

Program Phone **1-888-706-4717** Program Fax **1-833-884-5608** Program Email **victory@adjuvantz.com**

*Patient Email Communications Consent: By providing my email address, I agree to receive electronic communications from Program Administrator, acting on behalf of Amgen Canada Inc., containing information and updates relating to my enrollment in the Program. I understand that I may withdraw my consent to such communications at any time by providing notice to the Program as set out in Section 4.

Prescriber information:

Name of physician _____ Phone _____
 Name of pharmacist _____ Phone _____
 Office contact person _____ Phone _____
 Office contact person email _____

Physician Consent:

I authorize the Program to send the prescription to the patient's pharmacy of choice in accordance with the patient's instructions on my behalf.
 I confirm that the prescription represents the original unmodified prescription, as written by me, the Prescriber.
 I confirm that the information provided in this enrollment form is complete and accurate to the best of my knowledge, and that the VICTORY Program by Amgen Entrust is appointed to act as my agent with regard to the prescription as part of the enrollment process. I also confirm that I have read and understood Section 1, 2, 3 and 4 on page 2 of this enrollment form, and I consent to the terms described in those Sections (please sign below).
 (Optional) I confirm that I have read Section 5 of this enrollment form and consent to be contacted regarding potential participation in market research or health outcomes research.

Physicians signature _____ (DD/MM/YYYY)

Patient information:

Name _____
 Date of birth (DD / MM / YYYY) _____
 Address _____
 City _____ Province _____ Postal code _____
 Home phone _____ Business phone _____
 Preferred time to call: a.m. p.m. Okay to leave a message
 If your primary is not English or French, please provide an alternate contact who speaks English or French for the purposes relating to your enrollment:
 Name* _____
 Phone* _____

Prescribed treatment:

- PrAranesp®** (darbepoetin alfa injection)
 DIN: 02391775 (100 mcg/syringe)
 DIN: 02391783 (130 mcg/syringe)
 DIN: 02391791 (150 mcg/syringe)
 DIN: 02391805 (200 mcg/syringe)
 DIN: 02391821 (300 mcg/syringe)
 DIN: 02392364 (500 mcg/syringe)
 Other: _____mcg/syringe
- PrBLINCYTO®** (blinatumomab for injection)
 DIN: 02450283 (38.5 mcg/vial)
- PrKANJINTI®** (trastuzumab for injection)
 DIN: 02496690 (420 mg/vial)
 DIN: 02518244 (150 mg/vial)
- PrKyprolis®** (carfilzomib for injection)
 DIN: 02459930 (10 mg/vial)
 DIN: 02459949 (30 mg/vial)
 DIN: 02451034 (60 mg/vial)
 KRd twice weekly
 Kd twice weekly
 Kd once weekly
 KdD twice weekly
 IsaKd twice weekly
- PrLUMAKRAS®** (sotorasib tablets)
 DIN: 02520095 (120 mg)
 DIN: 02552655 (240mg)
- PrIMDELLTRA™** (tarlatamab for injection)
 DIN: 02551551 (1mg vial)
 DIN: 02551578 (10mg vial)
- PrMVASI®** (bevacizumab for injection)
 DIN: 02470748 (100 mg [25 mg/mL])
 DIN: 02470756 (400 mg [25 mg/mL])
- PrNeulasta®** (pegfilgrastim injection)
 DIN: 02249790 (6 mg [10 mg/mL])
- PrNEUPOGEN®** (filgrastim injection)
Vials:
 DIN: 01968017 (300 mcg/1.0 mL)
 DIN: 01968017 (480 mcg/1.6 mL)
Prefilled syringes:
 DIN: 02420104 (300 mcg/0.5 mL)
 DIN: 02420112 (480 mcg/0.8 mL)
- PrNplate®** (romiplostim for injection)
 DIN: 02322854 (250 mcg/0.5 mL)
 DIN: 02322862 (500 mcg/1.0 mL)
- PrVectibix®** (panitumumab for injection)
 DIN: 02308487 (100 mg [20 mg/mL])
 DIN: 02308509 (400 mg [20 mg/mL])
- PrXGEVA®** (denosumab injection)
 DIN: 02368153 (120 mg/1.7 mL)

The VICTORY Program offers a variety of services to patients. Some services are available to everyone enrolled in the VICTORY Program and some are specific to the drug being prescribed. Refer to victoryassist.ca/services for a list of product-specific support services available, and indicate below which service(s) you would request for your patient.

