ORENCIA response Program

MyORP.ca

Enrolment Form

TELEPHONE: 1-877-979-3200 | CASE MANAGER'S NAME:

FAX TO: 1-877-681-5236 OR EMAIL TO: ORP@bayshore.ca

PATIENT INFORMATION

Patient name:

Address:

City:

Province: | Postal code:

Home telephone:

Can we leave a message at this number? ☐ Yes ☐ No

Work telephone:

Can we leave a message at this number? ☐ Yes ☐ No

Email address:

Date of birth: mm/dd/yy | Gender: ☐ M ☐ F

Patient ready to start ORENCIA: ☐ Yes ☐ No
If no, waiting for:

Consider patient for FASTSTART program (Allows patients to start on ORENCIA upon receipt of first prescription if insurance coverage criteria are met)?
☐ Yes ☐ No

Insurance approval attached? ☐ Yes ☐ No

PHYSICIAN INFORMATION

Name of referring physician:

Physician license #:

Nurse name:

Telephone: | Fax:

REPORTING

The Program sends the physician a summary report (Health Assessment Questionnaire-Disability Index [HAQ-DI] and # of infusions) at specified intervals.

☐ Please do not send report.

PRE-BIOLOGIC SCREENING — TB Test

☐ Not required

☐ Positive result Date: mm/dd/yy
☐ Negative result Date: mm/dd/yy

Reason not yet completed:

DOSING INFORMATION

Prescription type: ☐ New start ☐ Continued Tx

Patient's weight: ☐ lb ☐ kg Date of weight: mm/dd/yy

Patient diagnosis/indication:

PRESCRIBING INFORMATION FOR ADULTS

ORENCIA (abatacept) SC — Pre-filled syringe: 125 mg/mL — DIN: 02402475

The first SC injection (regardless of weight) should be given within a day of the IV loading dose in ORENCIA-naïve patients. Patients switching from ORENCIA IV to SC administration should administer the first ORENCIA SC dose instead of the next scheduled ORENCIA IV dose with their MTX regimen.

☐ Patient unable to receive IV loading dose.
Initiate weekly injections of subcutaneous ORENCIA without the intravenous loading dose

SC dosing

Frequency: ☐ Weekly ☐ Weekly + MTX regimen

Repeats: ☐ x 6 months ☐ x 12 months

Loading dose

IV loading dose required in ORENCIA-naïve patients
IV loading dose: Infuse over 30 minutes:

☐ 500 mg (2 vials)	☐ 750 mg (3 vials)	☐ 1,000 mg (4 vials)
Patient weight <60 kg	Patient weight 60-100 kg	Patient weight >100 kg

PRESCRIBING INFORMATION FOR ADULTS

ORENCIA (abatacept) IV — 250 mg vial — DIN: 02282097

Infuse over 30 minutes:

☐ 500 mg (2 vials)	☐ 750 mg (3 vials)	☐ 1,000 mg (4 vials)
Patient weight <60 kg	Patient weight 60-100 kg	Patient weight >100 kg

Weeks 0, 2, 4 and then every 4 weeks thereafter.

Repeats: ☐ x 6 months ☐ x 12 months

Where would you like your patient to receive their ORENCIA IV treatment?

☐ The patient will be infused at my clinic
☐ ORP program and patient will discuss best option

Special instructions:

Signature of prescribing physician: | Date: mm/dd/yy

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Consent and Permission

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PLEASE READ THE CONSENT AND PERMISSION SECTION AND SIGN IN THE SPACE BELOW.

I, _____ , the undersigned, have read the terms and conditions and:

- I understand and agree with the services offered by the ORENCIA RESPONSE PROGRAM® and the Consent and permission on the reverse side of this form.
- I agree to the transfer of my personal information to Bristol-Myers Squibb Canada in accordance with the Consent and permission.

Signature of patient or legal representative: | Date: mm/dd/yy

IMPORTANT: If unable to obtain written consent from patient, please document when verbal consent was obtained. This will allow the ORENCIA RESPONSE PROGRAM to continue with processing this enrolment.

