



Preamble

The SCQM (Swiss Clinical Quality Management in Rheumatic Diseases) Foundation is a tax-exempt foundation based in Zurich, Switzerland. It operates a national registry for patients with rheumatic diseases, collecting standardized, real-world data from healthcare professionals and patients across Switzerland with the goal of improving treatment quality through the use of digital tools, while also promoting medical research in this field.

In 2024, SCQM recorded 5,827 visits from 4,643 patients, including 527 newly enrolled individuals. A total of 246 rheumatologists across 92 institutions in 16 cantons contributed data to the registry. 18517 mySCQM entries were made by 2548 patients in the mySCQM patient app. Twenty one articles based on SCQM data were published in peer-reviewed journals.

Partnership with SCQM

To achieve its mission, SCQM collaborates with partners from the pharmaceutical industry, offering a range of services in exchange for financial contributions that support its operations. The framework is modular, and partners are free to select the services that best meet their needs – there is no minimum commitment.

We hope that you can benefit from our services. These collaborations with the pharmaceutical industry are crucial to the successful functioning of SCQM and we would be very pleased to have you as our partner in 2026.

This document provides a complete overview of our services along with a detailed cost breakdown. Starting in 2026, we will also offer the option of a three-year contract, which includes a 10% discount on the total amount.

We remain available for any further inquiries or to discuss which services would best serve your purpose.

Best regards,

Catherine Raptis

SCQM Co-Director I Head of Science

1. The Online Reporting Dashboard

The SCQM Online Reporting Dashboard (ORD) is a platform that contains reports with aggregated data from the SCQM patient registry. Via the ORD, which can be accessed at any time by authorized individuals with two-factor authentication, the SCQM provides insights on approved biological or targeted synthetic disease-modifying antirheumatic drugs (b/tsDMARDs) per indication. The data listed are updated on a monthly basis with each new database snapshot, they are aggregated by quarter, and are presented for the last six quarters, including the last quarter at the time of ORD access. The data listed can be exported as a pdf report or in csv format.

Data presented by indication and quarter:

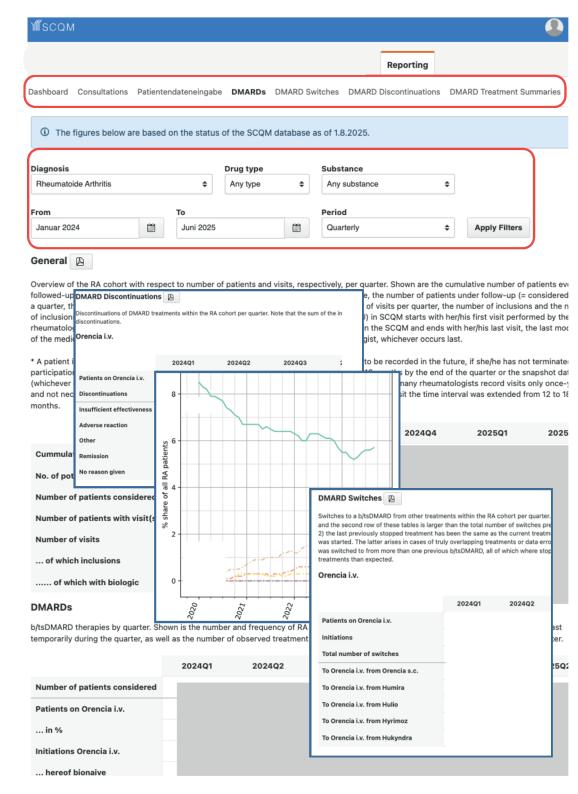
- Cumulative number of patients included in the registry
- Number of potentially active patients
- Number of visits and number of new inclusion visits

Data presented by indication, quarter, and brand of b/tsDMARD:

- Number of patients treated with given b/tsDMARD
- The proportion (%) of patients treated with given b/tsDMARD over the entire set of patients in given indication. The proportion of patients on each b/tsDMARD is also presented in a graph of percentage as a function of time (in quarters)
- Per b/tsDMARD, number of treatment initiations and number of treatment initiations with bionaive status
- Per b/tsDMARD, number of discontinued treatments and reasons for discontinuation
- Number of switches from one b/tsDMARD to another, for all b/tsDMARD switch combinations
- Per b/tsDMARD, summary statistics on the dose and dosing interval (median and interquartile range; mean and standard deviation), as well as treatment duration (median and interquartile range)

