



Pr TRUXIMA® for granulomatosis with polyangiitis (GPA) & microscopic polyangiitis (MPA) enrolment form¹

To enroll your patients in the Teva Support Solutions® Patient Support Program, please fax this form to **1-833-981-2254** or email it to **tss.info@truximacanada.com**

PATIENT INFORMATION²

Last name _____ First name _____ Birthday (DD/MMM/YY) _____
 Sex ☐ F ☐ M Home address _____ City _____
 Province _____ Postal code _____ Phone #1 _____ Phone #2 _____
 Email _____ Patient has private insurance ☐ Yes ☐ No ☐ Don't know
 Insurance company _____ Allergies _____
 Diagnosis _____ Limited Use (LU) code (Ontario patients only) ☐ 587 ☐ 588

PRESCRIPTION¹

Please consult the TRUXIMA® Product Monograph for important information relating to dosing, administration, adverse reactions, and drug interactions.

TRUXIMA® DOSING^{1,3}

Calculate the patient's body surface area (BSA) using weight and height

Weight _____ kg Height _____ cm
 Patient's BSA = _____ m²

Note: The formula for calculating BSA is: $BSA \text{ in } m^2 = (weight \text{ in } kg)^{0.425} \times (height \text{ in } cm)^{0.725} \times 0.007184$. Do not round until the end of calculation.

TRUXIMA® DOSE AND INFUSION FREQUENCY¹

Recommended weekly dose (mg) = 375 (mg/m²) x patient's BSA (m²)
 Please specify the TRUXIMA® dose to be ordered (total over 4 weeks)

Comments _____

☐ Dilute TRUXIMA® in 250 mL of 0.9% Sodium Chloride Injection USP or 5% Dextrose Injection USP to final concentration of 1 to 4 mg/mL.

Blood pressure meds on hold ☐ Yes ☐ No

Please specify _____

TRUXIMA® should be given in combination with glucocorticoids.

PRE-MEDICATIONS^{1,4}

☐ Acetaminophen 650 mg PO 15–30 minutes prior to infusion
☐ Diphenhydramine 50 mg 15–30 minutes prior to infusion ☐ PO ☐ IV
☐ Methylprednisolone 100 mg in 50 mL of 0.9% Sodium Chloride Injection USP 15–30 minutes prior to infusion
☐ Other _____ ☐ Pre-medications not required

PRN MEDICATIONS FOR INFUSION REACTIONS^{1,4}

☐ Acetaminophen 325–650 mg PO PRN q4–6 hours for pain, fever, and chills
☐ Dimenhydrinate 25–50 mg PRN q4 hours for nausea and vomiting ☐ PO ☐ IV
☐ Diphenhydramine 25–50 mg PRN q4–6 hours for itching, urticaria, pruritus, and hives ☐ PO ☐ IV ☐ IM
☐ Epinephrine (1:1000) 0.01 mL/kg (max. 0.5 mL) PRN q10–15 minutes x2 for severe anaphylactic reactions ☐ SC ☐ IM
☐ Hydrocortisone 100 mg IV PRN x1 for severe allergic/anaphylactic reactions
☐ Oxygen via mask/nasal prongs PRN for shortness of breath and wheezing
☐ Other _____
☐ PRN medications not required

PHYSICIAN INFORMATION AND AUTHORIZATION

I authorize the Teva Support Solutions® Patient Support Program to be my designated agent to forward the prescription indicated above by fax or other mode of delivery to the pharmacy chosen by the above named patient. This original prescription constitutes a legal prescription for the patient for TRUXIMA®. The pharmacy chosen by the patient is the only pharmacy to receive this prescription for dispensing. The original prescription will not be re-used.

Last name _____ First name _____ Specialty _____
 License number _____ Work phone _____ Fax _____
 Email _____ Date (DD/MMM/YY) _____ Signature _____

PATIENT CONSENT

I have read, understand and agree to the collection, use, and disclosure of my personal information by the Teva Support Solutions® in accordance with its privacy policy, which I have had an opportunity to review and which is attached. I consent to the secure storage of my personal information outside Canada, including within the European Union, the USA, or Israel, in accordance with the attached privacy policy.

☐ By ticking this box, I consent to the use of my personal information to be further used for research and development in order to improve Teva's products and services.

☐ By ticking this box, I consent to have my personal information shared with external firms, which would be engaged by Teva to conduct pharmaceutical market research on Teva's behalf, and which may contact me for the sole purpose of gathering market research information.

