ORIJIN® Patient Support Program Services Form

An ORIJIN Patient Support Program team member will contact your patient based on extended services available:

Nursing Support ☐ **Financial Support** ☐

Please fax the completed and signed form to the attention of ORIJIN Patient Support Program.

ORIJIN Patient Support Program

Phone toll-free: 1-844-254-6272

Fax toll-free: 1-844-354-6272

1. PATIENT INFORMATION

Last name: _____ **First name:** _____

Home address: _____

City: _____ **Province:** _____ **Postal code:** _____

Date of birth (DD/MM/YYYY): _____ **Phone number:** _____

Email address: _____ **Language:** English ☐ French ☐ Other: _____

Preferred time to be reached: Morning ☐ Afternoon ☐ Evening ☐ **May we leave a voicemail or message with someone who answers?** Yes ☐ No ☐

Alternate contact (if applicable):

2. PATIENT CERTIFICATION

☐ **Patient's consent collected verbally by Prescriber**

My signature below acknowledges and certifies that I have received, read, and I agree with the terms and information contained in the Patient Consent and Acknowledgement section on page 2 of this form, and agree to participate in the ORIJIN Patient Support Program.

Patient name (PRINT): _____ **Date** (DD/MM/YYYY): _____

Patient signature: _____

3. PRESCRIPTION INFORMATION

☐ KORSUVA® (difelikefalin) Injection ☐ TAVNEOS® (avacopan) ☐ VELPHORO® sucroferric oxyhydroxide

Dosage: _____

Quantity: _____ **Refill:** _____

Medication start date [i.e. (if the patient already initiated treatment)] (DD/MM/YYYY): ___/___/___

Public reimbursement: _____

4. PRESCRIBER INFORMATION

Last name: _____ **First name:** _____

Specialty: _____ **Hospital/Clinic:** _____

Address: _____

Phone number: _____ **Fax:** _____

Email address: _____

Language: English ☐ French ☐ **Preferred method of communication:** Phone ☐ Email ☐ Fax ☐

Special instructions (best time to call, contact name, etc.):

5. PRESCRIBER CERTIFICATION

My signature below acknowledges and certifies that:

- I am the prescriber for the above-mentioned patient.
- I have received, read, and I agree with the terms of the Prescriber Consent and Acknowledgment section on page 2 of this form and I agree to participate in the ORIJIN Patient Support Program.
- This original prescription constitutes a legal prescription for the patient for PrKORSUVA®, PrTAVNEOS® or PrVELPHORO®. It will be kept on file and will not be re-used.

Prescriber signature: _____

Date (DD/MM/YYYY): _____

Licence number: _____

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PATIENT CONSENT AND ACKNOWLEDGEMENT

I have been informed, and I accept and agree that:

1. The ORIJIN Program ("Program") is provided by Otsuka Canada Pharmaceutical Inc. ("Otsuka") and administered, in whole or in part, by Otsuka and/or designated third-party service providers acting on behalf of Otsuka (collectively, "Program Administrator"). As the nature and scope of the Program and Program services evolve, Otsuka may appoint another service provider or replace an existing service provider to administer the Program from time to time;
2. The personal information that I provide, that my healthcare providers (such as the prescriber, my clinic/treating institution, or my pharmacy), or that third parties (such as insurers, drug payers, or employer) provide, including my name, contact information, information about my health and financial information (ex. Insurance coverage or income) (collectively, "Patient Information"), to the Program Administrator will be used to provide me with the Program services I requested. More specifically, the Program Administrator will use my Patient Information for the following purposes:
   i. To communicate with drug payers or my employer to determine whether there are any other reimbursement options available;
   ii. To contact me or the contact specified in the Alternate contact section, with information related to the product, lifestyle, disease, and other services related to my treatment;
   iii. For the administration or improvement of the Program or relating to my participation in the Program.
3. The Program Administrator, to the extent required to provide Program services, may contact and share my Patient Information with my healthcare providers (such as the prescriber, my clinic/treating institution, or my pharmacy), or third parties (such as insurers, drug payers, or employer), the person identified in the Alternate contact section, or myself, based on the personal information provided on page 1 of this form.
4. The Program Administrator may collect, use, or disclose my Patient Information when required or permitted by applicable laws (including collecting and reporting to local and international regulatory authorities adverse event information in order to comply with applicable reporting requirements) or for other purposes with my prior knowledge and consent (which can be implied or express depending on the circumstances).
5. The Program Administrator may also use my Patient Information in order to create aggregated or statistical data that can no longer be associated with me, directly or indirectly ("De-Identified Aggregated Data"). Otsuka and/or the Program Administrator may use or disclose the De-Identified Aggregated Data in order to improve the Program, develop new programs or services, to help secure reimbursement of product by the private or public payers or for study, research or statistical purposes, including, for example, to better understand a medical condition, effects of a treatment and its safety and patient outcomes and for scientific publication.
6. My Patient Information can be shared between different Program Administrators for the purposes related to the services provided to me within the Program.
7. My Patient Information will be protected using appropriate physical, technical, and administrative safeguards in order to prevent any loss or unauthorized access, use, or disclosure of my Patient Information. This includes limiting access to my Patient Information to the Program Administrator's employees who are directly involved in the provision of Program services and who have a genuine "need-to-know". The Program Administrator also maintains adequate governance policies and practices that define the roles and responsibilities of the members of its personnel who have access to my Patient Information and employs contractual and other means to ensure that my Patient Information receives a comparable level of protection while it is being processed by a service provider or contractor.
8. While the Program Administrator will generally store and use my Patient Information in Canada, including provinces other than the one in which I usually reside, it may be transferred to jurisdictions outside Canada where Otsuka maintains facilities or in which Otsuka's commercial partners or third-party service providers are located. For example, adverse event information may be shared with regulatory authorities in other jurisdictions to comply with applicable legal reporting requirements. If transferred outside Canada, my Patient Information will be subject to the laws of the country in which it is located, including laws that may require the Program Administrator to disclose my Patient Information to governmental authorities, courts, law enforcement or regulatory agencies of that other country.
9. My Patient Information will be retained only for as long as necessary to fulfill the purposes for which it was collected and in order to comply with applicable legal requirements. My Patient Information that is no longer required to fulfill the identified purposes will be destroyed, erased, or de-identified in accordance with relevant legal requirements.
10. I may withdraw my consent to participate in the Program at any time, or ask any question I may have, by contacting the Program Administrator at 1-844-254-6272. I may also withdraw my consent (in whole or in part) to the collection, use, or disclosure of my personal information for the purposes described herein at any time by contacting the Program Administrator at the number indicated above. If I withdraw my consent, I understand that the Program Administrator may no longer be able to provide me with the Program services requested.
11. I may request access to, or the rectification of my Patient Information by contacting the Program Administrator at 1-844-254-6272.
12. If I have any questions or complaints about the handling of my Patient Information by Otsuka or the Program Administrator (if different), including questions about the scope of the consent being requested from me, I may contact the ORIJIN Program or Otsuka's Privacy Officer by email at OCPI-PrivacyOfficer@otsuka-ca.com or by regular mail at 2250 Alfred-Nobel Blvd., Suite 301, Saint-Laurent, Qc., Canada, H4S 2C9.
13. I further understand that the services provided under the Program may be revised, suspended, or terminated at any time at the sole discretion of Otsuka.

PRESCRIBER CONSENT AND ACKNOWLEDGEMENT

I have been informed, and I accept and agree that:

1. The ORIJIN Program ("Program") is provided by Otsuka Canada Pharmaceutical Inc. ("Otsuka") and administered, in whole or in part, by Otsuka and/or designated third-party service providers acting on behalf of Otsuka (collectively, "Program Administrator"). As the nature and scope of the Program and Program services evolve, Otsuka may appoint another service provider or replace an existing service provider to administer the Program from time to time.
2. The Program Administrator respects all applicable privacy laws and as such, identifiable patient information ("Patient Information") will only be accessible by employees of the Program Administrator directly involved in the provision of the services and support to the Program or to any other third party if required by law or for safety information reporting unless specific consent has been obtained, as further detailed in the Patient Privacy and Consent Declaration.
3. The Program is not intended to replace my professional judgement, or the professional judgement of other healthcare professionals involved in the patient's care, but to provide benefits investigation/reimbursement services and treatment support services to enrolled patients.
4. I have reviewed the Product Monograph and I will undertake to use the Product as clinically appropriate.
5. To the disclosure by the Program Administrator to Otsuka that I enrolled into the Program.
6. Should I report safety information (including adverse events), product quality complaints or customer feedback to the Program, I acknowledge that this information will be reported by the Program Administrator to Otsuka. I acknowledge that such adverse event reports may need to be forwarded to regulatory authorities in and outside of Canada. I also agree to be consulted to provide follow-up information, until such time as I explicitly inform Otsuka, in writing, of my desire not to be consulted.
7. I understand that stakeholders in healthcare are turning to real-world evidence (RWE), generated by analyzing data gathered from routine clinical practice, to create insights into areas including disease epidemiology, treatment effectiveness and safety, health economic value and impact across the product lifecycle. I consent to the collection, storage, use, and dissemination to third parties (which may include public release) of non-personally identifying information in aggregate or compiled form regarding my patient treatment and outcomes in respect of the Program by Otsuka and the Administrator and those persons they authorize.
8. By providing my email address, I consent to receive communications by email.
9. I understand I may withdraw my consent from receiving future communications from the Program or suspend my participation in the Program at any time by contacting the Program at 1-844-254-6272. I further understand that Otsuka reserves the right in their sole discretion to modify, suspend access to, or terminate the Program.

For more information: Please consult the Product Monograph at http://korsuvamonograph.ca, http://tavneosmonograph.ca or http://velphoromonograph.ca for important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this piece. The Product Monograph is also available by calling us at 1-877-341-9245.

REVIEWED BY PAAB

Otsuka

orijin™ SUPPORT PROGRAM

OCPI-KOR-00022E