

## AbbVie Care Support Program

# Enrollment Form

For Patients Prescribed MAVIRET

To enroll your patients, fax the completed form to AbbVie Care at **1-844-491-2273** or email it to **inquiries\_hcv@abbviecare.ca**.  
For assistance, please call **1-844-471-2273**.

### Patient Information

First name \_\_\_\_\_ Last name \_\_\_\_\_  
Date of birth (DD/MM/YYYY) \_\_\_\_\_  Male  Female Healthcare card # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_  
Postal code \_\_\_\_\_ Home telephone \_\_\_\_\_ Other telephone \_\_\_\_\_  
Call preference  Home  Other Leave message  Yes  No Email \_\_\_\_\_

### Confidentiality note

Best time to call  8 AM-12 PM  12 PM-5 PM  Other \_\_\_\_\_  
Language preference  English  French  Other \_\_\_\_\_

### Medical Information

Genotype (if known) \_\_\_\_\_  
Fibrosis score  F0  F1  F2  F3  F4 Cirrhosis  Yes  No Child-Pugh A  Yes  No

**Notes** (Please include other relevant information including previous treatment history, intolerance to any medications, etc.)

### Prescribing Physician Information

Physician's name \_\_\_\_\_ Nurse/coordinator's name \_\_\_\_\_  
Hospital/clinic name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_  
Postal code \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_



**MAVIRET**  
(glecaprevir/pibrentasvir)

- 8 weeks  
 12 weeks  
 16 weeks

MAVIRET Dosing:

1 blister (3 pills, once a day) with food\*

\*Tablets must be swallowed whole with food: do not chew, crush, or break the tablets.

I hereby acknowledge that I am the patient's attending physician. I authorize the AbbVie Care Program to be my designated agent to forward this prescription by fax or other mode of delivery to the pharmacy chosen by the above named. This prescription represents the original prescription drug order. The patient's chosen pharmacy is the only intended recipient and there are no others.

Physician signature \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

An authorized representative or legal guardian may provide consent and sign this enrollment form on behalf of my patient.

### Consent Information and Patient Disclosure

I acknowledge that I have read the AbbVie Care Consent Information and Disclosure (see reverse) and that I consent to the collection, use, and disclosure of my personal information in accordance with these terms.

Patient signature (or representative or legal guardian of patient) \_\_\_\_\_ Date \_\_\_\_\_

<sup>Pr</sup> MAVIRET™ (glecaprevir/pibrentasvir) is indicated for the treatment of adult patients with chronic hepatitis C virus (HCV) genotype 1, 2, 3, 4, 5, or 6 infection with or without compensated cirrhosis. This includes patients with HCV genotype 1 infection who were previously treated with either a regimen of NS5A inhibitor or with a NS3/4A protease inhibitor but not both classes of inhibitors.

Please consult the MAVIRET Product Monograph at [abbvie.ca/content/dam/abbviecorp/ca/en/docs/MAVIRET\\_PM\\_EN.pdf](http://abbvie.ca/content/dam/abbviecorp/ca/en/docs/MAVIRET_PM_EN.pdf) for important information relating to contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use which have not been discussed in this piece. The Product Monograph is also available by calling 1-888-704-8271.

**MAVIRET**  
glecaprevir/pibrentasvir tablets

abbvie  
**care**  
with you

# Consent Information and Patient Disclosure

## AbbVie Care Consent Information and Disclosure

By signing this form requesting enrollment in AbbVie's patient support program (the AbbVie Care Program), you agree that AbbVie Corporation (AbbVie) or its affiliated companies or service providers appointed by AbbVie (collectively, the Program Administrators) may provide you with the AbbVie Care services as outlined in this enrollment form and provide you with relevant information to help better support you with your new therapy.

You understand the nature of your consent and that your enrollment is voluntary. You are free to withdraw your consent and discontinue participation in the AbbVie Care Program at any time, without giving any reason. Your medical care or legal rights will not be affected. Below we provide the key elements regarding the use of personal information by the Program Administrators.

### What is the AbbVie Care Program?

The AbbVie Care program is a support program for individuals prescribed an AbbVie product which may include:

- cost reimbursement assistance;
- education and training;
- therapy administration assistance;
- limited market research (for example conducting surveys of your experience with the Program).

The AbbVie Care program does not provide medical advice and does not replace the need for me to speak with my treating physician for medical related inquiries.

### What categories of personal information does AbbVie process about you and why?

The Program Administrators will collect, process, and use your personal information for a range of different purposes.

### What personal information is used?

The Program Administrators will use information gathered about you in this document as well as any additional personal information collected from you or your doctor, nurse, pharmacy, social worker, social service worker or other healthcare providers, or insurers, such as:

- name, address, phone number, and other contact details;
- sensitive information, such as information regarding the use of our service and health-related information.

