

PATIENT INFORMATION		
Patient name:*		
Address:*		
City:*	Province:*	Postal code:*
Phone 1:*	Phone 2:	
<input type="checkbox"/> I consent to voice messages	Preferred time to call: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Email:		
Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone		
<small>By providing your electronic address, you consent to receiving electronic communications containing information and updates relating to the Program and health condition(s) or treatment(s) for which support is provided under the Program. The Program Administrator is seeking your consent on behalf of Lundbeck Canada Inc., the sponsor of the Program. You can withdraw your consent to receive electronic communications by following the instructions provided in the electronic communication. You can also contact the Program Administrator at any time by mailing 1393 North Service Rd. E., Unit 1, Oakville, ON L6H 1A7, calling 1-833-8-VYEPTI (893784), or writing to <a href="mailto:support@vyeptitoday.ca">support@vyeptitoday.ca</a>.</small>		
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Date of birth:*(DD/MM/YYYY) ___/___/___	
Preferred language: <input type="checkbox"/> English <input type="checkbox"/> French	Health card number:	
<input type="checkbox"/> Public insurance <input type="checkbox"/> Private insurance		
Family physician name:		
Office phone:	Office fax:	

PRESCRIBER INFORMATION		
Prescriber name:*		
Name of clinic:*		
Business address:*		
City:*	Province:*	Postal code:*
Office phone:*	Office fax:*	
Email:		
Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax		
Clinic point of contact:		
Notes:		

PATIENT CONSENT* I would like to be enrolled in the Vyepti TODAY® Patient Support Program and have read and agree to the patient consent section on page 2.		
_____ Patient name	_____ Patient signature	_____ Date (DD/MM/YYYY)
_____ HCP initials (if no patient signature)	<input type="checkbox"/> Patient consent obtained verbally by reading page two (2). I attest that the patient has provided verbal consent to enrol in the Program, share their information for the purposes described and, if applicable, receipt of electronic communications, as noted.	

VYEPTI® PRESCRIPTION INFORMATION		
Dose: * <input type="checkbox"/> 100 mg (Recommended dose is 100 mg). <input type="checkbox"/> 300 mg <sup>‡</sup>		Vyepti® is indicated for prevention of migraine in adults who have at least 4 migraine days per month. <sup>†</sup>
Frequency: every 12 weeks	Infusion time: approximately 30 minutes	
Prescription duration: <input type="checkbox"/> 12 months <input type="checkbox"/> Other:		

MEDICAL HISTORY						
Known allergies:						
Average number of migraine days per month:		Number of preventive therapies tried:		Current HIT-6 Score:		
Preventative medication	Dose and frequency	Start date	End date	Reason for discontinuation		
				Intolerance	Contraindication	Lack of efficacy/inadequate response (after a trial of at least three months)
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICIAN CONSENT*		
_____ Prescriber name (please print)	_____ Prescriber signature	_____ Date (DD/MM/YYYY)
<small>By way of my signature, I confirm that I have read and agree to the Physician Disclosure and Consent on page 2 and I authorize the Vyepti Today Program to be my designated agent to forward this prescription to the pharmacy chosen by the patient identified above. This prescription represents the original prescription drug order. The patient's chosen pharmacy is the only intended recipient.</small>		
Prescriber license # _____		

<sup>†</sup>Patients who are not using Vyepti® as per the authorized indication will not be enrolled in the Program.

<sup>‡</sup>Some patients may benefit from 300 mg dose. The need for dose escalation should be assessed within 12 weeks after initiation of the treatment.

# Vyepti TODAY® Enrolment and Patient Consent

Lundbeck Canada Inc. ("Lundbeck") is the sponsor of the Vyepti TODAY® Patient Support Program ("Program") managed by BioScript ("Program Administrator") on behalf of Lundbeck.

Subject to confirmation of eligibility, the Program provides support to patients prescribed Vyepti®, and includes the following services:

- facilitation of access to medication/supplies
- education/training (i.e., product support and adherence)
- therapy administration assistance
- determination of eligibility for insurance benefits (i.e., insurance/financial coverage for medications)
- reimbursement navigation collectively, referred to as the "Services".

