Pr nerlynx®
neratinib tablets

Enrollment Form

Fax: 1-833-930-1614 Email: nerlynx@bayshore.ca

This form cannot be processed without Physician AND Patient consent. Please complete ALL fields and submit by Fax or Email.
For any questions, please call 1-855-635-2372, Mon-Fri, 8am-8pm EST.

1. PATIENT INFORMATION

Name _____ Date of Birth (DD/MM/YYYY) _____ Gender: ☐ F

Home Address _____ Email _____

City _____ Province _____ Postal Code _____ Phone _____

Insurance: ☐ Private ☐ None ☐ Unknown

Permission to leave voicemail: ☐ Yes ☐ No

Best time to contact: ☐ Morning ☐ Afternoon ☐ Evening

2. PATIENT ELIGIBILITY

☐ **I hereby confirm the patient:**

- **Is ≥18 years old and is being prescribed NERLYNX® for extended adjuvant treatment**
- **Has early-stage hormone receptor positive, HER2-overexpressed/amplified breast cancer**
- **Has completed trastuzumab-based adjuvant therapy within the last 12 months**

3. PATIENT CONSENT

I have read and understand the **Patient Consent and Privacy Information** on the reverse and agree to the collection, use and disclosure of my personal information and health information in accordance with those terms.

Patient Signature _____

Date (DD/MM/YYYY) _____

OR

Patient has given verbal consent to proceed with enrollment at this time, and the Program Administrator will provide the **Patient Consent and Privacy Information** at a later date.

Name and signature of person collecting verbal consent and relationship to patient _____

Date verbal consent collected (DD/MM/YYYY) _____

4. PHYSICIAN INFORMATION

Name _____ Office Contact _____

Office Address _____ Office Email _____

City _____ Province _____ Postal Code _____ Office Phone _____ Office Fax _____

5. PHYSICIAN AUTHORIZATION

I certify that the prescribed therapy is medically necessary, and I hereby acknowledge that I am the patient's attending physician and confirm that the patient has been prescribed NERLYNX® as per the Canadian Product Monograph. I authorize the NERLYNX® Patient Support Program to be my designated agent to forward this prescription by fax or other mode of delivery to a pharmacy within the patient support network. This prescription represents the original prescription drug order. I consent disclosure of my contact information to Knight and accept that they contact me to support patient's care.

Physician Signature _____ Date (DD/MM/YYYY) _____

6. PRESCRIPTION

NERLYNX® (neratinib)

☐ **Rx:** 240 mg (6 x 40 mg tabs) PO QD
Dispense 1 month supply.

Refills:_____ months

Antidiarrheal prophylaxis is recommended during first 2 cycles (56 days), and should be initiated with first dose of NERLYNX®.

Loperamide prophylaxis

Recommended: ☐ **Rx:** 4 mg (2 x 2 mg tabs) PO TID, days 1-14
4 mg (2 x 2 mg tabs) PO BID, days 15-56

As Needed: ☐ **Rx:** 4 mg (2 x 2 mg tabs) PO PRN, not to exceed 16 mg/day, days 57-365

OR

Rx:

Physician Signature _____

Licence _____

Date (DD/MM/YYYY) _____

Patient Consent and Privacy Information:

By submitting my Personal Information ("PI"), I grant my full consent to allow Knight Therapeutics Inc. and Bayshore to collect, use, access, and share my PI as described below. In order to assist with my enrollment in the Program, I confirm the information I have provided is accurate and complete, and that Bayshore may use the information that I have provided to contact me about the Program.

Bayshore Specialty Rx Ltd has been retained by Knight Therapeutics Inc. to manage the collection and processing of the program's Personal Information. Except for legal requirements and duties detailed herein, Knight Therapeutics Inc. will not have access to any of your Personal Information, but for aggregated and unidentifiable information. By accepting to participate in the program, you accept to provide us and your healthcare professional for the purposes of the registration with your Personal Information (such as your name, address, phone number, email address, sex and information related to your health).

This information will be collected in the program's documentation; it will be used to enable your participation in the program and to communicate with you as permitted. We collect, use and disclose your Personal Information for the following (the "Purposes"): to permit your registration to the program, to enable your participation in the program and to meet the program's objectives. In relation to the Purposes, your Personal Information may be disclosed with your healthcare professional who will have access to your Personal Information for the purpose of your registration to the program and your treatment, insurance providers for the purpose of processing reimbursement requests and healthcare professionals for the purpose of processing, if applicable, laboratory results in relation to your treatment.

Other than the stated Purposes, your Personal Information will not be shared or disclosed except with Bayshore to manage the collection and processing of the program's Personal Information. It has been contractually ensured that such third-party service provider provides a high level of Personal Information protection and is responsible for the security of the Personal Information. It is not authorized to collect, use or disclose the Personal Information except as necessary to perform services in relation to the program's Purposes, or to comply with legal requirements.

Your Personal Information will be shared with Knight Therapeutics Inc. in the following manner; Knight Therapeutics Inc. will receive reports from Bayshore describing the program data only in an aggregated and anonymous manner. No Personal Information will be shared, disclosed or transferred to Knight Therapeutics Inc. More specifically, the statistical data related to the program will be rendered in an aggregated and anonymous manner and shared with Knight Therapeutics Inc., healthcare practitioners and other third parties, as the case may be.

The collection, use, and disclosure of information contemplated herein may involve a transfer of the information to jurisdictions located outside your country of residence that may not have equivalent laws and rules regarding Personal Information. The reasonable contractual measures we may take to protect Personal Information while processed or handled by these third parties are subject to applicable foreign legal requirements, for example lawful requirements to disclose Personal Information to government authorities in those countries.

I understand that I can withdraw my consent at any time and, except where prohibited by law, I may obtain a copy of my Information and can correct any errors by contacting the Program at 1-855-635-2372. I understand that withdrawing my consent will result in the termination of my enrollment in the Program, but such withdrawal will not be retroactive and any activities relating to my Information that has been collected, used, disclosed and/or stored prior to my withdrawal will not be affected.

NERLYNX® is indicated for the extended adjuvant treatment of women with early-stage hormone receptor positive, HER2-overexpressed/amplified breast cancer within one year after completion of trastuzumab-based adjuvant therapy.

For more information:
Consult the Product Monograph at **health-products.canada.ca/dpd-bdpp/** for important information regarding contraindications, warnings, precautions, adverse reactions, drug interactions, dosing instructions and conditions of clinical use which have not been discussed in the piece. The Product Monograph is also available by calling 1-844-483-5636.

Knight

REVIEWED BY PAAB

MEMBER OF INNOVATIVE MEDICINES CANADA

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