

*Denotes **REQUIRED** Information

Patient Name: * _____



MEITHEAL PATIENT CONSENT*

Uses and Disclosure of Personal Information

I authorize Meitheal and its contractors and business partners (Meitheal Pharmaceuticals) to use and/or disclose my personal information, including my personal health information, only for the following purposes:

To operate, administer, enroll me in, and/or continue my participation in YUSIMRY Solutions™ program or any other Meitheal affiliated services and activities related to my condition or treatment (for example, co-pay card programs, reimbursement assistance programs, drug coverage verification, nurse educator services, adherence program and disease management support); To contact, with my permission, my doctor and the rest of my healthcare team and share with them my health information that may be useful for my care; To provide me with informational and promotional materials relating to Meitheal products and services, and/or my condition or treatment; and/or To improve, develop, and evaluate products, services, materials and programs related to my condition or treatment. In order for Meitheal to provide me with the services and/or programs described above, Meitheal needs to collect and use my personal information, including my personal health information. I understand that my personal health information may include any information, in electronic or physical form, in the possession of or derived from a healthcare provider, healthcare plan, pharmacy, pharmaceutical company, laboratory and/or their contractor (“Healthcare Provider”). This may include select information from or about my medical history and general health, my healthcare plan benefits, payment limits or restrictions covered by my healthcare plan policy, and/or my adherence to my treatment. I authorize my Healthcare Providers to disclose my personal health information to Meitheal and between themselves, as necessary, but only for the purposes stated above in this Consent. I understand that certain of my Healthcare Providers (such as pharmacies and specialty pharmacies) may receive remuneration from Meitheal in exchange for disclosing my personal health information and/or for using my information to contact me with communications about Meitheal products which have been prescribed to me (for example medication reminder programs) and other services.

Expiration, Right to Obtain a Copy and Right to Cancel

I understand that by signing this form, I authorize my Healthcare Providers or others who might hold my health information to only release it to Meitheal employees, as well as to its contractors and business partners, who are performing the services set forth in this Authorization. I also understand I am authorizing my personal information, including my personal health information, to be used for the purposes described above. I understand and agree that by signing below, I am authorizing those who rely on this Consent to release my personal health information for the earlier of five (5) years or until my participation in the program ends through my cancellation, unless a shorter time period is required by state law.

I understand that I can obtain a copy of this Authorization or cancel this Authorization at any time by calling YUSIMRY Solutions™ at 1-800-YUSIMRY (1-800-987-4679) or by writing to PO Box 7613, Overland Park, Kansas, 66207. If I cancel my consent, I will no longer qualify for the services described. I also understand that if a Healthcare Provider is disclosing my personal health information to Meitheal on an authorized on-going basis, my cancellation with Meitheal will be effective with respect to any such Healthcare Providers as soon as they receive notice of my cancellation.

No Effect on Treatment

I understand I do not have to sign this Consent and that my enrollment in any of the services and/or programs described above is entirely voluntary. I understand that Meitheal as well as Healthcare Providers, cannot require me, as a condition of having access to medications, prescription drugs, treatment or other care, to sign this Consent. Federal Law (including HIPAA) requires a signed consent in order for Meitheal to collect this information from my Healthcare Providers. I understand I cannot participate in the listed services and/or programs without signing this Consent or an equivalent consent with my Healthcare Providers.

Information Received from Healthcare Providers

I understand that once my personal health information has been disclosed to Meitheal, federal privacy laws may no longer apply and protect it from further disclosure. Meitheal agrees, however, to protect my personal health information by only using and disclosing it as stated in the Consent or as otherwise allowed or required by law.

Patient/Guardian/Caregiver initials*: _____

*Denotes **REQUIRED** Information

Patient Name:* _____

MEITHEAL PATIENT CONSENT* (CONT'D)

Consent to Contact

I understand and consent to Meitheal or a Meitheal contractor, contacting me using the contact information provided in this form to enroll me in, operate, and administer YUSIMRY® and/or programs as described above other than promotional communications by telephone or SMS/text (which I can separately opt in below). I understand that the operation and administration of certain of these services and/or programs may require that Meitheal contact me by telephone or SMS/text. By signing below, I am indicating that I have read and understood Meitheal Patient Consent (above in its full text), that I am legally authorized to consent and that I am providing my consent as the patient or the patient's legal representative for Meitheal and its contractors and business partners to use and share the personal information I provide for the purposes described within the Patient Consent.

Applicable if healthcare provider is assisting: By checking the box below, I represent and am indicating that the patient read and understood Meitheal Patient Consent (above in its full text) and that I am acknowledging the patient's consent on their behalf. I further represent that I received consent from the patient to disclose their personal health information to Meitheal and its contractors and business partners for them to use and share the personal information the patient provided for the purposes described within the Patient Consent. A copy of the Patient Consent will be provided to the patient via email.

