Pr Ranopto™
Ranibizumab for injection
2.3 mg/0.23 mL • 10 mg/mL

TEVA SUPPORT SOLUTIONS®
Patient Support Program

To enrol your patients in the RANOPTO™ Teva Support Solutions® (RANOPTO™ TSS) Patient Support Program, please complete this form and return it by fax or email to:

Program Case Managers are available **Mon–Fri, 9 a.m.–8 p.m. ET** **Phone:** 1-844-592-6689 **Fax:** 1-855-592-6689 **Email:** info@ranoptotss.ca

RANOPTO™ (ranibizumab) is indicated in adults for:

- the treatment of neovascular (wet) age-related macular degeneration (AMD).
- the treatment of visual impairment due to diabetic macular edema (DME).
- the treatment of visual impairment due to macular edema secondary to retinal vein occlusion (RVO).
- the treatment of visual impairment due to choroidal neovascularization (CNV) secondary to pathologic myopia (PM).
- the treatment of visual impairment due to CNV secondary to ocular conditions other than AMD or PM, including but not limited to angioid streaks, post-inflammatory retinochoroidopathy, central serous chorioretinopathy, or idiopathic chorioretinopathy.

Please consult the Product Monograph at https://pdf.hres.ca/dpd_pm/00072813.PDF for important information relating to contraindications, warnings, precautions, adverse reactions, dosing, and conditions of clinical use. The Product Monograph is also available by **calling us at 1-833-662-5644**.

PATIENT INFORMATION

Last name:	First name:	
Gender: ◯ M ◯ F ◯ Other	Date of birth: YYYY | MM | DD	Patient health card:
Address:	City:	Province:
Postal code:	Mobile phone number:	Alternate phone number:
Preferred time to call: ◯ a.m. ◯ p.m.	Email:	
Preferred method of contact: ◯ Phone ◯ Email ◯ Text	Preferred language: ◯ English ◯ French ◯ Other:	
Drug plan availability: ◯ Public coverage: ID# ◯ Out-of-pocket	◯ Private coverage: INSURER NAME ID# ◯ No coverage in place	

PHARMACY CHOICE

I acknowledge that I have read, understand, and agree with the statement attached hereto regarding my choice of pharmacy for dispensing and delivery if I am receiving free products from the Program.

PATIENT PRIVACY CONSENT

I have read, understand, and agree to the collection, use, and disclosure of my personal information by Teva Support Solutions® in accordance with its privacy policy, which I have had an opportunity to review and which is attached hereto. I expressly 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.

◯ Written consent Date: YYYY | MM | DD	◯ Verbal consent Date: YYYY | MM | DD

Signature (patient or guardian): _____ **HCP signature:** _____

CLINICAL ASSESSMENT

Date of diagnosis: YYYY | MM | DD Additional comments:	Diagnosis: ◯ Neovascular (wet) AMD ◯ Visual impairment due to DME	◯ Visual impairment due to macular edema secondary to RVO ◯ Visual impairment due to CNV secondary to PM ◯ Visual impairment due to CNV secondary to ocular conditions other than AMD or PM*

PRESCRIPTION MEDICATION ORDER

RANOPTO™ is available as 10 mg/mL solution for intravitreal injection

By completing this section, I confirm that I am placing a medication order for the patient identified on this enrolment form in the province in which I am licensed to practice.	Dosage: ◯ Right eye ◯ Left eye ◯ Both eyes

PRESCRIBING PHYSICIAN INFORMATION

My signature acknowledges that the patient has been prescribed RANOPTO™ for the treatment noted above. I confirm that this patient qualifies for treatment with RANOPTO™ in accordance with the Product Monograph and any contraindications, warnings, and precautions described herein. I confirm that I have reviewed the statement attached hereto regarding the patients' choice of pharmacy for dispensing and delivery of free products from the Program.

