ATOPIC DERMATITIS ENROLMENT FORM FOR RESIDENTS OF QUEBEC

freedom Support Program

Please submit the form via fax: **1-844-216-1516** or email: **info@FreedomPSP.ca**. For inquiries, email us or call **1-844-216-1181**.

DUPIXENT® (dupilumab) Injection

CLEAR FORM

GENERAL INFORMATION

All fields are required.

PATIENT INFORMATION

Last name _____ First name _____ Date of birth (YYYY/MM/DD) ____/____/____

Health card number _____ Address _____ City _____ Province _____ Postal code _____

Mobile phone _____ Email _____ Alternate contact and telephone number _____

Consent to leave a message: ☐ Yes ☐ No Consent to communicate electronically: ☐ Yes ☐ No

Consent to speak to a parent/legal guardian (if applicable): ☐ Yes ☐ No

PATIENT/LEGAL GUARDIAN CONSENT

By signing below, I wish to participate in the Program as described and informed by my treating physician and I have read and fully understand the Patient Privacy Notice and Consent terms on the reverse of this form. If I sign with an electronic signature, I agree that it will have the same force and effect as my "wet ink" signature.

☐ Verbal consent obtained for the Freedom Support Program from the patient
☐ Verbal consent obtained to contact pharmacy

SIGN HERE

Patient signature _____ Legal guardian signature if applicable _____

PRESCRIBING PHYSICIAN INFORMATION

Physician name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

By providing the information above, I acknowledge that I have read and understand the information provided in the Privacy Notice and Physician Consent, and consent to the collection, use and disclosure of my personal information as detailed in said notice.

MEDICAL INFORMATION

Test scores (if available):

☐ EASI: ____ ☐ BSA: ____ ☐ IGA (PGA): ____ ☐ DLQI / CDLQI / IDQOL: ____ ☐ NRS: ____ ☐ Other: _____

Special areas:

☐ Hands (palm) ☐ Face ☐ Feet (sole) ☐ Genital area

Past therapies:

☐ Medium-to high-potency topical corticosteroids:
Name(s): _____

☐ Topical calcineurin inhibitors:
Name(s): _____

☐ Phototherapy

Contraindicated/intolerant. Reason:

Other relevant medication and information:

PRESCRIPTION

DUPIXENT® (dupilumab injection) subcutaneous injections

Device: ☐ Pre-filled syringe ☐ Pre-filled pen*
*** DUPIXENT® pre-filled pens are only for use in adults and adolescents aged 12 years and older.**

Adult (18+ years)	Pediatric (6–17 years)	Pediatric (6 months–5 years)
☐ **All adults:** 600 mg (initial dose), followed by 300 mg every other week (maintenance)	☐ **Body weight ≥60 kg:** 600 mg (initial dose), followed by 300 mg every other week (maintenance) ☐ **Body weight 30 to <60 kg:** 400 mg (initial dose), followed by 200 mg every other week (maintenance) ☐ **Body weight 15 to <30 kg:** 600 mg (initial dose), followed by 300 mg every 4 weeks (maintenance)	☐ **Body weight 5 to <15 kg:** 200 mg (initial dose), followed by 200 mg every 4 weeks (maintenance) ☐ **Body weight 15 to <30 kg:** 300 mg (initial dose), followed by 300 mg every 4 weeks (maintenance)

Maintenance dose refills (1 box = 2 syringes): _____

I authorize Freedom Patient Support Program ("Freedom") to be my designated agent to forward this prescription by fax or other mode of delivery to the pharmacy chosen by the above-named patient. This prescription represents the original prescription drug order for the patient. Any prior DUPIXENT® prescription for this patient is being cancelled and has been securely filed and will not be transmitted.

I confirm that this patient qualifies for treatment of DUPIXENT® injection, in accordance with the Product Monograph and any contraindications, warnings, and precautions described therein. If I sign with an electronic signature, I agree that it will have the same force and effect as my "wet ink" signature.

SIGN HERE

Physician signature _____ License # _____ Date (YYYY/MM/DD) ____/____/____

Special Instructions _____

ATOPIC DERMATITIS ENROLMENT FORM FOR RESIDENTS OF QUEBEC

Please submit the form via fax: **1-844-216-1516** or email: **info@FreedomPSP.ca**.
For inquiries, email us or call **1-844-216-1181**.

PRIVACY NOTICE AND PHYSICIAN CONSENT

Your personal information in the "Prescriber Information" is collected to allow Freedom to process your registration and your patients' registration in the Program and meet its Purposes. Other than the Program's administrator, your personal information may be provided to sanofi-aventis Canada Inc. ("Sanofi Canada") for compiling statistical data on the Program.

If you provide information relating to one of your patients about an adverse experience with a Sanofi Canada product, the Program may use the information you provided to submit reports to Health Canada and/or other relevant regulators. The Program may be required to contact you for further information. You understand that in order to comply with the law, the Program may not be permitted to meet your request to amend or remove your personal information. The process of adverse experiences may include and/or be managed by Sanofi Canada, its affiliates or third-party service providers retained specifically for this sole purpose. The database is only accessible to employees, agents or authorized service providers for whom the information is needed in the performance of their pharmacovigilance duties. The collection, use, and disclosure of information contemplated herein may involve a transfer of the information to jurisdictions located outside your country of practice that may not have equivalent laws and rules regarding personal information.

If you have any questions, comments or concerns about the privacy practices, please contact Freedom at 1-844-216-1181 or by email at info@freedompsp.ca.

