XPOSE® Program enrollment and consent form:

For adult patients with moderate to severe plaque psoriasis and pediatric patients (12 to <18 years old) with severe plaque psoriasis who are prescribed PrCOSENTYX® (secukinumab)

Telephone: 1-844-27XPOSE (1-844-279-7673)
Fax: 1-866-872-5771

All sections MUST be completely filled out

Patient information (please print)

The XPOSE® Program will contact you to assist with your insurance/reimbursement needs and provide you with information about the medication and your illness.

First name _____ Last name _____

Date of birth (DD/MM/YYYY) _____ ☐ Male ☐ Female

Guardian name (if applicable) _____ Relationship to patient (if applicable) _____

Address _____ City _____ Province _____ Postal code _____

Mobile phone (___) ___ - ___ Other (___) ___ - ___

Preferred time to call: ☐ Morning ☐ Afternoon ☐ Evening

Mode of communication: ☐ Phone ☐ E-mail ☐ Text message

Language: ☐ English ☐ French

E-mail _____ I consent to receive e-mails related to the Program.

☐ I agree to be contacted for market research purposes and studies.

Tuberculosis (TB) screening

☐ Required ☐ Not required

Test results†

☐ Positive ☐ Negative

Do you require the Program to schedule TB testing on your behalf?

☐ Yes ☐ No

If Yes, select type: ☐ TB QuantiFERON ☐ TB skin test

Chest X-Ray† (CXR)

☐ Required ☐ Not required

Test results†

☐ Positive ☐ Negative

Injection services

☐ Injection training required

Patient/guardian signature

I have read and agree to the Patient Consent on the reverse side of this form.

X _____ _____

Patient/guardian signature Date (DD/MM/YYYY)

Physician signature

I certify that this prescription order is an original prescription. The designated pharmacy is the only recipient. The original will not be reused.

X _____ _____

Physician signature Date (DD/MM/YYYY)

Cosentyx® secukinumab

XPOSE® Patient Support Program

† Specific TB results will be reported back to the requester by the Program.
Any follow-up on positive TB is at the discretion/responsibility of the requester.

Referring physician (please print or stamp)

First name _____ Last name _____

License # _____

Address _____ City _____ Province _____ Postal code _____

Office contact name _____

Telephone (___) ___ - ___ Fax (___) ___ - ___

E-mail _____

Preferred mode of communication: ☐ Phone ☐ E-mail ☐ Fax

Rx

COSENTYX® format:

☐ **SensoReady® pen (2 x 150 mg)** ☐ **Pre-filled syringe (2 x 150 mg)**

Moderate to severe plaque psoriasis (adult patients)

Induction dose at weeks 0, 1, 2, 3 and 4. Maintenance dose monthly.

New Rx ☐ 300 mg sc
Renewal ☐ 300 mg sc

Duration of treatment: _____ (months)

Severe plaque psoriasis (pediatric patients)

Induction dose at weeks 0, 1, 2, 3 and 4. Maintenance dose monthly.

Patient weight (≥50 kg): _____ (kg)

New Rx ☐ 150 mg sc
Renewal ☐ 150 mg sc
☐ 300 mg sc

Duration of treatment: _____ (months)

Psoriasis assessment details

BSA%: _____ PASI: _____ DLQI: _____

☐ Face ☐ Hands ☐ Feet ☐ Genitals

Previous therapy

☐ Biologic therapy: _____
☐ Oral systemic: _____
☐ Phototherapy
☐ Topicals
☐ Other

Directives from the prescriber

Therapy initiation

☐ Start date
☐ Pending test results
☐ Future date _____
Date (DD/MM/YYYY)

Other instructions _____

Recommended dose:
For adults with moderate to severe psoriasis is 300 mg (2 x 150 mg)
For pediatric patients with severe psoriasis weighing ≥50 kg is 150 mg (and may be increased to 300 mg)

COSENTYX® is intended for use under the guidance of a health care professional. Patients may self-inject after proper training and when deemed appropriate. Prescribers are advised to periodically reassess the need for continued therapy.

Physician declaration

I have read the Patient Consent and (1) agree to my patient being enrolled in the XPOSE® Program (the "Program"); (2) have prescribed the drug specified on this form in accordance with its product monograph; and (3) have the patient's consent to share with the Program the patient's information in this form and as needed to provide the Program's services.

