TEVA SUPPORT SOLUTIONS®
Patient Support Program

Pr CINQAIR® (reslizumab)

CINQAIR® is indicated as an add-on maintenance treatment for adult patients with severe eosinophilic asthma who:

- are inadequately controlled with medium-to-high-dose inhaled corticosteroids and additional asthma controller(s) (e.g. long-acting beta agonist [LABA]); and
- have a blood eosinophil count of ≥ 400 cells/μL at initiation of the treatment.

There are limited data available on the use of CINQAIR® in patients older than 65 years old.

CINQAIR® is not indicated for other eosinophilic conditions or for the relief of acute bronchospasm or status asthmaticus.

REFERRAL FORM FOR PATIENTS RECEIVING CINQAIR®

Please fax this form to 1-844-330-7247.

PATIENT INFORMATION

Last name:	First name:		Gender: ◯ M ◯ F ◯ Other
Date of birth: DAY / MONTH / YEAR	Address:		
City:	Province:	Postal code:	Phone # 1:
Phone # 2:	Email:		Patient health card:
Preferred method of contact: ◯ Phone ◯ Email ◯ Text	Preferred time to call: ◯ AM ◯ PM		Preferred language: ◯ English ◯ French ◯ Other
Drug insurance coverage/plan: ◯ Private ◯ Public ◯ Unknown	Drug plan paperwork submitted to payer: ◯ Yes ◯ No		Date submitted:

PATIENT 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. 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.

◯ Written consent	**Patient signature:**	**Date:** DAY	MONTH	YEAR
◯ Verbal consent	**HCP signature:**	**Date:** DAY	MONTH	YEAR

PATIENT ELIGIBILITY AND INSURANCE

◯ **I confirm that this patient:**
- has severe eosinophilic asthma and is aged 18 years or older;
- is inadequately controlled with medium-to-high-dose inhaled corticosteroids and additional asthma controller(s) (e.g. LABA);
- has a blood eosinophil count of ≥ 400 cells/μL at treatment initiation.

Was this patient previously treated for severe eosinophilic asthma? ◯ No ◯ Yes, name of medication: _____

If yes: What was the eosinophil count prior to starting the above-mentioned medication? _____ cells/μL

Private insurance
The patient has private insurance: ◯ Yes ◯ No Private insurance name:

◯ **CINQAIR® Accelerated Access Program:** I understand that a privately insured patient may be eligible for up to 2 months of treatment, at no cost, under the Teva CINQAIR® Accelerated Access Program, and I wish for this patient to be assessed for eligibility. I also understand that the treatment may be stopped after 2 months if the insurer cannot provide the drug according to the patient's drug plan.

HEALTHCARE PROFESSIONAL SECTION

Last name:	First name:		
Licence:	Address:		
City:	Province:	Postal code:	
Phone:	Fax:	Email:	

HEALTHCARE PROFESSIONAL CONSENT

◯ I authorize Teva Support Solutions® to be my designated agent to forward the prescription indicated below by fax to the pharmacy chosen by the above-named patient. This original prescription constitutes a legal prescription for the patient for CINQAIR®. The pharmacy chosen by the patient is the only pharmacy to receive this prescription for dispensing. The original prescription will not be reused.

Healthcare professional signature:	**Date:** DAY	MONTH	YEAR

PRESCRIPTION INFORMATION FOR CINQAIR® (RESLIZUMAB) 100 mg/10 mL VIALS

Infuse 3 mg/kg intravenously every 4 weeks in 50 mL of sterile 0.9% sodium chloride USP for infusion over 20 to 50 minutes.

Patient weight in kg _____ X 3 mg = _____ mg to infuse every 4 weeks

Dispense: _____ 100 mg vials (100 mg/10 mL) Refill _____ times

Please consult the Product Monograph at http://www.tevacanadainnovation.ca/downloads/Cinqair_PM_EN.pdf for important information relating to contraindications, adverse reactions, drug interactions, and dosing information (particularly preparation time prior to administering and administering as an intravenous infusion) that has not been discussed in this piece. The Product Monograph is also available by calling us at 1-855-514-8382.

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TEVA SUPPORT SOLUTIONS® PRIVACY POLICY

Teva Support Solutions® (TSS) 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 either by email or by post using the information provided at the end of this policy.

Why we ask you for personal information

In order for 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 needed 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;
- providing you with information about asthma and about 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 legally and contractually 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 TSS, provide TSS services, and 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 that 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 TSS offices and/or secure locations both inside and outside of Canada, including within the European Union, Israel, or the USA. 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

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 that person 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 toll-free by phone at 1-855-514-8382, 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

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, either by phone, mail, or email.

Teva Support Solutions® Privacy Officer

1080 Beaver Hall Hill, Suite 1200, Montreal, Quebec H2Z 1S8

TCI.PrivacyOfficer@tevapharm.com

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REVIEWED BY PAAB

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