Sanofi Canada reserves the right at any time and without prior notice to modify the Program, including its eligibility criteria, or to discontinue the Program.

This authorization form is valid for as long as your patient receives services from the Program.

PRIVACY NOTICE AND PATIENT/LEGAL GUARDIAN CONSENT

The Freedom Support Program ("the Program") is sponsored by Sanofi Canada and managed by a third-party supplier ("3rd Party Supplier"). Overall, the Program aims to offer you comprehensive and personalized support in collaboration with your physician to help you with your DUPIXENT® treatment. Such support is offered through a Combination Patient Program (CPP) designed to support patients prescribed with a Sanofi marketed product, through the combined provision of product and/or disease-oriented support and of financial assistance. The program offers a patient assistance program (PAP) through reimbursement navigation and financial assistance and a patient support program (PSP) through information, education and treatment support for patients requiring DUPIXENT®. You have the option to opt in or opt out of any or all services offered through the Program at any time. In order to provide such support, your personal information will be collected.

Generally stated, by personal information we mean any information about you such as your name, address, telephone number or health information ("Personal Information"). Except for Sanofi Canada's legal requirements and duties detailed below, it will not have access to any of your Personal Information, but for aggregated and unidentifiable information.

By accepting to participate in the Program, you accept to provide the 3rd Party Supplier and your health care professional with your Personal Information. This information will be collected in the Program's documentation and database. It will be used to enable registration in the Program and to meet its objectives. In relation to the Program's objectives, your Personal Information may be disclosed to:

- your health care professional for purposes of registration in the Program and related treatment;
- insurance providers and government agencies for the purpose of processing reimbursement requests;
- health care professionals for purposes related to your treatment;
- third party agencies to conduct ongoing administration, reporting, monitoring and evaluation requirements of the Program (collectively the "Purposes").

The file containing your Personal Information will be made available to the authorized employees, contractors or agents of the 3rd Party Supplier who need to access the information in connection with the Purposes. It is not authorized to collect, use or disclose the Personal Information except as necessary to perform services in relation to the Program's Purposes as described herein, or to comply with legal requirements. The Personal Information will be held primarily in a secure electronic database.

Your Personal Information will be shared with Sanofi Canada via reports describing the Program data and results but only in an aggregated and anonymous manner. More specifically, the statistical data related to the Program including the Freedom Friend™ application will be rendered in an aggregated and anonymous manner and shared with Sanofi Canada, health care practitioners, and other third parties, as the case may be. Sanofi Canada may distribute and/or publish such statistical data in any manner whatsoever.

Sanofi Canada reserves the right to transfer any Personal Information related to the Program in connection with the sale or transfer of all or a portion of its business or assets or rights relating thereto. Should such a sale or transfer occur, it will request that the transferee use and disclose Personal Information you have provided through this Program in a manner that is consistent with the Purposes disclosed herein.

You consent to be contacted by the Program via phone, text or email and to the transfer of Personal Information by phone, fax or email between the Program, your insurer, and your health care provider(s) for the purpose of determining your eligibility for the Program and the delivery of Program services. Email and text may be used during your participation in the Program to inform you about your status in the Program and Program services, and to provide notifications, reminders and collect your insights on the Program. You acknowledge that neither email nor text are secure methods of communication. Information in emails and texts has the potential to be accessed and read by a third party. Electronic communication is at your option and you may withdraw this option to communicate electronically at any time.

If you provide information about an adverse experience while using any of Sanofi Canada's products, the Program may use the information you provided to submit reports to Health Canada and/or other relevant regulators. The Program may be required to contact you and/or your health care professional for further information. You understand that in order to comply with the law, the Program may not be permitted to meet your request to amend or remove Personal Information you provided regarding an adverse experience while using any of Sanofi Canada's products. The process of adverse experiences may include and/or be managed by Sanofi Canada, its affiliates or third-party service providers retained specifically for this sole purpose. The database is only accessible to employees, agents or authorized service providers for whom the information is needed in the performance of their pharmacovigilance duties.

The collection, use, and disclosure of information contemplated herein may involve a transfer of the information to jurisdictions located outside your country of residence that may not have equivalent laws and rules regarding Personal Information. The reasonable contractual measures Sanofi Canada may take to protect Personal Information while processed or handled by these third parties are subject to applicable foreign legal requirements. The 3rd Party Supplier will only retain Personal Information as long as needed to fulfill the Purposes.

You have certain rights to access and rectify your Personal Information contained in the file held about you and in order to exercise this right, or if you have any questions, comments or concerns, you may use the contact information provided below. To the extent there is additional protection afforded to you pursuant to any applicable privacy legislation, and same is not set forth herein, Sanofi Canada agrees to take such measures to give full effect to such additional protection.

If you have any questions, comments or concerns about the privacy practices or want to have access to and have your Personal Information corrected, please contact Freedom at 1-844-216-1181 or by email at info@freedompsp.ca.

This is a completely voluntary program and you may cancel your participation at any time and without reason by contacting Freedom. Once you cancel your participation, your Personal Information will no longer be used, however, any Personal Information already provided at the time of your cancellation may be used in an aggregated and anonymous fashion for the Purposes of the Program.

Sanofi Canada reserves the right at any time and without prior notice to modify the Program, including its eligibility criteria, or to discontinue the Program.

This authorization form is valid for as long as you receive services from the Program.

Reference: 1. DUPIXENT® Product Monograph, sanofi-aventis Canada Inc. April 14, 2023.

MAT-CA-2300533E 04/2023