I accept that my information, including personal information, may be used by Novartis or its agents for reasons related to improving, monitoring and auditing its programs, for commercial or market research purposes and as otherwise required or permitted by law. Details about how my file will be maintained, shared and how to access/correct my information are as set out in the Patient Consent.

I acknowledge that adverse events may be reported about my patients participating in the Program and understand I may be contacted by Novartis or its agents to provide follow-up information. As adverse event reports may need to be processed in and outside of Canada and forwarded to Canadian and foreign regulatory authorities, I understand that my information may be stored or processed outside of Canada.

I have discussed the Program with the patient who wishes to enroll and has agreed that I share their personal information to the Program to contact the patient and confirm enrollment.

Patient consent

XPOSE® is a patient support program (the "Program") provided by Novartis Pharmaceuticals Canada Inc. and/or its affiliates (collectively "Novartis", we, us, our) to provide Canadian patients who have been prescribed COSENTYX® patient support services. Your health care professional believes you could benefit from the Program. The Program services may include health/disease/product information, insurance reimbursement assistance or treatment services (the "Services").

A third-party service provider is the administrator of the Program: its employees and/or agents handle your Personal Information, which is processed in accordance with privacy laws and Novartis privacy/data protection standards. You will be notified should the administrator of the Program change, including in the case of administration by a Novartis department; your Personal Information will continue to be protected with equivalent safeguards.

Your participation in the Program is voluntary. If you choose not to participate, neither your medical treatment nor your insurance coverage eligibility will be impacted. However, if you do not participate, you cannot receive assistance or Services from the Program. The Program is not intended to provide medical advice or medical diagnoses. You agree to seek the advice of your physician or other qualified health care professional if you have health concerns, and not to disregard professional medical advice based on information obtained from the Program. Novartis reserves the right to modify or terminate the Program at any time without prior notice.

Information such as your date of birth, contact information, drug/medical, and insurance/financial information (collectively "Personal Information") is collected to communicate with you, provide you with the Program's Services, audit or monitor the Program, and perform certain activities as required or permitted by law, including to process and report adverse events ("AEs"). We may contact you at the contact information you have provided; email, phone or other (if via cellular, we will not assume any resulting cellular phone charges). Only relevant personnel will have access to your Personal Information.

Your Personal Information may be collected from and disclosed to health care professionals, insurance providers or other third parties as needed for the Program's administration and Services. Our third-party providers are contractually obliged to strict data protection and security requirements.

In the case of AE processing and reporting to regulatory authorities, if monitoring or auditing is performed, or if required and/or permitted by law, it may be that Novartis employees or agents will have access to your Personal Information.

The Administrator, Novartis and/or its agents may de-identify (replace your identifying data with a code or label), aggregate (combine with other data) or anonymize data from the Program to conduct analyses for commercial, research or publication purposes. Analyses are performed to help us improve our offers and services such as this Program or others, treatment reimbursement, disease educational campaigns and online communications, and may be conducted using digital capabilities. Your Personal Information may be stored or processed outside of Canada, including for AEs processing and reporting requirements. In such case, Novartis ensures that your Personal Information is protected. Your Personal Information may be subject to the laws of foreign jurisdictions, with a different level of protection than your country of residence.

You may revoke your consent at any time. Withdrawing your consent will result in the termination of your participation in the Program and its Services. No new personal information will be collected; the file containing your Personal Information will be maintained during the term of the Program for monitoring and regulatory purposes; de-identified, aggregated or anonymized data may continue to be used as described above.

You may request access or correction to your file by contacting the Program at 1-844-279-7673.

By signing the consent, you agree to the collection, use and disclosure of your Personal Information as described herein. You can learn more about how Novartis protects privacy at https://www.novartis.ca/en/privacy-policy.

COSENTYX® (secukinumab) is indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy.

COSENTYX® (secukinumab) is indicated for the treatment of severe plaque psoriasis in pediatric patients 12 to less than 18 years of age who are candidates for systemic therapy or phototherapy.

Consult the Product Monograph at www.novartis.ca/CosentyxMonograph for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling 1-800-363-8883.

For program-related inquiries, please call the XPOSE® Program at 1-844-27XPOSE (1-844-279-7673)

NOVARTIS

Novartis Pharmaceuticals Canada Inc.
Dorval, Québec H9S 1A9
www.novartis.ca
514.631.6775 514.631.1867

Printed in Canada 103824E

REVIEWED BY PAAB

MEMBER OF INNOVATIVE MEDICINES CANADA

Cosentyx® secukinumab

XPOSE® Patient Support Program