensed or delegated to assist them with the injection of Eligard® during the patient’s scheduled visit to the United States.

The Program will also assist enrolled patients in arranging for the purchase and necessary paperwork for the transportation of their medication to the United States. The patient is solely responsible for the purchase and transportation of the Eligard® syringe.

Payment for the option of the patient’s visit to the physician’s office for the injection of Eligard® is the responsibility of the patient or their insurance policy if eligible. The cost for the patient’s visit to the physician’s office is not standardized and may vary from office to office.

PATIENT PRIVACY NOTICE

In order to provide injection support, your personal information will be collected in the following manner.

Who is the Administrator of the Program?

Medicum Patient Assistance Program Inc.
1965 Ch. Ste-Angélique, Suite 210 St-Lazare, QC J7T 0E2
E-mail: eligard@medicum.ca
Fax: 1-877-787-3376 (Toll-Free)
Telephone: 1-877-787-3228 (Toll-Free)

Who will have access to your personal information?

By accepting to participate in the Program, you accept to provide to the Administrator access to your personal information (such as your name, address, phone number, email address and information related to your health). The Administrator is responsible for the security of your personal information, and Tolmar Canada has contractually ensured that the Administrator provides a high level of personal information protection/security. Other service providers may be appointed by Tolmar Canada to assist in the administration of the Program from time to time. Tolmar Canada will ensure that such service providers provide a high level of personal information protection as well.

Tolmar Canada will not have access to any of your personal information, except for legal requirements and duties detailed below. Tolmar Canada may only have access to aggregated and unidentifiable (anonymized) patient information and can be used by Tolmar Canada for medical research, market research, governmental submissions and to evaluate and improve quality of the Program.

Why is your personal information collected?

Your personal information is collected to allow the Administrator to process to your registration and meet the Program’s objectives detailed herein (the “Purposes”) and to communicate with you as permitted, including via phone, email or text message, with your consent.

Who else will have access to your personal information?

In relation to the Purposes, your personal information may be disclosed to your health care professional team in relation to your Eligard® treatment and/or your scheduled injection. The Administrator and the appointed service provider are not authorized to collect, use or disclose

your personal information, except as necessary to perform its services in relation to the Purposes, or to comply with legal requirements.

As mentioned above, your personal information will not be shared with Tolmar Canada, except for legal requirements or pharmacovigilance duties detailed in the next paragraph. Your personal information may also be shared with the Eligard® Market Authorization Holder (as approved by Health Canada), if different than Tolmar Canada, to allow the Market Authorization Holder to comply with legal requirements or perform its pharmacovigilance duties. Tolmar Canada may only receive reports from the Administrator, the appointed service provider describing the Program data in an aggregated and anonymous manner. Such aggregated and anonymous statistical data related to the Program may also be shared with health care practitioners and other third parties, as the case may be.

If you provide information about an adverse experience while using Eligard®, the Administrator, Tolmar Canada, and/or the Market Authorization Holder may use the information to submit reports to Health Canada and/or other relevant regulators. The Administrator, Tolmar Canada, and/or the Market Authorization Holder may be required to contact you and/or your health care professional for further information. In order to comply with the law, the Administrator, Tolmar Canada, and the Market Authorization Holder may not be permitted to meet your request to amend or remove personal information you provided to us or a third party regarding said adverse experiences. The processing of adverse experiences may include and/or be managed by Tolmar Canada’s, or the Market Authorization Holder’s, affiliates or third-party service providers retained specifically for this sole purpose. The information is collected and maintained in a computerized database that is an internal tool used solely for the purpose of conducting pharmacovigilance practices, only for as long as necessary to fulfill the purposes for which that personal information was collected and as permitted or required by law. If you would like more information on the periods during which your personal information will be kept, please contact the Administrator. The database is only accessible to employees, agents or authorized service providers for whom the information is needed in the performance of their pharmacovigilance duties and under a duty of confidentiality. The collection, use, and disclosure of information contemplated herein may involve a transfer of the information to jurisdictions located outside your country of residence, such as the United States of America that may not have equivalent laws and rules regarding personal information. The reasonable contractual measures taken to protect personal information while processed or handled by these third parties are subject to applicable foreign legal requirements, for example lawful requirements to disclose personal information to government authorities, courts or law enforcement or regulatory agencies of such other country, pursuant to the laws of those countries.

Where can you address questions relating to your personal information?

You have certain rights to access and rectify your personal information contained in the file held about you. In order to exercise this right, or if you have any questions, you may use the contact information provided below. If the personal information collected is incorrect, inaccurate or outdated, the Administrator will correct such information within a reasonable period of time. If you have any questions about the privacy practices or want to have access to and have your personal information corrected, please submit your request via email to eligard@medicum.ca or by phone 1-877-787-3228 (Toll-Free).

What happens if you cancel your participation in the Program?

This is a completely voluntary Program and you may cancel your participation at any time and without reason by contacting the Administrator. Once you cancel your participation, your personal information will no longer be collected or used; however, any personal information already provided at the time of your cancellation may be used in an aggregated and anonymous fashion for the Purposes of the Program.

PRESCRIBER PRIVACY NOTICE

Your personal information in the “Prescriber Information” is collected to allow the Administrator and the appointed service provider to process your registration and your patients’ registration in the Program and meet its Purposes. Other than the Administrator, your personal information may be provided to Tolmar Canada in relation to compiling statistical data on the Program. Your personal information is only accessible to employees, agents or authorized service providers for whom the information is needed in the performance of their pharmacovigilance duties and under a duty of confidentiality, only for as long as necessary to fulfill the purposes for which that personal information was collected and as permitted or required by law. Physical, organizational, contractual and technological security measures have been implemented. The collection, use, and disclosure of information contemplated herein may involve a transfer of the information to jurisdictions located outside your country of residence such as the United States of America, that may not have equivalent laws and rules regarding personal information. The reasonable contractual measures taken to protect personal information while processed or handled by these third parties are subject to applicable foreign legal requirements, for example lawful requirements to disclose personal information to government authorities, courts or law enforcement or regulatory agencies of such other country, pursuant to the laws of those countries. You have certain rights to access and rectify your personal information contained in the file held about you. Except for legal requirements or pharmacovigilance duties, no patient personal information will be disclosed to Tolmar Canada. In order to exercise your rights, or if you have any questions about the privacy practices, please submit your request via email to eligard@medicum.ca or by phone 1-877-787-3228 (Toll-Free).