☐ Verbal consent Date (DD/MMM/YY) _____ Initials from HCP/vasculitis nurse _____

☐ Written consent Date (DD/MMM/YY) _____ Patient signature _____

LU (Reason for Use [RFU]) code and clinical criteria (Ontario patients only)²

Code 587: Rituximab is used in combination with glucocorticoids for the induction of remission in patients with severely active GPA (also known as Wegener's Granulomatosis) OR MPA, for patients who meet all of the following criteria:

1. The patient must have severe active disease that is life- or organ-threatening as supported by laboratory and/or imaging reports.
AND
2. There is a positive serum assay for either proteinase 3-anti-neutrophil cytoplasmic autoantibodies (3-ANCA) or myeloperoxidase-ANCA.
AND
3. Cyclophosphamide cannot be used by the patient for ONE of the following reasons:
 - a. The patient has failed a minimum of six IV pulses of cyclophosphamide; OR
 - b. The patient has failed three months of oral cyclophosphamide therapy; OR
 - c. The patient has a severe intolerance or an allergy to cyclophosphamide; OR
 - d. Cyclophosphamide is contraindicated; OR
 - e. The patient has received a cumulative lifetime dose of at least 25 g of cyclophosphamide; OR
 - f. The patient wishes to preserve ovarian/testicular function for fertility.
4. The request is from a prescriber experienced in the diagnosis and management of GPA, MPA, and vasculitis.

Exclusion criteria:

The patient should not have received a course of rituximab in the prior 6 months.

The recommended dosing regimen for the initial treatment would be a once weekly infusion dosed at 375 mg per square metre x4 weeks.

Case-by-case considerations for patients not meeting the LU criteria may be considered through the Exceptional Access Program.

LU Authorization Period: 1 month (1 treatment course)

Code 588: Rituximab (TRUXIMA®) treatment will be used for patients with severely active GPA (also known as Wegener's Granulomatosis) OR MPA who have achieved disease remission. Patient must meet all of the following criteria:

1. The patient must have severe active disease that is life- or organ-threatening as supported by laboratory and/or imaging reports.
2. There is a positive serum assay for either proteinase 3-ANCA or myeloperoxidase-ANCA. A copy of the laboratory report must be provided.
3. Stabilization of the condition with induction doses of cyclophosphamide (injectable or oral doses are acceptable) and a glucocorticoid as combination over 4 to 6 months until disease remission prior to initiation of rituximab.
4. The request is from a prescriber experienced in the diagnosis and management of GPA, MPA, and vasculitis.

Exclusion criteria:

The patient should not have received a dose of rituximab in the prior 6 months. Doses of rituximab administered at intervals more frequently than every 6 months are not funded.

The recommended dosing regimen: A fixed dose regimen of rituximab of 500 mg IV every 6 months.

Case-by-case considerations for patients not meeting the LU criteria may be considered through the Exceptional Access Program.

LU Authorization Period: 1 year

Indications have been granted on the basis of similarity between TRUXIMA® and the reference biologic drug Rituxan®.¹



TRUXIMA® in combination with glucocorticoids is indicated for the induction of remission in adult patients with severely active GPA (also known as Wegener's granulomatosis) and MPA.¹

For more information:

Please consult the Product Monograph at tevacanada.com/globalassets/canada-scs-files---global/product-monographs/truxima-product-monograph_en.pdf for important information relating to contraindications, warnings, precautions, adverse reactions, drug interactions, dosing, administration (administered as an intravenous [IV] infusion through a dedicated line, not administered as an IV push or bolus) and conditions of clinical use, which have not been discussed in this piece. The Product Monograph is also available by calling Teva Canada Innovation at 1-833-662-5644.

References: 1. TRUXIMA® Product Monograph. Teva Canada Limited. August 22, 2024. 2. Ontario Ministry of Health. Ontario Drug Benefit Formulary: TRUXIMA®. Available at: <https://www.formulary.health.gov.on.ca/formulary/results.xhtml?q=truxima&type=2>. Accessed April 8, 2026. 3. Ontario Renal Network. Rituximab Protocol for Adult Patients with Glomerulonephritis. Version 1 – September 2019. Available at: <https://www.ontariorenalnetwork.ca/sites/renalnetwork/files/assets/RituximabProtocolPatientsAdultGlomerulonephritis.pdf>. Accessed April 8, 2026. 4. Data on File. Letter of attestation regarding pre-medications and PRN medications for TRUXIMA®. July 5, 2022.

Teva Support Solutions® Patient Support Program privacy policy

The Teva Support Solutions® Patient Support Program respects your privacy and is strongly committed to protecting your personal information. This privacy policy explains the information we may collect and how we use and safeguard that information. If you have any questions, or if you wish for more explanation about the manner in which we or our authorized service providers treat your personal information, or to access your personal information in our records, do not hesitate to contact us at the information provided below.

