Patient Enrollment Form

myBeiGene® | Pr Brukinsa® zanubrutinib 80mg capsules

TO ENROLL A PATIENT, FAX THE COMPLETED FORM ON PAGE 2 TO 1-833-567-0696

For any questions, call 1-833-234-4366 | Monday through Friday (8 AM-8 PM ET)

What is myBeiGene?

The myBeiGene program is a comprehensive patient support program designed to provide appropriate information and assistance to patients who have been prescribed Brukinsa, including*:

Reimbursement/ payment support

- Insurance verification support
- Bridge, co-pay and free product for certain eligible patients

Education and support

- Nurse-facilitated information about their disease and treatment with BRUKINSA® (zanubrutinib)
- Patient and caregiver support
- Dedicated Case Managers for your clinic and patients

Connections to patient support groups

- Assists patients and caregivers with practical help through connections to advocacy groups that provide:
  - One-on-one personalized peer support
  - Education

What to expect after submitting the enrollment form

Upon submission of the enrollment form to myBeiGene, a nurse will contact your patient within 1 business day. The number that will appear on the call display will be **1-833-234-4366.**

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* Terms, conditions and eligibility criteria apply.

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SECTION 1 PATIENT INFORMATION

MRN	**Health Card Number**	
Patient Name (First, M.I., Last)	**Date of Birth** (MM/DD/YYYY)	**Primary Language**
Street Address	**Gender** ☐ Male ☐ Female ☐ Other	
City/Postal Code/Province	**Email**	
Primary Phone (please include area code) **Additional Instructions:**	**Best Time to Call** ☐ AM ☐ PM **Voicemail OK** ☐ Yes ☐ No	
Alternate Contact/Caregiver Name	**Alternate Contact/Caregiver Phone** (please include area code)	
Has this patient been on a Brukinsa (zanubrutinib) sample? ☐ Yes Date Started	☐ No	
Diagnosis ☐ WM ☐ MCL ☐ MZL ☐ CLL ☐ FL ☐ Other	**Additional Clinical Information** ☐ 1L ☐ R/R ☐ Prior BTKi	

SECTION 2 PRESCRIBER INFORMATION

Physician Name (First, M.I., Last)	**License #**	
Site/Facility Name	**Specialty** ☐ Hematologist ☐ Oncologist ☐ Other:	
Street Address	**City/Postal Code/Province**	
Office Contact	**Phone** (please include area code)	**Preferred method of contact** ☐ Email ☐ Phone ☐ Fax
Fax	**Office Contact Email**	
DAN/DAC Office Contact	**Phone** (please include area code)	**Preferred method of contact** ☐ Email ☐ Phone ☐ Fax
Fax	**Office Contact Email**	

SECTION 3 PRESCRIPTION

BRUKINSA (zanubrutinib): Dispense 1 bottle of 120 capsules (each capsule is 80mg)

◯ Take 320 mg ONCE daily (4 x 80 mg capsules) ◯ Take 160 mg TWICE daily (2 x 80 mg capsules)

◯ Alternate Dosing Instruction Reason

Start Date: ASAP/Unknown	**Refills** ☐ 3 ☐ 6 ☐ 12 Other:

I authorize Sentrex Health Solutions Inc. (Sentrex) to be my designated agent to forward the prescription indicated above, by fax or other mode of delivery, to the Program specialty pharmacy or to the pharmacy chosen by the above-named patient. This prescription represents the original of the prescription drug order. The chosen pharmacy is the only intended recipient and there are no others. The original prescription has been invalidated and securely filed and it will not be transmitted elsewhere at another time. I consent to the sharing of my prescriber information with BeiGene, Ltd. for the purposes of improving and auditing its programs and for research or as otherwise permitted by law. I acknowledge that adverse events may be reported about my patient participating in the Program and understand that I may be contacted by BeiGene or its service providers to provide follow-up information. I understand that my information may be processed and stored outside of Canada.