MEITHEAL PATIENT CONSENT & PRIVACY NOTICE

- I consent to the collection, use, and disclosure of my personal health data by Meitheal Pharmaceuticals as described in the MEITHEAL PATIENT CONSENT section above. My consent is required to process personal data under certain privacy laws, and I have the right to withdraw my consent by calling YUSIMRY Solutions™ at 1- 800-YUSIMRY (1-800-987-4679) or by writing to PO Box 7613, Overland Park, Kansas, 66207.

PATIENT TEXT MESSAGE CONSENT

- Meitheal may use automatic dialing machines or artificial or prerecorded messages to contact me and may leave a voicemail or SMS/text message (standard text messaging rates may apply). SMS/text messages from YUSIMRY Solutions™ will be sent to the mobile phone number provided. Reply HELP for help or STOP to cancel. Please click to read the Mobile Terms and Conditions and Privacy Statement. I understand that I am not required to provide this consent as a condition of purchasing any goods or services.

SMS TEXT CONSENT

- Consent to receive automated and recurring text messages from YUSIMRY Solutions™ or Meitheal Pharmaceuticals, including services updates, marketing messages, refill reminders, and other notifications to the above mobile number. Message and data rates may apply. I am not required to consent as a condition of receiving goods or services. I can reply STOP to optout at any time.

MARKETING CONSENT

- I consent to the collection, use, and disclosure of my health-related personal data to receive communications from YUSIMRY Solutions™ or Meitheal Pharmaceuticals, regarding its products, programs, services, scientific research and other research opportunities. My consent is required to process personal data under certain privacy laws, and I have the right to withdraw my consent by calling YUSIMRY Solutions™ at 1-800-YUSIMRY (1-800-987-4679) or by writing to PO Box 7613, Overland Park, Kansas, 66207.

Patient Signature:* _____

Date:* / /

Patient's Guardian /Caregiver Signature:* _____

Date:* / /

(If signing on patient's behalf)

Relationship to Patient:* _____

IMPORTANT SAFETY INFORMATION AND INDICATIONS

YUSIMRY® (adalimumab-aqvh) is biosimilar to Humira® (adalimumab).**

What is the most important information I should know about YUSIMRY?

You should discuss the potential benefits and risks of YUSIMRY with your doctor. YUSIMRY is a tumor necrosis factor (TNF) blocker medicine that can lower the ability of your immune system to fight infections. You should not start taking YUSIMRY if you have any kind of infection unless your doctor says it is okay.

- **Serious infections have happened in people taking adalimumab. These serious infections include tuberculosis (TB) and infections caused by viruses, fungi, or bacteria that have spread throughout the body. Some people have been hospitalized or died from these infections.** Your doctor should test you for TB before starting YUSIMRY, and check you closely for signs and symptoms of TB during treatment with YUSIMRY, even if your TB test was negative. If your doctor feels you are at risk, you may be treated with medicine for TB.
- **Cancer.** For children and adults taking TNF blockers, including YUSIMRY, the chance of getting lymphoma or other cancers may increase. There have been cases of unusual cancers in children, teenagers, and young adults using TNF blockers. Some people have developed a rare type of cancer called hepatosplenic T-cell lymphoma. This type of cancer often results in death. If using TNF blockers including YUSIMRY, your chance of getting two types of skin cancer (basal cell and squamous cell) may increase. These types are generally not life-threatening if treated early; tell your doctor if you have a bump or open sore that doesn't heal.

What should I tell my doctor BEFORE starting YUSIMRY?

Tell your doctor about all of your health conditions, including if you:

- Have an infection, are being treated for infection, or have symptoms of an infection.
- Get a lot of infections or infections that keep coming back.
- Have diabetes.
- Have TB or have been in close contact with someone with TB, or were born in, lived in, or traveled to an area where there is more risk for getting TB.
- Live or have lived in an area (such as the Ohio and Mississippi River valleys) where there is an increased risk for getting certain kinds of fungal infections, such as histoplasmosis, coccidioidomycosis, or blastomycosis. These infections may happen or become more severe if you use YUSIMRY. Ask your doctor if you are unsure if you have lived in these areas.
- Have or have had hepatitis B.
- Are scheduled for major surgery.
- Have or have had cancer.
- Have numbness or tingling in the extremities, or a nervous system disease such as multiple sclerosis or Guillain-Barré syndrome.
- Have or had heart failure.
- Have recently received or are scheduled to receive a vaccine. YUSIMRY patients may receive vaccines, except for live vaccines. Children should be brought up to date on all vaccines before starting YUSIMRY.
- Are allergic to rubber, latex, or any YUSIMRY ingredients.
- Are pregnant, planning to become pregnant, breastfeeding, or planning to breastfeed.
- Have a baby and you were using YUSIMRY during your pregnancy. Tell your baby's doctor before your baby receives any vaccines.

