Health coach program for patients prescribed GILENYA® (fingolimod) for multiple sclerosis

Evidence-based, holistic and tailored support to improve self-management, and encourage positive lifestyle behaviours.

The ASPIRE program, designed in collaboration with a clinical expert panel, provides patients with access to a dedicated health coach. Over a 12-month period, they will work with your patient to develop lifestyle choices that can help improve their health outcomes:

• Develop a tailored lifestyle plan to suit the patient's goals
• Improve their ability to adopt healthy lifestyle choices, including eating well, being active and managing stress
• Facilitate screening and referral pathways to support their mental wellbeing and general resilience
• Manage work and study activities, their energy levels and daily living
• Understand information required for them to self-manage their MS

Your patient's dedicated health coach will be in regular contact via telephone, email, SMS and/or SKYPE™, depending on your patient's preference.

† The ASPIRE program and the ASPIRE program health coach service are not intended to replace the advice of the treating healthcare professional team.

Sign your patients up to ASPIRE today by filling in and returning the form on the next page
Complete the enrolment form and either scan and email to aspire@remedyhealthcare.com.au or fax to 1300 617 667

Your details:
First name: ________________________________ Surname: ________________________________
Date of birth (DD/MM/YYYY): ________________________________ Contact number: ________________________________
Address: ________________________________ Suburb: ________________________________ State: ________________________________ Postcode: ________________________________
Email: ________________________________ Gender (please tick): □ Male □ Female
Preferred contact day (please tick all preferred options): □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday
Preferred contact time (please tick all preferred options): □ AM (morning) □ PM (afternoon) □ Any time of day
☐ Yes, I consent to my enrolment in the ASPIRE program
☐ Yes, I consent to being contacted by an ASPIRE program health coach
☐ Yes, I consent to my health professional being kept informed of my participation in the ASPIRE program

PARTICIPANT SIGNATURE: ________________________________ PRINT NAME/DATE: ________________________________

PRIVACY STATEMENT: The ASPIRE Program (Program) is offered by Novartis Pharmaceuticals Australia Pty Ltd (Novartis) and is administered by Remedy Healthcare Group Pty Ltd (Remedy) on behalf of Novartis. Remedy will collect, store and use your personal information (including health information) for the purpose of providing the services to you as part of the Program and may record telephone calls for audit, quality and training purposes. All your personal information will be treated in accordance with the Privacy Act 1988 (Cth) and Remedy’s Privacy Policy available at www.remedyhealthcare.com.au

Should you wish to stop the processing of your personal information or withdraw from the Program or later access, correct or delete your personal information, you can contact Remedy by email Aspire@remedyhealthcare.com.au or in writing to Privacy Officer, Remedy Healthcare, PO Box 33356 Domain LPO Melbourne Vic 3004

Novartis is committed to patient safety. In accordance with regulatory obligations, Novartis has a systematic process in place to collect, store and process reports of adverse events experienced by patients taking a Novartis product, when identified by Remedy. Remedy will disclose your personal information to Novartis for this purpose. All information forwarded to the Novartis drug safety department is treated in accordance with local privacy laws and may be captured and processed in countries outside of the national territory, and shared with health authorities or other Pharmaceutical companies with whom Novartis has a license agreement, for the purpose of meeting the regulatory requirements for reporting safety information on Novartis products. Novartis drug safety department may contact your healthcare professional in order to collect further information on the adverse event. Novartis’ privacy policy is available at https://www.novartis.com.au/privacy-policy

You are not obliged to provide personal information. However, if you do not provide your personal information you will be unable to enrol in the Program.

As a consumer participating in this activity sponsored by Novartis, and administered by Remedy, I have read and understood the enclosed privacy statement and I agree with it. I understand that information relating to an adverse event with a Novartis product that is identified during this activity will be forwarded to Novartis drug safety department, and possibly to health authorities when required.

☐ I do not consent for Novartis’ drug safety department to contact my healthcare professional for further information regarding any adverse event identified as part of this activity.

Healthcare professional details:
Name: ________________________________ Practice name: ________________________________
Practice address: ________________________________ Suburb: ________________________________
State: ________________________________ Postcode: ________________________________ Practice phone number: ________________________________

PARTICIPANT SIGNATURE: ________________________________ DATE: ________________________________

Novartis Pharmaceuticals Australia Pty Limited. ABN 18 004 244 160. 54 Waterloo Road, Macquarie Park, NSW 2113.