PrSILIQ® Activate PATIENT SUPPORT PROGRAM

PATIENT ENROLMENT FORM

Submit by:
Fax: 1-888-221-2066 | Email: Siliq@innomar-strategies.com

INSTRUCTIONS FOR PRESCRIBERS

Complete and sign this form with your patient in order to initiate therapy.

PATIENT INFORMATION

Last Name:

First Name:

Date of Birth: (| Gender at Birth: ○ M ○ F

Street Address:

City:

Province: | Postal Code:

Preferred Language: ○ English ○ French ○ Other:

Home Phone:
Leave Message: ○ Yes ○ No

Cell Phone:
○ Yes ○ No

Email Address:

Preferred Method of Communication: ○ Phone ○ Text ○ Email

Alternate Contact Name:

Relationship: | Phone:

By providing an alternate contact, patient consents to their medical information being discussed with the alternate contact.

PATIENT MEDICAL EVALUATION

PSORIASIS ASSESSMENT DETAILS	Date Assessed
BSA %:	
PASI:	
DLQI:	

○ Face ○ Hands ○ Feet ○ Genitals

ADDITIONAL INFORMATION

○ Alcohol Use ○ Hepatitis

○ Other or Notes:

PREVIOUS BIOLOGIC

- ○ **Adalimumab (Humira)**
- ○ **Certolizumab pegol (Cimzia)**
- ○ **Etanercept (Enbrel)**
- ○ **Guselkumab (Tremfya)**
- ○ **Infliximab (Remicade)**
- ○ **Other:**
- ○ **Ixekizumab (Taltz)**
- ○ **Risankizumab (Skyrizi)**
- ○ **Secukinumab (Cosentyx)**
- ○ **Ustekinumab (Stelara)**

PREVIOUS THERAPY	Intolerance	Contraindication	Failure
○ **Methotrexate**	○	○	○
○ **Acitretin**	○	○	○
○ **Cyclosporine**	○	○	○
○ **Topicals**	○	○	○
○ **Phototherapy**	○	○	○
○ **Other:**	○	○	○

PATIENT ACKNOWLEDGEMENT

I acknowledge that I have read and agree to the Patient Consent and Privacy Statement on the reverse side of this form and understand the services offered by the program and agree to the collection, use, and disclosure of my personal information in accordance with these terms.

I acknowledge that I understand that suicidal thoughts and behaviour, including completed suicides, have occurred in patients treated with SILIQ. However, a causal association between treatment with SILIQ and a risk of suicidal ideation and behaviour has not been established.

I will call the **Canada Suicide Prevention Service at 1-833-456-4566 or TEXT 45645 (for residents of Québec, call 1-866-APPELLE [1-866-277-3553])** if:

- I feel new or worsening feelings of withdrawal, depression, anxiety, hopelessness, or other mood changes beginning.
- I am thinking about hurting or killing myself, seeking access to means for the purpose of self-harm, or am talking or writing about death and dying.

I will call 911 if I feel an **immediate threat of death or self-injury.**

X Patient Signature:

Date:

PHYSICIAN INFORMATION

Physician Name:

Licence Number:

Phone: | Fax:

Physician Address:

City:

Province: Qc | Postal Code:

Alternate Office Contact Person Name:

Clinic Email Address:

Preferred Method of Communication: ○ Phone ○ Text ○ Email

REIMBURSEMENT

LU Code (Ontario use only):

Coverage: ○ Private ○ Public

PRESCRIPTION

TUBERCULOSIS TESTING

○ Not required
○ Test done, results pending
○ Program to arrange (choose test):
○ **QuantiFERON®-TB Gold, or** ○ **Mantoux TB skin test:**
Result: ○ Positive ○ Negative Date:
○ **Patient is medically clear to start therapy (see above)**

○ **Patient has moderate to severe plaque psoriasis**
Recommended dose: 210 mg subcutaneous
Begin with a **weekly induction dose** at Weeks 0, 1, and 2, then a **maintenance dose every 2 weeks.**
Duration of Treatment: ○ 3 months ○ 6 months ○ 12 months

If no duration of treatment is checked off above, the standard 12 months of duration will be used for this prescription.

Notes:

● I have explained to the patient the features of the program and explained that the program will be contacting them.

X Prescribing Physician Signature:

Date:

PrSILIQ® (brodalumab injection) 210 mg/1.5 mL

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PrSILIQ® (brodalumab injection) 210 mg/1.5 mL

PATIENT CONSENT AND PRIVACY STATEMENT

In accordance with the requirements of Health Canada, SILIQ® (brodalumab) is only available to prescribing physicians, pharmacists, and patients through the SILIQ ACTIVATE Patient Support Program (the "Program"), a risk management and patient support program sponsored by Bausch health, Canada Inc. (together with its affiliates, "Bausch Health") and currently managed on behalf of Bausch Health by Innomar Strategies Inc. ("Innomar"). SILIQ can only be prescribed to patients who have read and agreed to the terms and conditions of the Program.