Prescriber Signature*

Sign and Date Here _____ Date _____

(Original signature required)

* Prescriber shall comply with all applicable prescribing requirements, including but not limited to use of e-prescribing, specific prescription form(s) and language in fax transfers. Non-compliance with applicable prescribing requirements could result in additional communications from myBeiGene or other contractors to the prescriber. By signing this form, the prescriber acknowledges that the patient is under his/her care and has been prescribed BRUKINSA® (zanubrutinib) in accordance with governing regulations and requirements.

SECTION 4 PATIENT OR LEGAL REPRESENTATIVE† SIGNATURE

By signing below, I consent to the Program terms and conditions outlined on the next page.

Signature _____ Date _____

Name of Patient or Legal Representative _____

(If signed by representative, explain authority to act on behalf of patient and relationship)

† By signing on behalf of the patient, as representative or guardian, I attest that I am legally able to sign such documents on the patient's behalf and am properly acting in my capacity in doing so. Proof of such guardian's or representative's authority to act for the patient may be requested such as power of attorney or legal court order.

Notes

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SECTION 5 PROGRAM TERMS & CONDITIONS

I acknowledge that I have read and understand the information below and consent to collection, use and disclosure of my personal information, including personal health information, by Sentrex, BeiGene and their authorized agents and service providers for the purposes as explained below. I further consent to being contacted from time to time by Sentrex, BeiGene or their authorized agents for such purposes.

I acknowledge that the Program is sponsored by BeiGene and is administered by Sentrex, a third-party service provider, on behalf of BeiGene. I understand that additional service providers may be appointed by BeiGene to administer or support the Program from time to time. The personal information that I and/or my healthcare providers (including my doctor and pharmacy), insurers or payers provide to the Program, including my name, contact information and prescription information, will be used to manage and administer the Program or provide Program services to me, including assessing my eligibility for assistance, the coordination of my treatment, receipt of my medication and providing me with information about the Program. I understand that BeiGene 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 BeiGene 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. I understand that BeiGene may contact me or my physician for additional information to fulfil its reporting obligations.

I acknowledge that my personal information may be combined with the information of others who participate in the Program in order to generate aggregated data that does not contain identifying information ("Aggregated Data"). Aggregated Data may be used by BeiGene and its service providers to improve and/or refine the Program to design and implement other patient programs and for research purposes including health economic studies and analysis, publications, the identification of trends such as product utilization, adherence or outcomes (including treatment outcomes).

For these sole purposes, Sentrex may on a confidential basis, collect my personal information and share it with my healthcare providers, insurers and/or other payers, BeiGene and/or BeiGene's agents and service providers (e.g., information technology providers). If, from time to time, another service provider is appointed by BeiGene to administer the Program or provide Program services, my personal information will be transferred to this service provider to ensure the continuity of the Program services.

BeiGene, Sentrex and their authorized service providers may store or process 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, personal information may be used or disclosed to third parties when permitted or required by applicable laws, court orders or government regulations.

You may contact the Program's Privacy Officer 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 (including those related to foreign information processing). The Privacy Officer can be reached at **1-833-234-4366**. Please note that if you modify or withdraw your consent, your ability to receive the Program services may be limited.

I acknowledge that the dispensing and delivery of my medication will be performed by a specialty pharmacy chosen by the Program unless I specify otherwise.

By providing my email address, I accept that representatives of Sentrex, acting on behalf of BeiGene, Ltd., may communicate with me via electronic means such as email for the purposes of providing me with information and updates relating to the myBeiGene Patient Support Program (the "Program"), as well as promotional materials, surveys and newsletters. I understand that communicating via electronic means may not be the most secure means of communication and, as such, Sentrex will not include sensitive health information in any electronic means of communication with me. Such electronic means of communications may, however, identify me as an individual registered with the Program. At any time, I will have the opportunity to opt out from such electronic communications by providing notice to myBeiGene by calling: **1-833-234-4366**.

I consent to being contacted from time to time by BeiGene, Sentrex or their authorized service providers for the purpose of providing me with promotional materials or newsletters or for market research purposes (including providing me with surveys and questionnaires) related to the Program and Program Services or my relevant medical condition. I understand that I may withdraw my consent to being contacted for this purpose at any time by contacting the Program.