

ENROLMENT FORM

To enroll your patients please, fax this form to: 1 866 276-1546 or
email: cresembasp@propharmagroup.com



PATIENT INFORMATION

Female Male

First name Last name

Date of birth (dd/mm/yyyy)

Address

City / Province / Postal code

Preferred phone

Preferred time to call: Morning Afternoon Evening

Preferred language

Email

Do you have health insurance? Yes No

If Yes, please check one: Private Public Both

Name of insurance company (if known)

Is the person completing the form the patient? Yes No

If No, please provide caregiver information:

Name / Telephone

PATIENT MEDICAL INFORMATION

Anticipated date of hospital discharge

Preferred pharmacy name and location

By signing this form, I acknowledge that I have read and understand the information on this form and consent to the collection, use and disclosure of my personal information, including personal health information, by Propharma on the reverse. I further consent.

Verbal consent _____
Initials from HCP date

Written consent _____
Patient or decision maker's signature

Print name _____ date _____

HEALTHCARE PROVIDER INFORMATION

Healthcare provider name

Site name (if applicable)

Phone/Fax

Email

Other information/office stamp



PRESCRIPTION INFORMATION

Cresemba dose

Duration (months)

Repeat(s)

Other instructions

Physician signature Physician license #

Date (dd/mm/yyyy)

Should you have any questions on how to complete this form or on the Program, please call Propharma at + 1 (226) 722-8034. Our office is open between 8 a.m. and 6 p.m. EST, Monday to Friday. An information consultant will be happy to help.

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY MAY DELAY THE START OF THE PROGRAM

Patient consent terms

The purpose of the collection, use and disclosure of your personal health information is to permit Propharma to contact your local pharmacy of choice to ensure that they will have CRESEMBA (isavuconazole) available for you upon your discharge from the hospital. If necessary, Propharma may also contact you directly to confirm the information provided on this form.







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. You may contact the Program at any time 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. Please note that if you modify or withdraw your consent, your ability to receive the Program services may be limited.

Please note that Propharma 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. In addition, your personal information may be used or disclosed to third parties when permitted or required by applicable laws, court orders or government regulations (collectively, "Applicable Laws").



About the program – for healthcare professionals

AVIR Pharma is proud to introduce this Enrolment Program for patients who have been prescribed CRESEMBA (isavuconazole) capsules.

Main features of the program

-  A Third-Party company (Propharma) will be collecting information about the patient in order to ensure a seamless transition between hospitalization and patient discharge
-  Propharma will ensure that the prescription for CRESEMBA capsules will be available at the retail pharmacy of the patient's choice at time of hospital discharge
-  By contacting the patient directly or the patient's caregiver, Propharma will facilitate the transition between hospital stay and the return at home and ensure the continuation of therapy on CRESEMBA capsules
-  Quick and easy form to complete by a healthcare practitioner on behalf of the patient and is a phone call or e-mail away from its transmission
-  The Program is free of charge
-  The Program respects confidentiality of patient information

What the program DOES NOT provide

-  The Program is not intended to provide the patient with any financial assistance
-  The program is not designed to help the patient navigate any drug reimbursement options