Lundbeck and the Program Administrator are seeking my permission to collect, use and share my personal information including but not limited to my name, contact information, date of birth, financial information, and sensitive health information (such as medical condition, medical history, treatment, care management, health insurance coverage and claims, prescription details (including fill/refill information)) ("PI") for me to participate in this Program.

Neither Lundbeck nor the Program Administrator will use my PI for any purpose other than as set out below unless required or permitted by law.

I understand that participation in the Program is voluntary and that the Program does not provide medical advice or diagnosis and does not replace the need for me to speak with my treating healthcare provider for medical related inquiries. In order for me to participate in the Program and for Lundbeck and the Program Administrator to provide me with the Services offered through this Program, I:

- agree that any medication provided under the Program will be used by me and only by me, and shall not be sold, traded, bartered, transferred, returned for credit;
- agree that any product provided for free will not be submitted to any third-party for reimbursement;
- agree that the Program Administrator and its service provider(s) may collect information from, and share information with, my healthcare provider(s) and their staff (including my treating physician and pharmacist), insurance companies and public payers, (collectively, my "Providers"), Lundbeck and its affiliates or its service providers as necessary to provide me with Services offered through this Program;
- understand that my PI may also be used or disclosed to other third parties to the extent required by applicable law, regulation or court order;
- allow my PI to be anonymized and aggregated with the PI of other patients and provided to Lundbeck and its service providers to report on, assess, audit, monitor, improve or evaluate the Program or use it for research, education, business analytics, marketing, forecasting, publication, or to identify trends such as product utilization, adherence and outcomes;
- allow Lundbeck to collect my PI and information on my use of Vyepti® and any unwanted drug effects ("adverse drug events or side effects") that I may experience while taking Vyepti® or other medications and provide this information to Health Canada or other government agencies. Lundbeck and Health Canada ask for this information to track the safety record of these medications. Lundbeck may also contact my healthcare provider if they need more information on the adverse drug event(s);
- allow Lundbeck and the Program Administrator to share my PI with an affiliate or a third-party service provider that will process or store my PI on behalf of Lundbeck/the Program Administrator for the purposes of administering the Program;
- agree that if Lundbeck chooses to work with a different Program Administrator, my PI may be provided to a new Program Administrator appointed by Lundbeck to administer the Program

## Physician Disclosure and Consent

Please read the information included in this Vyepti TODAY® Enrolment and Consent Form to obtain a full description of the Vyepti TODAY® Patient Support Program. I confirm that I:

- am the patient's attending physician;
- have prescribed Vyepti® in accordance with its intended use as outlined in the Product Monograph;
- have read the Enrolment and Consent Form and understand the Services offered by the Program;
- have met with the patient and discussed the Program with him/her. The patient understands the Program and is interested in enrolling in the Program and has expressly consented to me communicating with the Program Administrator for enrolment purposes, including the sharing of his/her PI in this form and any other information relevant to receive Program Services;
- will, if the infusion is done in-office, receive and secure the patient's medication at my office until it is administered to my patient and the medication will be stored, as per PM storage recommendations;
- understand that anonymized prescribing information may be used by Lundbeck or the Program Administrator for statistical analysis, marketing, business planning and research purposes relevant for business planning of the Program;

Vyepti® (eptinezumab for injection) is indicated for the prevention of migraine in adults who have at least 4 migraine days per month. Vyepti® should be prescribed by healthcare professionals experienced in the diagnosis and treatment of migraine.

Consult the product monograph at [https://www.lundbeck.com/content/dam/lundbeck-com/americas/canada/products/files/vyepti\\_product\\_monograph\\_english.pdf](https://www.lundbeck.com/content/dam/lundbeck-com/americas/canada/products/files/vyepti_product_monograph_english.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 1-800-586-2325.

and I consent to the collection, use, storage and disclosure of my PI to the new Program Administrator as described in this form.

