



XEMBIFY CONNEXIONS PATIENT CONSENT FORM

Thank you for your interest in the Xembify Connexions Program for ongoing financial and dedicated medical support. In order to enroll, please complete and return this form by mail or fax. We are here to support you every step of the way.

1. COMPLETE THE FORM BE	LOW					
YOUR INFORMATION:						
Name:	Date of birth:					
	(First name, Middle initia	al, Last name)				(mm/dd/yyyy)
Parent or guardian name (if	patient is under age 18	years):				
Address:		City:		State:	ZIP:	
Phone:		Email:				
I am a: Patient C PATIENT AUTHORIZATION	aregiver Other					
and health information about me that once my information is shar information and to use and shar with sharing my information with organizations about my disease my eligibility for assistance progregical (including text and voicemail); and the date signed below unless as at any time by calling 1-844-MYX XEMBIFY CONNEXIONS P. By checking this box, I agree information to receive product, or You may revoke your permission at grifols.com/en/interactions-wi	ed with Grifols, my informate it only for the reasons list of Grifols as allowed under the treatment; (2) confirm mans; (3) analyze data to im d (5) disclose my informating horter period is required be EMBIFY and/or by writing a ATIENT EDUCATION PROBLEM to enroll in an optional distance at any time. To learn how	ation may not be ted below. I under this Authorization by health plan elimprove services reported by the law of my so letter to Xembif ROGRAM ENRO sease-related supplied by longer and the sease-related supplied information.	e protected by federal health erstand that my pharmacy m. I authorize Grifols to: (1) congibility and benefits, identify related to my disease; (4) congasons or as required by law. I state of residence. I may discopy Connexions to PO Box 311 DLLMENT: pport program. I agree to given from Grifols, and service prand protect your personal information.	privacy laws nay receive co ontact me, m other payers tact me by e This Authoriz uss the scop 37, Bethesda e Grifols per coviders and	Grifols ago ompensation y caregiver of for my the mail, mail, ation will ed of my aut on, MD 2082 mission to third partie	rees to protect my on in connection , or my healthcare erapy, or determine or telephone xpire 5 years from thorization or cancel 4.
Patient First and Last Name	e (print):					
PATIENT SIGNATURE:					Date	2:
Patient Caregiver (name and	d relationship):					
CAREGIVER SIGNATURE:					Date	j:
	*Parent or guardian i	must sign if patien	nt is below 18 years of age.			
2. RETURN COMPLETED FORM			QUESTIONS & ADDITIONAL INFORMATION			
Mail Xembify Connexions PO Box 31137 Bethesda, MD 20824	Fax 1-877-375-0758		Questions Call 1-844-MYXEMBIFY (1-844-699-3624) or vis www.xembify.com to access Xembify Connex tools and resources	it	additiona	l, download ll forms at nbify.com

You may make changes to communication preferences or cancel your enrollment in this program at any time by calling 1-844-MYXEMBIFY (1-844-699-3624).

Please see Important Safety Information on the next page and see accompanying full <u>Prescribing Information</u> for XEMBIFY





What is XEMBIFY®?

XEMBIFY® (immune globulin subcutaneous human–klhw) is a 20% immune globulin used in the treatment of primary humoral immunodeficiency disease (PIDD) in patients 2 years of age and older. XEMBIFY is for subcutaneous administration only.

IMPORTANT SAFETY INFORMATION

WARNING: THROMBOSIS

- Thrombosis (formation of blood clots within blood vessels) may occur with immune globulin products, including XEMBIFY. Before you take XEMBIFY, talk to your doctor if you:
- Are older
- Are sedentary (need to lie down or sit down) for long periods of time
- Are taking estrogen-containing medicines (birth control pills, hormone replacement therapy)
- Have a permanent intravenous (IV) catheter
- Have hyperviscosity of the blood (diseases such as multiple myeloma or other causes of elevated proteins in the blood)
- Have cardiovascular (heart) problems or previous history of stroke
- Thrombosis may occur even if you don't have any risk factors
- If you are at risk of thrombosis, your doctor may prescribe XEMBIFY
 at the minimum dose and infusion rate. Make sure you drink plenty
 of fluid before taking XEMBIFY. Make sure your doctor is checking
 you regularly for signs and symptoms of thrombosis and is checking
 your blood viscosity if you are at risk of hyperviscosity

Who should not use XEMBIFY?

 XEMBIFY should not be used if you have had a severe allergic reaction to human immune globulin, or if you have been told by a doctor that you are IgA deficient and have developed antibodies to IgA and hypersensitivity after exposure to a previous plasma product

What are possible serious side effects of XEMBIFY?

- Aseptic meningitis syndrome (AMS). Aseptic meningitis is a
 non-infectious inflammation of the membranes that cover the brain.
 It causes a severe headache syndrome, which may occur with human
 immune globulin treatment, including XEMBIFY. If you are showing
 signs and symptoms of AMS, your doctor may conduct a thorough
 neurological evaluation including spinal tap (sampling fluid which
 surrounds the spinal cord) to rule out other causes of meningitis.
 Stopping human immune globulin treatment has resulted in the end
 of signs and symptoms within several days. Treatment may include
 analgesics (pain medicines) and/or a special procedure known as
 a "blood patch" to stop headache
- Hypersensitivity. Severe allergic reactions may occur with immune globulin products, including XEMBIFY. If you have a severe allergic reaction, stop the infusion immediately and get medical attention. XEMBIFY contains IgA. If you have known antibodies to IgA, you may have a greater risk of developing potentially severe allergic reactions

- Kidney problems or failure. Kidney problems or failure may occur with use of human immune globulin products, especially those containing sucrose (sugar). XEMBIFY does not contain sucrose. If you have kidney disease or diabetes with kidney involvement, your doctor should perform a blood test to assess your hydration level and kidney function before beginning immune globulin treatment and at appropriate intervals thereafter. If your doctor determines that kidney function is worsening, they may discontinue treatment
- Hemolysis. Your doctor should monitor you for symptoms of hemolysis (destruction of red blood cells causing anemia, or low red blood cell count). If your doctor suspects hemolysis, they should perform additional tests to confirm
- Transfusion-related acute lung injury (TRALI). TRALI is a rare but serious syndrome characterized by sudden acute respiratory distress following transfusion. If your doctor suspects TRALI, they will monitor you for any other lung issues. TRALI may be managed with oxygen therapy
- Transmissible infectious agents. Because XEMBIFY is made from human blood, it may carry a risk of transmitting infectious agents such as viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. No cases of transmission of viral diseases or CJD have been associated with the use of XEMBIFY
- Interference with lab tests. Because XEMBIFY contains a variety of antibodies, blood tests to determine antibody levels may be falsely elevated. Be sure to tell your doctor or lab technician that you are using XEMBIFY

What are other possible side effects of XEMBIFY?

- In clinical studies of XEMBIFY, some patients experienced local side effects (at the injection site) including pain, redness, puffiness, bruising, nodules, itching, firmness, scabbing and swelling at the site on the skin where the injection occurred. Some patients experienced non-injection-site side effects including cough and diarrhea
- Use of XEMBIFY may interfere with the immune response to virus vaccines, such as vaccines for measles, mumps, rubella and varicella.
 Tell your doctor you are taking XEMBIFY before getting vaccinations

Please see accompanying full <u>Prescribing Information</u> for XEMBIFY.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

