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LillyPlus

# PATIENT SUPPORT PROGRAM

Program fax: **1-844-503-7749**
Email form to: **Oncology@LillyPlus.ca**
Program phone: **1-855-545-5922**

## PATIENT INFORMATION

Last name:

First name:

Date of birth: [MM/DD/YYYY] Sex: ☐ Male ☐ Female

Address:

City:

Province: Postal code:

Best phone number to contact:

☐ I authorize the program to send me text messages

☐ I authorize the program to leave a message

Preferred time call: ☐ AM ☐ PM

Email *(optional)*:

Language preference:

## PATIENT CONSENT

See full patient consent and privacy information on reverse.
**Please ensure you have read and fully understand this information.**

☐ I have read and understand the patient consent text and agree to the collection, use and disclosure of my personal information in accordance with these terms.

Patient/legal representative name:

Relationship to patient:

**X** Patient's signature:

Date: [MM/DD/YYYY]

## PRESCRIBER INFORMATION

Prescribing physician name:

Hospital name:

Phone: Fax:

Email (*optional*):

Date: [MM/DD/YYYY]

Clinic contact or drug navigator:

Phone (*if different*):

Fax (*if different*):

Email (*optional*):

Preferred method of contact: ☐ Phone ☐ Fax ☐ Email

The Program will be reaching out to obtain further information on previous therapies/treatment for the purposes of assisting in reimbursement efforts.

## VERZENIO™ PRESCRIPTION INFORMATION

☐ New Prescription ☐ Prescription Renewal

**Please select the prescribing information for patients with HR+, HER2- advanced or metastatic breast cancer**

☐ in combination with an aromatase inhibitor in postmenopausal women as initial endocrine-based therapy*

☐ in combination with fulvestrant in women with disease progression following endocrine therapy. Pre- or perimenopausal women must also be treated with a gonadotropin-releasing hormone (GnRH) agonist*

☐ as a single agent in women with disease progression following endocrine therapy and at least 2 prior chemotherapy regimens. At least one chemotherapy regimen should have been administered in the metastatic setting, and at least one should have contained a taxane

☐ 200 mg tablets orally twice daily

☐ 100 mg tablets orally twice daily

☐ 150 mg tablets orally twice daily

☐ 50 mg tablets orally twice daily

☐ Other:

Quantity to be Dispensed: ☐ 28 days Refills:

I approve to start Verzenio at this time: ☐ Yes ☐ No

Start After: [MM/DD/YYYY]

Antidiarrheal Request: ☐ Send loperamide to the patient – 100 pills 2mg tablets as directed

Is this patient considered intolerant or contraindicated to other available CDK4/6 inhibitors?** (if applicable) ☐ Yes ☐ No

## PRESCRIBER AUTHORIZATION

This constitutes a legal prescription for the patient named above. This prescription represents the original of the prescription drug order. Patient choice has been considered and recognized prior to submitting this prescription. The original copy of this prescription and enrolment form will be kept on file and will not be reused. I certify that the use of Verzenio for this patient is based on my clinical decision-making and I have reviewed the Verzenio product monograph and informed the patient (or their legal representative) about the potential benefits and risks associated with its use. I consent to be contacted by representatives of Eli Lilly Canada Inc. (Lilly) and their third-party providers about the patient, Verzenio, the Program, and any adverse event or product complaints experienced by the patient. I consent to the use of my Program prescribing information for purposes of administering and monitoring the Program, to keep Lilly representatives with whom I interact informed of my use of the Program (only on a patient de-identified basis) and to assess and demonstrate the effectiveness of the Program.

☐ Check here as your representation of receiving verbal consent from the patient if patient signature above was not obtained.

**X** Prescriber's signature:

Date: [MM/DD/YYYY]

Consult the Product Monograph at http://pi.lilly.com/ca/verzenio-ca-pm.pdf for important information on contraindications, warnings, precautions, adverse reactions, interactions, dosing and conditions of clinical use. The Product Monograph is also available by calling us at 1-888-545-5972.

* For full dosing instructions of the selected aromatase inhibitor or fulvestrant, refer to the corresponding Product Monograph.