The Program includes the following:

- Reimbursement navigation to help you access SILIQ and streamline coverage renewals, along with financial support when needed;
- Pharmacy services such as coordinating delivery of SILIQ to your home or local pharmacy;
- One-on-one injection training at a time and place that is convenient for you;
- Ongoing educational services to support you throughout your treatment journey.

You understand that your participation in the Program is conditioned on signing this consent. The words "you" and "your" on this page refer to the patient or, as appropriate, legal representative enrolling in the Program on the patient's behalf.

PERSONAL INFORMATION

To participate in the Program, you will be asked to provide personal information (collectively, "Personal Information") to Innomar, which may include:

- Contact information
- Date of birth
- Personal health information as well as your information included on this form
- Financial Information such as insurance coverage

Innomar will only use and disclose your Personal Information to carry out the Program activities or as otherwise required or allowed under applicable laws. For example, your Personal Information may be used or disclosed in order to provide and record services provided to you through the Program (including but not limited to reimbursement assistance, nursing support, and pharmacy services); to communicate with your pharmacy, physician, or nurse for the purposes of administering the Program or providing training in relation to the administration of SILIQ; to monitor the provision of services provided to you through the Program; and to meet legal and regulatory requirements, such as the processing and reporting of adverse events (AE) that you may experience while taking SILIQ. Aggregated or de-identified data containing no personal identifying information about you may also be disclosed to Bausch Health in connection with Program but they will not receive your personally identifiable information, except for AE reporting purposes to enable Bausch Health or its agents or representatives to follow up with you or your healthcare provider(s). This is necessary for Bausch Health to maintain the most up to date records as to the safety of its products. AE information may need to be reported to health authorities in and outside of Canada.

All personal information collected as part of the Program will be:

- Accessible only to employees, agents and representatives of Innomar, its affiliates and successors-in-interest, as well as the third parties identified above (and their affiliates and successors-in-interest).
- Maintained in accordance with applicable legislation, regulations and guidelines and in accordance with Bausch Health's Privacy Statement.
- Protected by adequate physical, administrative, and technical safeguards against loss, theft and against unauthorized consultation, communication, copying, use or alteration. These safeguards will apply regardless of the format in which your information is stored.
- Kept in a personally identifiable format only as long as needed for the purposes described below.

Except as otherwise provided by applicable laws, you may arrange to access your Personal Information collected through the Program and request a correction to any deficient information by contacting Innomar at 1-844-852-6967. Your information will be collected, used, and stored as described above and in accordance with Bausch Health's Privacy Statement. A copy of Bausch Health's Privacy Statement is available upon request by contacting Bausch Health's Privacy Officer at Bausch Health, Canada Inc., 2150 St. Elzear Blvd. West, Laval, Quebec, H7L 4A8.

THE PROGRAM

By enrolling in the Program, you authorize Innomar to:

- Pursue funding to reimburse the cost of your SILIQ therapy in part or in full, understanding that reimbursement is not guaranteed. Your physician and other healthcare provider(s) may be contacted for additional information, if needed to complete the reimbursement request.
- Review your medical files for purposes of providing the Program services.
- Use your information on an anonymized and/or pooled basis to administer and monitor the program, assess and demonstrate effectiveness of the Program and carry out health economics and outcomes-based studies and analysis. Bausch Health may also use pooled information of other persons to be used for market research. You will not be identified in this pooled information.

By enrolling in the Program and providing your email address, you consent to the transfer of your Personal Information via unsecured email and/or text between the Program, your insurer and healthcare provider(s) for the purpose of determining your eligibility for the Program and conducting Program-related activities and the delivery of Program services. You acknowledge that email may not be the most secure method of communication . Your information may be transmitted, stored, and/or processed outside of Canada, including the United States, where local laws will apply. If Bausch Health appoints a new program administrator to replace Innomar, you agree that your Personal Information may be transferred to the new service provider.

WITHDRAWING CONSENT

You can revoke this consent at any time by calling 1-844-852-6967. If you do so, you will no longer be able to participate in the Program or receive SILIQ and your withdrawal is not retroactive; any activities relating to your personal information prior to your withdrawal will not be affected. Your personal information will be deleted and/or maintained in accordance with applicable legislation, regulations, guidelines and Bausch Health's Privacy Statement. Any information retained by Innomar or Bausch Health will continue to be handled as a described above and in accordance with Bausch Health's Privacy Statement.

Consult the Product Monograph at https://www.canada.ca/en/health-canada.html for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling 1-800-361-4261.

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