ONESOURCE®
Personalized Patient Support from Alexion

ENROLMENT FORM

TELEPHONE: 1-888-765-4747 FAX: 1-877-301-2596
EMAIL: OSPinfo@innomar-strategies.com

ULTOMIRIS® (ravulizumab) injection for intravenous use

PATIENT INFORMATION

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

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

Home phone: _____ Leave messages: ☐ Y ☐ N Email: _____

Other phone: _____ Leave messages: ☐ Y ☐ N Consent to receive emails: ☐ Y ☐ N

Health card #: _____ Patient currently hospitalized: ☐ Y ☐ N Consent to contact patient in hospital: ☐ Y ☐ N

PHYSICIAN INFORMATION

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

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

Nurse: _____ Email: _____ Telephone: _____ Fax: _____

Additional comments: _____

TREATMENT PLAN

Please choose ONE of the following locations for treatment start:

☐ Infusion clinic ☐ Home ☐ Urgent access (Hospitalized Patient)

☐ Other: _____

PRESCRIPTION

ULTOMIRIS® (ravulizumab)

(Refer to Product Monograph for complete prescribing information)

☐ generalized Myasthenia Gravis (gMG)

≥ 40 to <60kg:

☐ 2400mg loading dose X 1 dose, 3000mg 2 weeks after loading dose, and every 8 weeks thereafter

≥ 60 to <100kg:

☐ 2700mg loading dose X 1 dose, 3300mg 2 weeks after loading dose, and every 8 weeks thereafter

≥ 100kg:

☐ 3000mg loading dose X 1 dose, 3600mg 2 weeks after loading dose, and every 8 weeks thereafter

For patients switching from SOLIRIS® to ULTOMIRIS®, the loading dose of ULTOMIRIS® should be administered at the time of the next scheduled SOLIRIS® infusion, and then ULTOMIRIS® maintenance doses are administered once every 8 weeks, starting 2 weeks after loading dose administration.

☐ Other Condition: _____

☐ Dosage: _____

REPEATS
☐ 12 months
☐ Other: _____

Required pre-treatment vaccination

Due to its mechanism of action, the use of ULTOMIRIS® increases the patient's susceptibility to meningococcal infection/sepsis (Neisseria meningitidis). To reduce this risk of infection, all patients must be vaccinated against meningococcal infections prior to, or at the time of, initiating ULTOMIRIS®. Patients who initiate ULTOMIRIS® treatment less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Vaccination may not be sufficient to prevent meningococcal infection. Consideration should be given to official guidance on the appropriate use of antibacterial agents.

WARNING

Patients must be vaccinated against meningococcal infections prior to, or at the time of, initiating ULTOMIRIS®, unless the risks of delaying ULTOMIRIS® therapy outweigh the risks of developing a meningococcal infection. Comply with the most current National Advisory Committee on Immunization (NACI) recommendations for meningococcal vaccination in patients with complement deficiencies.

Meningococcal vaccination / prophylactic antibiotics status

☐ Previously vaccinated Date: _____
dd/mm/yy

Vaccine(s) / Serotype(s): _____

AND/OR

☐ Patient will be on prophylactic antibiotics from at least the 1st day of therapy until 2 weeks after the patient can be vaccinated

Meningococcal vaccine, administer as directed:

Please indicate for all serotypes

A, C, Y, W serotypes (Men-C-ACYW): ☐ Menveo®* ☐ Menactra®* ☐ Nimenrix®* (+TT)

☐ Other: _____

B serotype: ☐ Bexsero®† (2 doses; ≥4 weeks apart) ☐ Trumenba®†‡

☐ Other: _____

Adapted from the NACI, CIG recommendations and individual Product Monographs. 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 or older. Two doses given 8 weeks apart.
Men-C-ACYW vaccines may be given a minimum of 4 weeks apart if accelerated immunization needed.
†A booster dose should be given every 3 to 5 years.
‡Two doses administered at least 1 month apart, followed by a third dose at least 4 months after the second dose.

☐ Proceed with administering vaccines

☐ Please hold vaccines until: _____

Please sign to confirm both vaccination status or prescription and ULTOMIRIS® prescription

Physician signature: _____

Physician license #: _____

Date: _____
dd/mm/yy

PATIENT AUTHORIZATION AND CONSENT

☐ Patient consented verbally

I understand that the ONESOURCE™ patient support program is sponsored by Alexion Pharma Canada and that a third-party service provider administers the Program on behalf of Alexion for the purpose of assisting Canadian patients with obtaining access to medical treatment. I understand that other service providers may be appointed by Alexion to administer ONESOURCE™ from time to time. I also understand that my Personal information will be processed as described on the next page of this Enrolment Form.