I understand that Lundbeck has the right to rescind, revoke, terminate or amend the Program including any of the Services at any time without prior notice. As a result, I acknowledge that the benefits of the Program that are available to me may change, including financial assistance for the cost of Vyepti®. In the future my contribution to the cost of Vyepti® may increase depending on my insurance plan.

Lundbeck is committed to respecting my privacy. The PI collected from me on this form, during my enrolment and through my participation in this Program will be maintained in strict confidence and will not be disclosed to third parties, other than to those engaged to fulfill the above purposes or as permitted or required by law, regulation or court order. My PI will be stored in a secure and confidential database, which is only accessible to authorized employees and service providers. Safeguards will be used to protect my PI against unauthorized access, disclosure, use, modification or copying. My PI may be stored and/or processed by an affiliate or service provider of Lundbeck located outside of Canada. In this scenario my PI will be managed according to the laws of the country in which it is stored or processed, which laws may be less strict than the laws of Canada and its provinces and may require that my PI be disclosed to the government under different circumstances than it would be in Canada.

My PI may also be disclosed and or transferred to an affiliate of Lundbeck or to a third party in the event of a proposed or actual purchase, sale, lease, merger, amalgamation or other type of acquisition, disposal, transfer, conveyance, or financing of Lundbeck.

I understand that I have the right to request access to any PI retained about me, subject to applicable legal restrictions, including the right to correct any errors, request how my PI has been used, and a listing of organizations that have been provided with my PI. This information may be obtained by calling 1-833-8-VYEPTI (893784) or writing to [support@vyeptitoday.ca](mailto:support@vyeptitoday.ca).

I understand that I may withdraw my consent at any time by calling 1-833-8-VYEPTI (893784) or writing to [support@vyeptitoday.ca](mailto:support@vyeptitoday.ca) and requesting such withdrawal. Such withdrawal will end my participation in the Program. Withdrawal of my consent is not retroactive. Notwithstanding any withdrawal, my information may still be used or disclosed if permitted or required by applicable laws. My PI will be retained no longer than the maximum period allowed by law. This authorization will remain in effect only if my information is needed to fulfill the purposes for which it was collected and in order to be in compliance with applicable laws. For further information on the privacy practices of the Program, I may access a copy of Lundbeck's Privacy Policy by calling 1-833-8-VYEPTI (893784) or writing to [support@vyeptitoday.ca](mailto:support@vyeptitoday.ca);

I understand that by completing and signing this form, I am not automatically enrolled in the Program. Upon receipt of this form, the Program Administrator will contact me to confirm my eligibility to participate in the Program.

By signing, I confirm that:

- the information provided is complete and accurate;
- I have read, understood, and agree to the collection, use, disclosure and/or storage of my PI for the purposes outlined above in the manner described in this Enrolment and Consent Form;
- I consent to enroll in the Program.

- understand that I may be contacted by the Program Administrator to be provided or to provide relevant information related to the Services offered to this patient;
- consent to be contacted by the Program Administrator for the purpose of inquiring about my experience with the Program so that Services may be improved. I understand that I can revoke my consent at any time by calling 1-833-8-VYEPTI (893784) or writing to [support@vyeptitoday.ca](mailto:support@vyeptitoday.ca) and requesting such withdrawal. Notwithstanding any withdrawal, my information may still be used or disclosed if permitted or required by applicable laws. For further information on the privacy practices of the Program, I may access a copy of Lundbeck's Privacy Policy by calling 1-833-8-VYEPTI (893784) or writing to [support@vyeptitoday.ca](mailto:support@vyeptitoday.ca);
- I acknowledge that Adverse Events may be reported about my patients who are participating in the Program and that I may be contacted by Lundbeck or the Program Administrator to provide follow-up information relative to Adverse Events. Adverse Event reports may need to be forwarded to regulatory authorities in and outside of Canada;
- I understand that Lundbeck reserves the right to modify or terminate the Program at any time;
- I confirm that the information contained within this application is complete and accurate to the best of my knowledge.



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