Services requested _____

This document may contain private and confidential information and is intended only for the VICTORY Program and its administrators, including McKesson, Amgen, and Amgen's agents and service providers. If you are not a named addressee, you should not disseminate, distribute, or copy this document. If you have received this document by mistake, please notify the sender immediately and then destroy this document.

We thank you for your cooperation and assistance.

Patient Consent:

I consent to receive electronic communications (including but not limited to email) related to the Program. You will have the ability to withdraw your consent at any time in the future.
 I confirm that I have read and understood Section 1, 2 and 4 on page 2 of this enrollment form, and I consent to the terms described in those Sections (please sign below).
 (Optional) I confirm that I have read Section 5 of this enrollment form and consent to be contacted regarding potential participation in market research or health outcomes research.

Verbal consent received by: _____

Patient or parent/guardian signature _____ Date (DD/MM/YYYY)
 (if the patient is under 18 years old), or person who has received verbal consent signature.

I, the prescribing physician/healthcare provider, attest that the named patient has provided their express verbal consent to initiate enrollment in the Program and share their information for the purposes set out herein.



Consent and Legal information:

1. Program Background (Patients and Prescribers)

The VICTORY Program ("Program") is sponsored by Amgen Canada Inc. ("Amgen") and administered by Amgen and McKesson and its affiliates ("Program Administrator") a third-party service provider, on behalf of Amgen. Other service providers may be appointed by Amgen to administer the Program from time to time. The Programs provides support to patients who have been prescribed any of the Amgen products listed in page 1 of this form, including assistance in communicating with insurers and payers to aid in securing reimbursement coverage, administering, training, or assisting in therapy (e.g. self-injection training), medication delivery, medication reminders, financial assistance, and education assistance ("Program Support").

2. Patient Consent (Patients)

As part of the Program, your personal information will be collected by Amgen and the Program Administrator from you and/or your healthcare providers (including your physician and pharmacy), as well as insurers, or payers. This information may include your name, contact information, demographics (age and sex), financial information (if you request any financial assistance under the Program), information relating to your health insurance coverage and health information (including medical history, medical conditions (s), information relating to your treatment and prescription information). This personal information will be used and disclosed by Amgen and the Program Administrator to manager and administer the Program, including: (i) provision of Program Support to you, (ii) communicating with you about the Program, and/or (iii) auditing or monitor the Program

Amgen has a legal obligation to report adverse drug events to various local and international health authorities and to monitor product complaints. Personal information provided to the Program may be (i) monitored by Amgen's employees on a need-to-know basis, or its service providers for safety-related data and product complaints in order to ensure compliance with these legal reporting requirements, and (ii) reported to local or international health authorities. Amgen may contact you or your physician for additional information to fulfill its reporting obligations. Direct identifiers may be removed from your personal information, and the information may thereafter be used for data assessments and data analytics, which may be used to improve and/or refine the Program, design and implement other patient programs, and for research purposes, including health economic studies and analyses, and/or the identification of trends such as product utilization, adherence, or outcomes, including patient reported outcomes. If the results of any research are published, no direct identifiers will be included. In removing direct identifiers, industry best practices and Applicable Laws will be followed to try to prevent re-identification.

For purposes of this consent, "Applicable Laws" means any laws, regulations, court or regulator orders, or legally binding requirements that apply to the collection, use, disclosure, storage, or handling of personal information in connection with the Program. Your personal information will be shared between Amgen and the Program Administrator and their respective employees, agents and service providers (e.g. information technology providers), healthcare professionals and other third parties, such as insurers and/or other payers, as needed for the purposes described above or as permitted or required under Applicable Laws. By agreeing to enroll into the Program, you consent to the collection, use and disclosure of your personal information, including personal health information as explained above. Furthermore, you consent to being contacted from time to time by the Program Administrator, Amgen, or Amgen's agents and service providers for the above-noted purposes.

3. Prescriber Consent (Prescribers)

Amgen and the Program Administrator will collect information about you, including personal information in connection with the enrollment of your patient in the Program. This personal information includes your name, address, phone number, and license number and information regarding your professional activities as part of the Program. Such information will be collected from you. This information will be used and disclosed by Amgen and the Program Administrator for the purposes of managing and administering the Program, communicating with you about the Program Support for your patient and/or auditing or monitoring the Program.