Also tell your doctor about all the medicines you take. You should not take YUSIMRY with ORENCIA[®] (abatacept), KINERET[®] (anakinra), REMICADE[®] (infliximab), ENBREL[®] (etanercept), CIMZIA[®] (certolizumab pegol), or SIMPONI[®] (golimumab). Tell your doctor if you have ever used RITUXAN[®] (rituximab), IMURAN[®] (azathioprine), or PURINETHOL[®] (mercaptopurine, 6-MP).

What should I watch for AFTER starting YUSIMRY?

YUSIMRY can cause serious side effects, including:

- **Serious infections.** These include TB and infections caused by viruses, fungi, or bacteria. Symptoms related to TB include a cough, low-grade fever, weight loss, or loss of body fat and muscle.
- **Hepatitis B infection in carriers of the virus.** Symptoms include muscle aches, feeling very tired, dark urine, skin or eyes that look yellow, little or no appetite, vomiting, clay-colored bowel movements, fever, chills, stomach discomfort, and skin rash.
- **Allergic reactions.** Symptoms of a serious allergic reaction include hives, trouble breathing, and swelling of your face, eyes, lips, or mouth.
- **Nervous system problems.** Signs and symptoms include numbness or tingling, problems with your vision, weakness in your arms or legs, and dizziness.
- **Blood problems** (decreased blood cells that help fight infections or stop bleeding). Symptoms include a fever that does not go away, bruising or bleeding very easily, or looking very pale.
- **Heart failure** (new or worsening). Symptoms include shortness of breath, swelling of your ankles or feet, and sudden weight gain.
- **Immune reactions including a lupus-like syndrome.** Symptoms include chest discomfort or pain that does not go away, shortness of breath, joint pain, or rash on your cheeks or arms that gets worse in the sun.
- **Liver problems.** Symptoms include feeling very tired, skin or eyes that look yellow, poor appetite or vomiting, and pain on the right side of your stomach (abdomen). These problems can lead to liver failure and death.
- **Psoriasis** (new or worsening). Symptoms include red scaly patches or raised bumps that are filled with pus.

Call your doctor or get medical care right away if you develop any of the above symptoms.

Common side effects of YUSIMRY include injection site reactions (pain, redness, rash, swelling, itching, or bruising), upper respiratory infections (sinus infections), headaches, rash, and nausea. These are not all of the possible side effects with YUSIMRY. Tell your doctor if you have any side effect that bothers you or that does not go away.

Remember, tell your doctor right away if you have an infection or symptoms of an infection, including:

- Fever, sweats, or chills
- Muscle aches
- Cough
- Shortness of breath
- Blood in phlegm
- Weight loss
- Warm, red, or painful skin or sores on your body
- Diarrhea or stomach pain
- Burning when you urinate
- Urinating more often than normal
- Feeling very tired

YUSIMRY is given by injection under the skin.

This is the most important information to know about YUSIMRY. For more information, talk to your healthcare provider.

Uses

YUSIMRY is a prescription medicine used:

- **To reduce the signs and symptoms of:**
 - **Moderate to severe rheumatoid arthritis (RA) in adults.** YUSIMRY can be used alone, with methotrexate, or with certain other medicines. YUSIMRY may prevent further damage to your bones and joints and may help your ability to perform daily activities.
 - **Moderate to severe polyarticular juvenile idiopathic arthritis (JIA) in children 2 years of age and older.** YUSIMRY can be used alone or with methotrexate.
 - **Psoriatic arthritis (PsA) in adults.** YUSIMRY can be used alone or with certain other medicines. YUSIMRY may prevent further damage to your bones and joints and may help your ability to perform daily activities.
 - **Ankylosing spondylitis (AS) in adults.**
- **To treat moderate to severe Crohn's disease (CD) in adults and children 6 years of age and older.**
- **To treat moderate to severe ulcerative colitis (UC) in adults.** It is not known if YUSIMRY is effective in people who stopped responding to or could not tolerate anti-TNF medicines.
- **To treat moderate to severe chronic plaque psoriasis (Ps) in adults** who are ready for systemic therapy or are under the care of a doctor who will decide if other systemic therapies are less appropriate.
- **To treat moderate to severe hidradenitis suppurativa in adult patients.**

**Biosimilar means that the biological product is approved based on data demonstrating that it is highly similar to an FDA-approved biological product, known as a reference product, and that there are no clinically meaningful differences between the biosimilar product and the reference product. Biosimilarity of YUSIMRY has been demonstrated for the condition(s) of use (e.g., indication(s), dosing regimen(s)), strength(s), dosage form(s), and route(s) of administration described in its Full Prescribing Information.

You may report side effects to Meitheal Pharmaceuticals at 1-888-808-5529, fax at 631-524-5577 or email at DrugsafetyMeitheal@alphacurels.com or to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

For additional Safety Information, please talk to your doctor and see accompanying Full Prescribing Information

For additional Safety Information, please talk to your doctor and see full prescribing information at www.YUSIMRY.com.