

# PATIENT EDUCATION CLASS CONSENT FORM



**Please complete this form prior to participating in the Patient Education Class on OFEV® (nintedanib).**

**Name (patient):** \_\_\_\_\_  
(Last/First/MI)

By signing this enrollment form below, I confirm that:

- I (patient) am 18 years or older.
- I (patient) have been prescribed OFEV by my doctor or nurse practitioner or physician assistant.
- I (patient) understand that the class can be offered in a variety of formats including face-to-face or remote, and will be held in a private session.
- I (patient) understand that the session will be between myself and the Boehringer Ingelheim Clinical Educator, but other persons (caregivers, family members, healthcare professionals, etc.) may participate with my permission.
- I (patient) am aware that the topics covered in the class will include general information about idiopathic pulmonary fibrosis (IPF), including information about treatment with OFEV.
- I (patient) consent to the Boehringer Ingelheim Clinical Educator contacting me by telephone. This will enable the Clinical Educator to arrange for an initial touchpoint to schedule an education class.

**My number is: (     )** \_\_\_\_\_

HCP Name: \_\_\_\_\_  
(Last/First)

Doctor's Office Contact: \_\_\_\_\_ Telephone (Doctor's Office): \_\_\_\_\_

I understand that the class will provide only general treatment information and education and is not medical care. It will not replace the healthcare provided by my doctor and other healthcare providers. I will address any questions I have about my individual health or treatment directly to my doctor or other healthcare provider, including any questions I have about the doctor or other healthcare provider's decision to prescribe OFEV for my individual treatment.

I understand that the Boehringer Ingelheim Clinical Educator is not bound by the HIPAA Privacy or Security Rules and may not be bound by other federal or state patient privacy laws. I understand that the Boehringer Ingelheim Clinical Educator has agreed not to use personal information about me or my condition for any purpose other than to conduct the Patient Education Class.

I give my permission for Boehringer Ingelheim to notify my physician or other healthcare provider that I have participated in this class. Please note: If signed by a guardian, indicate your relationship to the patient on this form.

Name of Patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Signature (if applicable): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

## What is OFEV?

OFEV is a prescription medicine used to treat people with a lung disease called idiopathic pulmonary fibrosis (IPF). It is not known if OFEV is safe and effective in children.

## Important Safety Information

### What is the most important information I should know about OFEV (nintedanib)?

OFEV can cause harm, birth defects or death to an unborn baby. Women should not become pregnant while taking OFEV. Women who are able to become pregnant should have a pregnancy test before starting treatment and should use birth control during and for at least 3 months after your last dose. If you become pregnant while taking OFEV, tell your doctor right away.

**Please see additional Important Safety Information on the back of this form and accompanying full Prescribing Information, including Patient Information.**

## Important Safety Information

### What should I tell my doctor before using OFEV?

#### Before you take OFEV, tell your doctor if you have:

- liver problems
- heart problems
- a history of blood clots
- a bleeding problem or a family history of a bleeding problem
- had recent surgery in your stomach (abdominal) area
- any other medical conditions.

Tell your doctor if you:

- are pregnant or plan to become pregnant.
- are breastfeeding or plan to breastfeed. It is not known if OFEV passes into your breast milk. You **should not** breastfeed while taking OFEV.
- are a smoker. You should stop smoking prior to taking OFEV and avoid smoking during treatment.

**Tell your doctor about all the medicines you take**, including prescription and over-the-counter medicines, vitamins, herbal supplements such as St. John's wort.

### What are the possible side effects of OFEV?

#### OFEV may cause serious side effects.

#### TELL YOUR DOCTOR RIGHT AWAY if you are experiencing any side effects, including:

- **Liver problems.** Unexplained symptoms may include yellowing of your skin or the white part of your eyes (jaundice), dark or brown (tea colored) urine, pain on the upper right side of your stomach area (abdomen), bleeding or bruising more easily than normal or feeling tired. Your doctor will do blood tests regularly to check how well your liver is working during your treatment with OFEV.
- **Diarrhea, nausea, and vomiting.** Your doctor may recommend that you drink fluids or take medicine to treat these side effects. Tell your doctor if you have these symptoms, if they do not go away, or get worse and if you are taking over-the-counter laxatives, stool softeners, and other medicines or dietary supplements.
- **Heart attack.** Symptoms of a heart problem may include chest pain or pressure, pain in your arms, back, neck or jaw, or shortness of breath.
- **Stroke.** Symptoms of a stroke may include numbness or weakness on 1 side of your body, trouble talking, headache, or dizziness.
- **Bleeding problems.** OFEV may increase your chances of having bleeding problems. Tell your doctor if you have unusual bleeding, bruising, or wounds that do not heal and/or if you are taking a blood thinner, including prescription blood thinners and over-the-counter aspirin.
- **Tear in your stomach or intestinal wall (perforation).** OFEV may increase your chances of having a tear in your stomach or intestinal wall. Tell your doctor if you have pain or swelling in your stomach area.

The most common side effects of OFEV are diarrhea, nausea, stomach pain, vomiting, liver problems, decreased appetite, headache, weight loss, and high blood pressure.

These are not all the possible side effects of OFEV. For more information, ask your doctor or pharmacist. **You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**

**Please see accompanying full Prescribing Information, including Patient Information.**