Signature of Patient/Legal Representative: _____ Date signed: _____
dd/mm/yy

Address: _____

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

By signing this Authorization and Consent, you (or your representative) agree that information that may identify you that is provided to ONESOURCE™ by you and/or (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") (collectively, "Personal Information") will be used to manage and administer ONESOURCE™, including provision of ONESOURCE™ services to you as further described below. For these purposes you agree that the Providers, Distributor, and Payor may disclose Personal Information to Alexion Pharma Canada, including, but not limited to, its employees, affiliates, sub-contractors, agents, and other representatives (together, "Alexion"). You understand that your participation in ONESOURCE™ is also subject to Alexion's Privacy Notice, available at alexion.com/Legal#privacy, which provides you with additional information about Alexion's privacy practices and the privacy rights that may be available to you.

The Personal Information collected, used, or disclosed as part of your participation in ONESOURCE™ may include name, address, other contact information, date of birth, diagnoses, medical reports, orders, prescriptions, records, medical histories, findings, prognoses, plans of care and discharge summaries, billing information, insurance claims, utilization review reports, survey responses, and other information you provide in connection with your ONESOURCE™ participation. Your Personal Information may be used or disclosed for the following purposes:

Coordination of Care: Between you or your representative, the Provider, Distributor, or Payor for the coordination of your medical care, including therapy adherence reminders.

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/Meetings: To inform and refer you or your representative of clinical research studies, treatment protocols, disease-related surveys, or meetings that may be of interest to you.

Reviewing Your Insurance Coverage/Funding Options: To review, verify, and assist you or your representative in understanding the medications and 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 ONESOURCE™. 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 the future for such coverage or to help you identify other sources of payment or financial support.

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

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

Government Agencies: To provide information as required or requested by representatives of government agencies, review boards, and others who watch over the safety of drugs (or operations) of pharmaceutical manufacturers. Alexion has a legal obligation to report adverse drug events to various local and international health authorities and to monitor product complaints. Personal Information provided to ONESOURCE™ may be (i) monitored by Alexion for safety related data in order to ensure compliance with these legal reporting requirements and (ii) reported to local or international health authorities. Alexion may contact you or your physician for additional information to fulfill its reporting obligations.

Other Use of Information: To provide you with other ONESOURCE™ services that may be in place from time to time, such as a buddy or mentorship program, or otherwise use or disclose your Personal Information with your consent.

Alexion may also remove identifiers from your Personal Information, or combine your Personal Information with the information of others who participate in ONESOURCE™ to create aggregated data, and use such data to improve and refine ONESOURCE™ and to design and implement other patient programs. Alexion may also use such information for analytics, reporting, and research purposes, including strategy development and the identification of trends such as product utilization, adherence, or outcomes.

Transfer and Processing of Personal Information: To transfer the Personal Information, including 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 in relation to ONESOURCE™. Your Authorization and Consent 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.

If another service provider is appointed by Alexion to administer ONESOURCE™, your Personal Information will be transferred to this service provider to ensure the continuity of the ONESOURCE™ services.

This Authorization and Consent may be revoked by you at any time. Please note that if you revoke this Authorization and Consent, your ability to receive ONESOURCE™ services may be limited. To revoke your consent, update or access your Personal Information, express a privacy-related concern, or inquire about the privacy practices of ONESOURCE™, you may contact the Alexion Canada Privacy Officer at 1004 Middlegate Road, Sute 5000 Mississauga, ON L4Y 1M4 or by email at privacy@alexion.com.

ULTOMIRIS® (ravulizumab for injection) indication

ULTOMIRIS® (ravulizumab for injection) is indicated for the treatment of adult patients with anti-acetylcholine receptor (AChR) antibody-positive generalized Myasthenia Gravis (gMG).

ULTOMIRIS® was studied in adult gMG patients with a Myasthenia Gravis Foundation of America (MGFA) clinical classification Class II to IV and a Myasthenia Gravis Activities of Daily Living (MG-ADL) total score ≥6.

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