2. Additional ORD functionalities

- Extended calendar options and annual aggregation of data
- · Monthly disaggregation of data
- Multiple user access to ORD





3. Additional ORD functionalities

(pending demand and further development)

Disaggregation of b/tsDMARDs by:

- Monotherapy combination therapy
- Line of treatment (1st, 2nd, 3rd, 4th; also in switches)
- Region (DE vs FR & IT-speaking)
- Institution (private practice hospital)

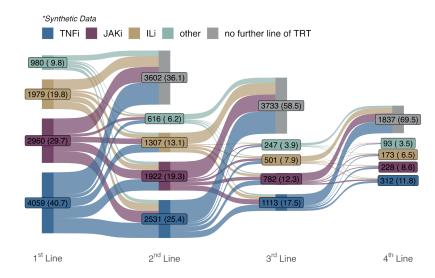
New method of reporting patients on therapies:

- Current method: A patient is reported as being on a specific medication in a given quarter if their follow-up extends beyond the start of that quarter. In other words, a visit or medication update must have been recorded in the SCQM database after the beginning of the quarter.
- New method: All patients with a reported medication start date are reported. As time passes, results from the two methods are expected to converge.

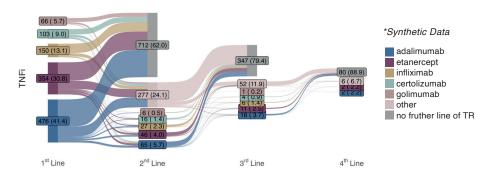


4. Medication switches: downloadable reports by indication

- Comprehensive reports on medication switches, customisable by timeframe, updated twice annually; full report with synthetic data available upon demand
- Sankey diagrams for switches among MoAs by treatment line, for all patients and disaggregated by:
 - Institution (private practice hospital)
 - · Region (DE, FR & IT-speaking)

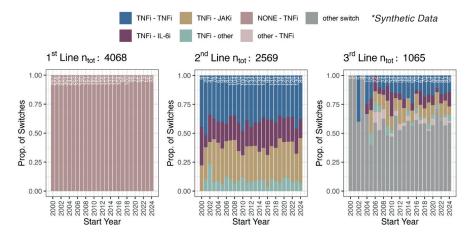


 Sankey diagrams showing the patient journey on a substance level, e.g. patients starting their treatment with TNFi --> follow switches on a TNFi substance/other medication level:



 Plots showing trends over time of switches among MoAs by treatment line, e.g. for patients starting their treatment with TNFi:





- Cross tables documenting all switches by treatment line on a substance level with reference product vs biosimilar disaggregation for:
 - · Transition 1st 2nd line of treatment
 - Transition 2nd 3rd line of treatment
 - · Transition 3rd 4th line of treatment
- Tables documenting patient characteristics by type of switch on the MoA-MoA level for the transition 1st - 2nd line of treatment.
 Variables included (at the time of the new treatment start):
 - · age
 - sex m/f
 - substance level of new treatment (including disaggregation by reference product/biosimilar and route of administration)
 - · co-therapy (mono/combo) of new treatment
 - · disease duration
 - weight
 - height
 - BMI
 - CRP
 - FSR
 - disease activity (ASDAS/DAS-28/DAS-28 for axSpA/PsA/RA, respectfully)
 - · discontinuation reasons of previous treatment
- Further customisations upon demand.

8 SCQM Foundation

5. The SCQM Research Symposium

Fostering collaboration to advance research is a key priority for SCQM. The annual SCQM Research Symposium brings together members of the SCQM Foundation Board, the SCQM Scientific Committees, researchers working with SCQM data, and colleagues from the broader research community to share insights and advancements in rheumatology.

Representatives from our partners from the pharmaceutical industry are invited to participate in the SCQM Research Symposium.



6. Company feature in the SCQM Annual Report

SCQM offers its pharmaceutical industry partners the opportunity to contribute a two-page scientific article to the SCQM Annual Report. The article must be related to rheumatology and should provide added value for patients. Examples of past contributions can be found in previous SCQM Annual Reports, available on the SCQM website.