**Not a Program eligibility requirement

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FOR PATIENTS WHO HAVE BEEN PRESCRIBED VERZENIO™

**THIS PROGRAM INCLUDES:**

- Reimbursement navigation
- Financial assistance
- Other support and educational services

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## PATIENT CONSENT AND PRIVACY

The words "you" and "your" on this page refer to the patient, or as appropriate, the patient's parent or legal representative enrolling in the LillyPlus Patient Support Program (the "Program") on the patient's behalf. The word "representative" means employee, agent, or contractor and "Lilly" refers to Eli Lilly Canada Inc.

Your information will be collected, used and stored as described below and in accordance with Lilly's Privacy Statement. A copy of our Privacy Statement is available upon request by contacting: Chief Privacy Officer, Eli Lilly Canada Inc., 3650 Danforth Avenue Toronto, Ontario M1N 2E8. For further information please call 1-888-545-5972.

### Personal Information: Collection, Use, and Storage

To participate in the Program, you may be asked to provide personal information to representatives of Lilly or their third-party patient support program providers, including:

- contact information
- personal health information
- information related to insurance coverage
- financial information

This information will be collected, used, and disclosed by Lilly to provide the Program services and may be shared with:

- Lilly affiliates
- Representatives of Lilly and their third-party patient support program providers who have agreed to abide by Lilly's privacy policies.
- Your public and private insurers.
- Your healthcare provider(s), who may share your information with your insurers

All personal information collected as part of the Program will be:

- Maintained in accordance with applicable legislation, regulations, and guidelines and in accordance with Lilly's Privacy Statement.
- Protected by adequate physical, administrative, and technical safeguards against loss or theft, and against unauthorized consultation, communication, copying, use or alteration. These safeguards will apply regardless of the format in which your information is stored.
- Kept in a personally-identifiable format only as long as needed for the purposes described below.

**By providing your email address and enrolling in the Program, you consent to the transfer of your personal information via unsecured email between the Program, your Insurer and Healthcare Provider(s) for the purpose of determining your eligibility for the Program, conducting Program-related activities and the delivery of Program services. You acknowledge that email is not a secure method of communication and that you can withdraw your consent at any time.**

Your information may be transferred, stored, and/or processed outside of Canada, including in the United States, where local laws will apply.

### Drug Safety

Lilly has a legal obligation to report adverse drug events to Health Canada and to monitor product complaints. If you experience an adverse event or a product complaint, Lilly and our representatives will use and report your information for these purposes. Lilly may contact you or your physician for additional information to fulfill these obligations.

### The Program

By enrolling in the Program, you authorize representatives of Lilly and their third-party patient support program providers to collect, use and disclose your personal information to provide the following services to:

- Provide product and disease state education
- Provide new information regarding product and disease state
- Provide adherence and monitoring services
- Pursue funding to reimburse the cost of your Verzenio therapy in part or in full, understanding that reimbursement is not guaranteed. Your physician may be contacted for additional information, if needed to complete your reimbursement request.
- Review your medical files for purposes of providing the Program services.
- Use your information on an anonymized basis to administer and monitor the Program, assess and demonstrate the effectiveness of the Program, carry out health economic and outcomes-based studies and analysis, and other commercial purposes.

Representatives of Lilly or their third-party patient support program providers may contact you for purposes including to:

- Provide Program services.
- Request feedback on your experience with the Program.
- Provide you with updated information on Verzenio and the Program.

By enrolling in the Program and providing your email address, you consent to being contacted by the Program via email and/or text message and to the transfer of your personal information via email between the Program, your insurer, and your health care provider(s) for the purpose of determining your eligibility for the Program and the delivery of Program services. Email and/or text messages may be used during the course of your participation in the Program to inform you about your status in the Program and Program services, and to provide notifications and reminders. You acknowledge that email and text messages are not a secure method of communication. Information in emails and text messages have the potential to be accessed and read by a third party.

**You do not have to participate in the Program in order to obtain Verzenio. Eli Lilly Canada Inc. reserves the right to revise or discontinue this Program at any time and is under no obligation to provide you with any assistance at this time or in the future.**

### Withdrawing Consent

You can revoke this general authorization and withdraw from the Program by calling 1-855-545-5922. If you do so, your withdrawal is not retroactive -- any activities relating to your personal information prior to your withdrawal will not be affected. Your personal information will be deleted and/or maintained in accordance with applicable legislation, regulations, guidelines, and Lilly's Privacy Statement. You can also access or correct your personal information held by Lilly and its representatives. Any information retained by Lilly or their third-party patient support program providers will continue to be handled as described above and in accordance with Lilly's Privacy Statement.


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