AJOVY® (fremanezumab) injection 225 mg/1.5 mL

TEVA SUPPORT SOLUTIONS®
Patient Support Program

TO ENROL YOUR PATIENTS IN THE AJOVY® TEVA SUPPORT SOLUTIONS® (AJOVY TSS) PATIENT SUPPORT PROGRAM, PLEASE COMPLETE THIS FORM AND RETURN IT TO:

Fax: 1-833-302-0122
Email: TSS@ajovycanada.ca

PATIENT INFORMATION

☐ Primary contact

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 insurance coverage/plan: ◯ Private ◯ Public ◯ Unknown ◯ Drug plan paperwork submitted to payor—Date submitted: YYYY | MM | DD			

GUARDIAN / SUBSTITUTE DECISION MAKER INFORMATION (IF APPLICABLE)

☐ Primary contact

Last name:	First name:	
Email:		
Mobile phone number:	Alternate phone number:	Preferred time to call: ◯ A.M. ◯ P.M.

CLINICAL ASSESSMENT (NOTE: ALL FIELDS ARE MANDATORY)

1. ☐ Patient is ≥ 18 years of age and has been diagnosed with migraine (at least 4 migraine days per month)

☐ Pediatric patient ≥ 6 years of age AND weighing at least 45 kg and has been diagnosed with episodic migraine (fewer than 15 migraine days per month)

2. Number of migraine days _____ / Number of headache days _____ experienced per month on average ◯ Chronic ◯ Episodic

3. Will this patient receive any concomitant preventive medication for treatment of migraine? ◯ No ◯ Yes—Medication name(s): _____

4. List **all** previous preventive medications used prior to AJOVY® in the table below.

Preventive medication	Dose and frequency	Lack of efficacy/Inadequate response (After a trial of at least three months)	Intolerance	Contraindication	Start date (YYYY/MM/DD)	End date (YYYY/MM/DD)
		◯	◯	◯		
		◯	◯	◯		
		◯	◯	◯		
		◯	◯	◯		

Additional information (please include description of intolerances or contraindications to preventative therapies):

PRESCRIPTION R_x

Prescription (Dosage)	**MONTHLY DOSE** Adult and pediatric dosage ◯ **225 mg subcutaneously once monthly**	**QUARTERLY DOSE** Adult-only dosage ◯ **675 mg subcutaneously quarterly (3 × 225 mg every 3 months):** Administered as three consecutive subcutaneous injections	◯ New ◯ Renewal
Refill: ◯ 6 months ◯ 12 months ◯ Other: _____ months			

HEALTHCARE PROFESSIONAL SECTION

I authorize the AJOVY® Teva Support Solutions® (AJOVY TSS) Patient Support Program to be my designated agent to forward the prescription indicated on this form 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 AJOVY®. The pharmacy chosen by the patient is the only pharmacy to receive this prescription for dispensing. The original prescription will not be reused.

Last name:	First name:	
Licence number:	Work phone:	Fax:
Address/Clinic stamp:		

X Signature: _____ Date: YYYY | MM | DD

AJOVY® is indicated for:
- the prevention of migraine in adults who have at least 4 migraine days per month.
- the prevention of episodic migraine (fewer than 15 migraine days per month) in pediatric patients aged 6 to 17 years and weighing at least 45 kg.

Please consult the Product Monograph at https://pdf.hres.ca/dpd_pm/00083340.PDF for important information relating to warnings, precautions, adverse reactions, conditions of clinical use, and dosing that has not been discussed in this piece. The Product Monograph is also available by calling us at 1-833-302-0121.

HCP: healthcare professional

PATIENT / SUBSTITUTE DECISION MAKER CONSENT

Pediatric Consent and Capacity

I acknowledge that there is no fixed age of consent for health-related decisions in Canada and that consent must be obtained from the patient if the patient is capable of making an informed decision in relation to participation in the AJOVY® Teva Support Solutions® Patient Support Program.

☐ I confirm that the patient **has been assessed and is capable**, and that the patient is providing consent on their own behalf.

☐ I confirm that the patient **has been assessed and is not capable**, and that I am the patient's parent, legal guardian, or otherwise legally authorized substitute decision maker entitled to provide consent on the patient's behalf. Where I am providing consent as a substitute decision maker, I confirm that I am acting in the best interests of the patient and, to the extent known, in accordance with any wishes, values, or beliefs previously expressed by the patient.

☐ 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.

I confirm that I have read, understand, and agree to the collection, use, and disclosure of the 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 the personal information outside Canada, including within the European Union, the USA, or Israel, in accordance with the attached privacy policy.

X Signature of patient (if capable) or substitute decision maker (if patient is not capable):

Relationship to patient (if signing as substitute decision maker):	◯ Written consent Date: YYYY | MM | DD
Legal authority (e.g. parent, guardian, other):	

X HCP signature: ◯ Verbal consent Date: YYYY | MM | DD

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

The AJOVY® Teva Support Solutions® (AJOVY 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 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 AJOVY 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 AJOVY TSS Patient Support Program), and to research, develop, and improve our products and services. Some of the services provided by AJOVY 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 migraine and about our products and services.

Access and use of information

The personal information you provide will be accessed and used only by AJOVY 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 AJOVY TSS via phone, text, or email and to the transfer of personal information by phone, fax, or email between AJOVY TSS, your insurer, and your healthcare provider(s) for the purpose of determining your eligibility for AJOVY TSS and the delivery of AJOVY TSS services. Email and text may be used during the course of your participation in AJOVY TSS to inform you about your status in AJOVY TSS, provide AJOVY TSS services, and to provide notifications and reminders. You acknowledge that neither email nor text is a secure method of communication, and you understand that information in emails and texts has the potential to be accessed and read by a third party. You may withdraw your consent 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 AJOVY 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 AJOVY 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

AJOVY TSS must deal directly and exclusively with you; therefore, it is not possible for others to contact AJOVY TSS on your behalf. If you would like a family member, friend, or anyone else 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 toll-free by phone at 1-833-302-0121, or by email at TSS@ajovycanada.ca. Your prompt notification of any contact information changes will assist us in providing you with the requested services.

Changes to the privacy policy

AJOVY TSS reserves the right to change, modify, or amend this policy at any time without notice, except if the change is significant, in which case AJOVY TSS will notify you 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
PrivacyOfficerCanada@tevacanada.com

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