### Why is your personal information used and by whom?

The Program Administrators may collect, use and disclose your personal information to your pharmacist, your insurer, your doctor, your nurse, social worker, social service worker and other healthcare providers for the following purposes:

- administration of the AbbVie Care Program;
- delivery of products and services;
- helping you to access your medication, treatment;
- tailoring the AbbVie Care Program to your specific needs;
- contacting your healthcare providers and providing them with information about your AbbVie medication and participation in the AbbVie Care program;
- reminding you to take your medication(s) as prescribed;
- providing you with materials relating to your medication, treatment and the AbbVie Care program;

- contacting you to inform you of changes in the AbbVie Care program and to collect your feedback on the AbbVie Care program;
- for safety monitoring, reporting and auditing and responding to enquiries or issues in relation to your medication, or as otherwise may be required by law.

The Program Administrators may also use de-identified information gathered through the Program and pool your information with the information of other persons to:

- help us develop, evaluate or improve the AbbVie Care Program, our products, services, materials and treatment; and
- to conduct research, including future scientific research and publications.

## Disclosures and Transfers

AbbVie requires its service providers to process your personal information in accordance with this consent and for no other purpose.

AbbVie may provide metrics and analytical information about the Program to its affiliated companies and/or its parent company AbbVie Inc. regarding how the Program is working. This information is aggregated and does not identify you individually.

Your personal information may be transferred to another company or to a third party in connection with the sale or transfer of all or a portion of the Program Administrators' respective business.

Your personal information may be stored or processed outside of Canada. If this is the case, then your information would be subject to the laws of that country where it is stored. That country may have laws that require that your personal information be disclosed to the government under different circumstances than would Canada.

### What rights do you have in respect of your personal information and who can you contact for questions?

You have a number of rights in relation to your information. These include a right to access and to correct, restrict, transfer and erase your information. To exercise these rights or to withdraw your consent, or opt out of any of the AbbVie Care services, or the data processing activities, you can contact us in writing at the address mentioned below or by going to [abbvie.com/privacy-inquiry.html](http://abbvie.com/privacy-inquiry.html). Please understand that if you withdraw your consent you may no longer be able to participate in the AbbVie Care Program or receive certain of its services.

AbbVie collects, uses, discloses and protects your personal information in accordance with its privacy policies. You may obtain a copy of AbbVie's privacy policy by submitting a written request to Legal Services, 8401 Trans-Canada Highway, Saint-Laurent, Quebec, H4S 1Z1.

AbbVie has implemented appropriate technical and organizational security measures to protect your personal information against accidental or unlawful destruction or accidental loss, alteration, unauthorized disclosure, or access. Subject to consent and notice requirements, AbbVie reserves the right to change its policies and practices regarding personal information and its service providers.

You understand that AbbVie reserves the right to change or terminate the AbbVie Care Program or any of its patient support services, at any time, at AbbVie's sole discretion without notice to you.

This consent is valid for as long as you receive services from the AbbVie Care Program and for a reasonable time thereafter. Your personal information will be kept for the duration of your participation in the AbbVie Care Program and will thereafter be deleted in accordance with our document retention policies, subject to legal and regulatory requirements.

## 1986-1990 Hepatitis C Settlement Agreement

As a condition of settling the 1986-1990 Hepatitis C Class Actions, the claimants and the defendants signed "the 1986-1990 Hepatitis C Settlement Agreement". Claimants include those who were infected with HCV through a blood transfusion they received in Canada sometime between January 1, 1986 and July 1, 1990, including their children and spouses. Similarly, the spouses and children of Hemophiliac claimants infected with HCV may benefit from the Agreement, along with certain family members of HCV-infected claimants such as parents, grandparents, former spouses, and/or persons living with claimants who were financially dependent on the claimant for a minimum of 3 years before the claimant's death.

The Agreement established reimbursement plans that allow claimants to be reimbursed for certain disbursements, including the cost of HCV drug therapy, out-of-pocket expenses and uninsured treatment and medication costs. These reimbursements will not affect payments already being received by claimants under other provincial or federal social benefit/assistance programs, such as old age security and Canada Pension Plan.

Approved HCV-infected claimants may be reimbursed for his or her costs for generally accepted Hepatitis C medications which are not recoverable under any public drug plan, private insurance, or a provincial disability program, in whole or in part.

The AbbVie Care Program can assist claimants who have been pre-approved to receive compensation under the Agreement, and who require assistance with receiving reimbursement for their Hepatitis C medications.

For further information about 1986-1990 Hepatitis C Settlement Agreement, please go to <http://www.hepc8690.ca/>

You may also contact the Administrator of the Hepatitis C Claims Centre directly by phone: 1-877-434-0944 or e-mail: [info@hepc8690.ca](mailto:info@hepc8690.ca)