Why we ask you for personal information

In order for the Teva Support Solutions® Patient Support Program to offer you the services you require, we may request that you provide certain personal information to us, or we may obtain certain personal information from your referring physician, pharmacist, insurance company, public payer or any other healthcare provider or payer that may possess the requisite information. We will not collect or use any of your personal information unless you have provided your consent. We will only ask for personal information necessary to serve you and to research, develop and improve our services. Some of the services provided by the Teva Support Solutions® Patient Support Program include:

- providing you with personalized services to meet your specific needs;
- determining the suitability of our services to your needs;
- determining your eligibility for our products and services;
- determining eligibility for reimbursement assistance;
- providing you with information about GPA/MPA, and about our products and services.

What is personal information?

Personal information is any information that could personally identify you. It includes, but is not limited to, your name, mailing address, email address, phone number, gender, or age. If you request reimbursement assistance, we may ask you to provide your financial statements, income tax records, employment records and your social insurance number.

When we ask for your personal information, we will make sure we obtain your consent, which is an informed permission you give us to store your information in our databases and to use it for the purposes we will inform you about.

Access and use of information

The personal information you provide us will be accessed only by the Teva Support Solutions® Patient Support Program, our affiliates and authorized agents and each of our respective staff. By agreeing to provide your information in accordance with the terms of this privacy policy, you are giving your consent for us to share relevant information from your file with your referring physician, as well as our affiliates and authorized third parties who assist us in providing services to you (i.e. only the information required for the execution of the service being required from the third party). These third parties include:

- our healthcare providers for providing appointment reminders, coordinating appointments, offering advice or follow-up about your therapy;
- our service providers for therapy coverage;
- our mailing house (responsible for sending printed information and publications); or
- potential payers or reimbursement organizations.

We might also share information with external firms which would be engaged by us to conduct pharmaceutical market research on our behalf, and who may contact you for the sole purpose of gathering market research information.

Furthermore, your information might also be shared with others if explicitly authorized or required by applicable law.

Any data which we might have shared with such third parties will be held on a confidential basis and will only be kept by them for as long as it is reasonably needed for the intended purpose of the services they are providing, after which the data in their possession will be securely destroyed.

At no time and under no circumstances, would your information be sold to any third party for any reason. The data contained in your file will only be kept for as long as it is reasonably needed, and it will only be used for the purpose stated in your file. Once the purpose has been achieved, your file will be deleted unless you require further services, or unless we are required to maintain a copy under applicable law.

You may choose to withhold some or all personal information at any time. However, please understand that your decision may prevent us from providing you with services and information that you request.

Protection

Your information will be stored on a confidential basis at the Teva Support Solutions® Patient Support Program offices and/or secure locations both inside and outside of Canada, including within the European Union, Israel, or the USA. It is a condition of receiving services from the Teva Support Solutions® Patient Support Program that you expressly consent to the secure storage of your personal information outside Canada. It is protected by various physical, technical and administrative security measures such as magnetic locks, data encryption and a system of individual usernames and passwords for every member of the staff.

Contact on behalf of another person

The Teva Support Solutions® Patient Support Program must deal directly and exclusively with you; therefore, it is not possible for others to contact the Teva Support Solutions® Patient Support Program on your behalf. If you wish for a family member or a friend or anybody else who is affected by GPA or MPA to receive services from us, please give him/her our phone number.

Keeping your information accurate

We are committed to keeping your personal information accurate as long as we need it for the purposes previously described. You play an important role in helping us achieve this goal. You may update your information by contacting us either by phone at 1-877-714-2469 or by email. Your prompt notification of any contact information changes will assist us in providing you the requested services.

Changes to the privacy policy

The Teva Support Solutions® Patient Support Program reserves the right to change, modify or amend this policy at any time. However, when a significant change has been made, you will be notified within a reasonable time either by phone, mail or email.

Teva Support Solutions® Patient Support Program Privacy Officer

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Montreal, Quebec H2Z 1S8
TCI.PrivacyOfficer@tevapharm.com
July 1, 2014

For more information:

Please consult the Product Monograph at tevacanada.com/globalassets/canada-scs-files---global/product-monographs/truxima-product-monograph_en.pdf for important information relating to contraindications, warnings, precautions, adverse reactions, drug interactions, dosing, administration (administered as an intravenous [IV] infusion through a dedicated line, not administered as an IV push or bolus) and conditions of clinical use, which have not been discussed in this piece. The Product Monograph is also available by calling Teva Canada Innovation at 1-833-662-5644.

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