Your personal information may also be used and disclosed to perform activities as required or permitted by Applicable Laws, such as reporting adverse events. Direct identifiers may be removed from your personal information in the information thereafter used for data assessments and data analytics, which may be used to better understand and/or improve and/or refine the Program Support, and for commercial or market research purposes (e.g., for Program assessment, management, and research purposes relevant for operational and business planning) and for research including health economics studies and analyses, and/or the identification of trends such as product utilization, adherence, or outcomes, including patient reported outcomes. If the results of any research are published, no direct identifiers will be included. In removing direct identifiers, industry best practices and Applicable Laws will be followed to try to prevent re-identification.

For purposes of this consent, "Applicable Laws" means any laws, regulations, court or regulator orders, or legally binding requirements that apply to the collection, use, disclosure, storage, or handling of personal information in connection with the Program.

Your personal information will be shared between Amgen and the Program Administrator and their respective employees, agents and service providers (e.g., information technology providers), healthcare professionals and other third parties, such as insurers and/or other payers, as needed for the purposes described above or as permitted or required under Applicable Laws.

Your personal information will not be used for marketing, promotional activities, or direct commercial outreach.

By enrolling your patient in the Program, you consent to the collection, use and disclosure of your personal information as explained above.

4. General Terms and Conditions (Patient and Prescribers)

Your personal information will be retained only for as long as is needed to fulfill the purposes for which it was collected and in order to comply with Applicable Laws. Industry-standard safeguards will be used to protect the security of the personal information that is collected. If, from time to time, another service provider is appointed by Amgen to administer the Program, your personal information will be transferred to this service provider to ensure the continuity of the Program Support. Please note that Amgen and its service providers may store or process your personal information outside of Canada (including in the United States), where local laws may require the disclosure of personal information to governmental authorities under circumstances that are different than those that apply in Canada.

You may contact the Program's Privacy Officer at any time in writing to update or access your personal information, modify or withdraw your consent (in part or in full), express a privacy-related concern, or inquire about the privacy practices of the Program (including those related to foreign processing). The Privacy Officer can be reached by email at privacycanada@amgen.com or by mail at Amgen Canada Inc., Attn: Chief Privacy Officer, 6775 Financial Drive, Suite 300, Mississauga, ON L5N 0A4. If consent is modified or withdrawn, you understand that: (A) receipt of Program Support will be terminated, as personal information is required for patient participation in the Program, (B) your personal information already collected prior to your withdrawal of consent will be retained, and may continue to be used and disclosed (i) as permitted or required by Applicable Laws, or (ii) to either complete the delivery of an in-progress Program Support or to discontinue the in-progress Program Support.

5. Optional Consent for Participation in Market Research or Health Outcomes Research (Patients and Prescribers)

I understand that Amgen, the Program Administrator or their respective agents and services providers may conduct research to (i) better understand the patient experience for individuals enrolled in the Program or living with a medical condition ("Market Research") or (ii) provide information for insurers, public health plans, regulators, and other interested stakeholders for certain Amgen products ("Health Outcomes Research"). By providing my consent, I agree to be contacted by Amgen, the Program Administrator or their respective agents and service providers to discuss participation in such research. At such time, I may accept or decline the invitation to participate. I understand that giving consent to be contacted regarding participation in any Market Research or Health Outcomes Research is voluntary and is not required in order for patients to have access to Program Support. I further understand that participation in any such studies is separate from the Program Support. I may withdraw consent to be contacted regarding research study participation at any time by notifying the Program's Privacy Officer at any time in written by email at privacycanada@amgen.com or by mail at Amgen Canada Inc., Attn: Chief Privacy Officer, 6775 Financial Drive, Suite 300, Mississauga, ON L5N 0A4.

Instructions

Enrol your patient in the VICTORY Program by:

Having them download and complete the form available on victoryassist.ca* and faxing it to **1-833-884-5608**

or Completing this form and faxing it to **1-833-884-5608**

or Contacting a VICTORY Program Reimbursement Specialist by phone at **1-888-706-4717**

* Password: victory

A VICTORY Program Reimbursement Specialist will call the patient within one business day.



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