Verbal consent obtained by: | Date: mm/dd/yy

CONSENT AND PERMISSION

In order to register for the ORENCIA RESPONSE PROGRAM, [a customer service program currently administered by Bayshore HealthCare Ltd ("Administrator") and sponsored by Bristol-Myers Squibb Canada ("BMS")], you and your healthcare professional will need to complete the information on the ORENCIA RESPONSE PROGRAM Consent and Enrolment Form, and then fax, telephone, email or mail in the information. This means that the program will be collecting some of your personal information, such as your name, age, address, telephone number, as well as medical and financial information as it affects your therapy administration and prescription reimbursement. For the ORENCIA RESPONSE PROGRAM to provide you with the above services we may need to disclose some of your personal information. Nonpersonally identifiable, aggregate data may also be used for reporting purposes.

All personal information is stored in encrypted databases for electronic information and locked in filing cabinets within a restricted area for paper files. Only ORENCIA RESPONSE PROGRAM personnel who require the information for the purpose of conducting program activities have access to the paper or electronic files. Patient files will be maintained for as long as the ORENCIA RESPONSE PROGRAM is in operation and for three years after the completion of the program in order to meet legal requirements for maintaining patient records. Contact the ORENCIA RESPONSE PROGRAM to speak with the privacy officer for more information or to address any additional questions you may have. Please read this entire form carefully before signing. It is your right to refuse to sign the consent form; however, if you do not provide consent you may not be eligible for the ORENCIA RESPONSE PROGRAM services. If you have any questions, please feel free to contact the ORENCIA RESPONSE PROGRAM for more information at 1-877-979-3200. Calls may be monitored and recorded for quality assurance purposes.

PATIENT CONSENT

In addition, collection of adverse drug events enables BMS to monitor the safety of their medicines in order to continuously assess their benefit-risk profile, as well as to comply with local and worldwide laws and regulations. My personal information and details of any adverse drug event occurring while on treatment with a BMS product can be communicated to Bayshore HealthCare Ltd and disclosed to BMS Pharmacovigilance. _____ (initials)

All the information provided to BMS will be stored in the corporate safety database located in the United States, and may be shared with its group companies and regulatory authorities as required by laws and regulations.

I also consent to BMS contacting my physician in case any further clarification regarding the adverse drug event is needed.

For the purposes of performing services under the ORENCIA RESPONSE PROGRAM, I agree that the Administrator and their respective employees, and consultants may collect personal information about me, including personal health information (i.e., name, contact information, information about my medical condition and about my health insurance) either directly from me or from my healthcare provider(s) and/or health insurer(s), if any, and use, disclose in confidence only for the purposes as described above or as authorized or required by law. Healthcare providers and Bayshore HealthCare Ltd representatives are not authorized to share patient identifiable data with BMS. I am, however, aware that certain health information about me may be disclosed by Bayshore HealthCare Ltd to BMS in an anonymous or aggregated format, once all personally identifying information has been removed.

I authorize BMS to publish in scientific publications (e.g. medical journals or scientific conferences) the information it obtains through this program. Examples of publication content include, but are not limited to, data on previous drug use, drug retention rates, and disease progression. Rest assured that any personal information that could identify you will be removed before any information is shared with BMS so none of your personal information will be disclosed for the purposes of any publication nor will it be part of any publication.

If at any time and for any reason BMS appoints a new Administrator to replace Bayshore HealthCare Ltd as the Administrator of the ORENCIA RESPONSE PROGRAM, I hereby give permission for the current Administrator to transfer my personal information and medical records to a new Administrator designated by BMS, for the purpose of continuing my participation in the ORENCIA RESPONSE PROGRAM in the same manner as required of the current Administrator as set forth above. I further consent to be contacted by additional third party providers for the purposes of customer satisfaction follow-up surveys concerning the ORENCIA RESPONSE PROGRAM services I received as well as the provision of additional services that may be offered to me as part of the ORENCIA RESPONSE PROGRAM.

I may withdraw my consent for such contact at any time by providing my request in writing to the Administrator at the fax number 1-877-681-5236. I recognize that any such withdrawal of my consent may limit the ability of the Administrator to deliver the service of the ORENCIA RESPONSE PROGRAM.

Bristol-Myers Squibb

ORENCIA (abatacept) SC

ORENCIA (abatacept) IV

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