Prescribing physician's name:	Clinic name/location:	Injection date (if different from date signed): YYYY | MM | DD

HCP Signature: _____ Date: YYYY | MM | DD

HCP: healthcare professional
*Including but not limited to angioid streaks, post-inflammatory retinochoroidopathy, central serous chorioretinopathy, or idiopathic chorioretinopathy.

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TEVA SUPPORT SOLUTIONS®
Patient Support Program

TEVA SUPPORT SOLUTIONS® PRIVACY OFFICER
1080 Beaver Hall Hill, Suite 1200, Montreal, Quebec H2Z 1S8
TCI.PrivacyOfficer@tevapharm.com

CHOICE OF PHARMACY

If I am receiving free products from the Program, I understand that if I ask to have my medication dispensed to me from my pharmacy of choice, the Program will work with my pharmacy of choice to make arrangements. However, some pharmacies may not be able to meet the requirements for dispensing the medication and/or may charge a fee for dispensing the medication to me, which will not be covered by the Program. If my pharmacy of choice charges a fee for dispensing my medication, I understand that I am responsible for paying that fee.

PATIENT PRIVACY POLICY FOR THE RANOPTO™ TEVA SUPPORT SOLUTIONS® (RANOPTO™ TSS) PATIENT SUPPORT PROGRAM

The RANOPTO™ Teva Support Solutions® (RANOPTO™ TSS) 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 would like more information 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 using the information provided below.

WHY WE ASK YOU FOR PERSONAL INFORMATION

In order for RANOPTO™ TSS to offer you the services you require, you acknowledge that from time to time we may request that you provide us with your personal information, including personal health information, or allow us to obtain personal information from your referring physician, pharmacist, insurance company, public payer, or any other healthcare professional or payer that may possess the requisite information. We will only ask for the personal information necessary to serve you, to comply with our pharmacovigilance commitments and obligations (which may apply even after you leave the TSS Patient Support Program), and to research, develop, and improve our products and services. Some of the services provided by TSS include:

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

ACCESS AND USE OF INFORMATION

The personal information you provide will be accessed and used only by TSS, our affiliates and authorized agents, and respective staff members, who are required to maintain the confidentiality of your personal information. By agreeing to provide your information in accordance with the terms of this privacy policy, you are giving your consent for us to disclose relevant information from your file to your referring physician, as well as to 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). Such third parties may include, but are not limited to:

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

You consent to be contacted by TSS via phone, text, or email and to the transfer of personal information by phone, fax, or email between TSS, your insurer, and your healthcare provider(s) for the purpose of determining your eligibility for TSS and the delivery of TSS services. Email and text may be used during the course of your participation in TSS to inform you about your status in the RANOPTO™ TSS, provide RANOPTO™ TSS services, and to provide notifications and reminders. You acknowledge that neither email nor text is a secure method of communication. Information in emails and texts has the potential to be accessed and read by a third party. Electronic communication is at your option and you may withdraw this option to communicate electronically at any time.

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

We may also share information with affiliates and health authorities that collect certain information for the purposes of safety monitoring of marketed products, including information, if applicable, relating to the pregnancy of patients enrolled in the TSS Patient Support Program.

Furthermore, your information may also be shared with others if explicitly authorized or required by applicable law. Any information 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 circumstance will 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 withdraw your consent to our access, collection, use, or disclosure of 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 RANOPTO™ TSS offices and/or secure locations both inside and outside of Canada, including within the European Union, the USA, or Israel. It is a condition of receiving services from TSS 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 each staff member.

CONTACT ON BEHALF OF ANOTHER PERSON

RANOPTO™ TSS must deal directly and exclusively with you; therefore, it is not possible for others to contact TSS on your behalf. If you would like a family member, friend, or anyone else to receive services from us, please give them 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 1-844-592-6689 or by email. Your prompt notification of any contact information changes will assist us in providing you with the requested services.

CHANGES TO THE PRIVACY POLICY

RANOPTO™ TSS 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 by phone, mail, or email.

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