7. Information on medication use during pregnancy

Quarterly reports are provided with data on pregnancies recorded in the RePreg registry that were treated with the company's own b/tsDMARDs and that ended during or before the respective quarter. A pregnancy is considered to have ended at the first post-pregnancy visit documented in the SCQM patient registry. Accordingly, pregnancy data can only be included in reports starting from the quarter in which this first post-pregnancy visit is recorded. Variables reported: age of patient, diagnosis, due date and week of pregnancy at birth, information on the type of birth or the end of the pregnancy, presence of childhood diseases or abnormalities, information on the b/ts DMARD used (start, dosage, end).

Services (currently available)

The SCQM Online Reporting Dashboard (ORD) (detail	ls in section 1)
Annual access to data on own and all other approved medicinal products in the ORD per indication	Cost per item excl. VAT
RA	CHF 10'000.00
axSpA	CHF 10'000.00
PsA	CHF 10'000.00
GCA, PMR	CHF 10'000.00

Additional ORD functionalities (cost per indication) (details in section 2)	
Extended calendar options (beyond six quarters; as far back as data go) and annual aggregation of data	CHF 1'500.00
Monthly disaggregation of data	CHF 1'500.00
ORD access fee per extra user	CHF 1'500.00

SCQM Research Symposium (details in section 5)	
Participation for two company representatives	CHF 3'000.00

Company feature in SCQM Annual Report (details in section 6)	
Two-page report in SCQM Annual Report	CHF 5'000.00

RePreg (details in section 7)	
Four quarterly reports from the RePreg resitry (for all indications selected)	CHF 2'000.00

New services (pending development)

lew ORD functionalities (cost per indication) (details in section 3)	
Dissaggregation of patients on b/tsDMARDs by:	Cost per item excl. VAT
Monotherapy - combination therapy	CHF 1'500.00
Line of treatment (1st, 2nd, 3rd, 4th)	CHF 1'500.00
Region (DE- vs FR- & IT-speaking)	CHF 1'500.00
Institution (private practice - hospital)	CHF 1'500.00
Dissaggregation of b/tsDMARD switches by line of treatment (1st, 2nd, 3rd, 4th)	CHF 1'500.00
New method of reporting patients on b/tsDMARD therapies: Current method: A patient is reported as being on a specific medication in a given quarter if their follow-up extends beyond the start of that quarter. In other words, a visit or medication update must have been recorded in the SCQM database after the beginning of the quarter. New method: All patients with a reported medication start date are reported. As time passes, results from the two methods are expected to converge. Note: new reporting method will also be applied to any new ORD functionalities selected above	CHF 1'500.00

Reports on medication switches (cost per indication)	(details in section 4)
Comprehensive, downloadable report on medication switches by indication, updated twice annually, customisable by timeframe; full report with synthetic data available upon demand	CHF 10'000.00

An annual cap at CHF 90'000 applies, and a further 10% discount is available for three-year contracts. Partners are free to select the services that best meet their needs – there is no minimum commitment.

Additional benefits

By subscribing to any of our services, companies automatically gain access to the following additional benefits:

- Logo visibility: Publication of your company logo across SCQM platforms, including the SCQM website, annual report, newsletters, and presentations.
- Participation in the SCQM Annual Review: One representative is invited to attend the SCQM Annual Review, presented by the SCQM President and SCQM Office during the SCQM Foundation Board meeting.
- Dedicated point of contact: On-demand meetings or calls with your direct SCQM contact for all scientific and data-related queries – Dr. Catherine Raptis, Co-Director I Head of Science.
- Early access to publications: Preview of upcoming publications based on SCQM data, shared with foundation board members, scientific committees, and industry partners upon acceptance.
- **Preferential rates:** Reduced fees for additional internal analyses and reports.
- Discounted consultancy services: Lower rates for study coordination and for assembling research teams involving clinicians and researchers from SCQM-affiliated hospitals, private practices, and research institutes in Switzerland.

Sustaining SCQM's Infrastructure: general contributions

Contributions toward SCQM's infrastructure and the continued operation of the Swiss national registry for rheumatic diseases – independent of service-related agreements – are always welcome. Such unrestricted support plays a vital role in ensuring the long-term sustainability and development of SCQM's core activities.





Questions?
To learn more about partnership with SCQM, please contact:

SCQM Foundation

Aargauerstrasse 250 8048 Zürich

Catherine Raptis
Dr. sc. ETH Zürich
Co-Director I Head of Science

+41 44 512 39 57 (direct) catherine.raptis@scqm.ch www.scqm.ch



SCQM – The reference platform for research and quality management in rheumatology