PrVELPHORO®
sucroferric oxyhydroxide

PrVELPHORO® ORIJIN® Patient Support Program

Orijin SUPPORT PROGRAM

Please fax the completed and signed form to the number indicated.

Fax toll free: 1-844-354-6272
Phone toll free: 1-844-254-6272
Email: Orijin@supportprogram.com

*** Indicates required fields.**

1. PATIENT INFORMATION*

Last name: _____ **First name:** _____

Home address: _____

City: _____ **Province:** _____ **Postal code:** _____

Date of birth (DD/MM/YYYY): _____ **Phone number:** _____

Email address: _____ **Language:** English ☐ French ☐

Preferred time to be reached: Morning ☐ Afternoon ☐ Evening ☐

May we leave a voicemail or message with someone who answers? Yes ☐ No ☐

2. OTHER CONTACT INFORMATION (optional)

Last name: _____ **First name:** _____

Phone number: _____

3. PRESCRIBER INFORMATION*

Last name: _____ **First name:** _____

Specialty: _____

Clinic or hospital name: _____

Phone number: _____ **Fax:** _____

Email address: _____

PATIENT CERTIFICATION*

My signature below acknowledges and certifies that I have received, read, and I agree to the terms and information contained in the Patient Information section on page 2 of this form and agree to participate in the VELPHORO ORIJIN Patient Support Program.

Patient signature: _____ **Date** (DD/MM/YYYY): _____

Patient name (PRINT): _____

VELPHORO (sucroferric oxyhydroxide) is indicated for the control of serum phosphorus levels in adult patients with end-stage renal disease (ESRD) on dialysis.

Please consult the Product Monograph at http://velphoromonograph.ca for important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this piece. The Product Monograph is also available by calling us at 1-877-341-9245.

PrVELPHORO® ORIJIN® Patient Support Program

PATIENT INFORMATION

I acknowledge and certify that:

- I have been informed that the ORIJIN Program ("Program") is provided by Otsuka Canada Pharmaceutical Inc. ("Otsuka").
- The Program, in whole or in part, is administered by a designated third-party service provider and/or by Otsuka (collectively "Program Administrator"), who respect all applicable privacy laws. The Program Administrator is subject to the confidentiality obligations and security safeguards described below.
- I have been informed, and I accept and agree that:
  - a) My personal information, including my name, contact information, information about my health and financial information ("Patient Information") is exclusively intended to be processed by the employees of the Program Administrator in order for them to fulfil the services of the Program.
  - b) My Patient Information will be used for the following purposes:
    - i. to communicate with drug payers to determine whether there are any other reimbursement options available; and/or
    - ii. to contact me or the contact specified in the Other Contact Information section, with information on the Product, lifestyle and disease; and/or
    - iii. for other purposes related to the administration or improvement of the Program or my participation in the Program
  - c) The Program Administrator may access, use or communicate my Patient Information if ever required (e.g., in an emergency, for safety information reporting or as required as otherwise required by law);
  - d) The Program Administrator may also render my Patient Information unidentifiable or aggregate it and use or communicate such unidentifiable or aggregated data for purposes other than the administration of the Program, including, for example, to better understand a medical condition, effects of a treatment and its safety and patient outcomes and for scientific publication.
  - e) My Patient Information will be stored in Canada and appropriate physical, technical, or administrative safeguards to protect my Patient Information against unauthorized access, disclosure, copying, use or modification will be implemented. If need be, it may be stored and processed outside Canada where we have facilities or in which we use third-party service providers. In that case, my Patient Information will be subject to the laws of the country in which they are located and may be disclosed to governments, courts or law enforcement or regulatory agencies of that other country and in accordance with the laws of that other country, but the practices of the Program Administrator regarding my Patient Information will at all times be governed by this privacy policy. Adverse event information collected about me for the purposes of adverse event reporting may be viewed, stored and analyzed outside of Canada in order to meet the local and international laws.
  - f) My Patient Information will be retained only as long as necessary for the fulfilment of the purposes for which it was collected and/or for which consent was received, unless otherwise required by law. My Patient Information that is no longer required to fulfil the identified purposes will be destroyed, erased or made anonymous.
  - g) I may withdraw my consent to participate in the Program at any time, or ask any question I may have, by contacting the Program Administrator at 1-844-254-6272.
  - h) The Program Administrator may contact the prescriber, clinic/treating institution, the person identified in the Other Contact Information section, or myself, based on the personal information provided on page 1 of this form.
  - i) I may request access to, or ask for the rectification of, my Patient Information, which will be collected and stored by the Program, by contacting 1-844-254-6272.
  - j) I further understand that the services provided under the Program may be revised, suspended or terminated at any time at the sole discretion of Otsuka.

Reference: VELPHORO Product Monograph. Vifor Fresenius Medical Care Renal Pharma Ltd. August 30, 2021.

Otsuka

Orijin SUPPORT PROGRAM

REVIEWED BY PAAB

PrVELPHORO® sucroferric oxyhydroxide

OCPI-VPO-00082E