



LillyPlus®

Ebglyss™ Patient Support Program Enrolment Form



Scan to save PSP number

Fax: 1-844-344-3546

Email: Support@LillyPlus.ca
Program Phone: 1-877-219-8908

Patient Information

Last name		First name	
Phone number (please include area code)		Date of birth (MM/DD/YYYY)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Health card number			
Address			
City		Province	Postal code
Email (optional)			
<input type="checkbox"/> I authorize the program to leave a message		Language preference <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> Other: _____	

Assessment Details

Test scores (if available)
 IGA: ____ EASI: ____ DLQI: ____ Pruritus NRS: ____ BSA: ____

Past therapies

Topical corticosteroids: _____

Topical calcineurin inhibitors:
 Tacrolimus: _____ weeks. Dosing: _____
 Pimecrolimus: _____ weeks. Dosing: _____

Systemic corticosteroids: _____ weeks. Dosing: _____

Immunosuppressants:
 Methotrexate: _____
 Mycophenolate mofetil: _____
 Cyclosporine: _____
 Azathioprine: _____

Contraindications to immunosuppressants (if applicable):

Previous or current biologics: _____

Phototherapy: _____ times per week for _____ weeks Not accessible

Patient/Legal Representative Consent

(if this cannot be obtained, please see verbal consent checkbox on the bottom right of this form)

PLEASE ENSURE YOU HAVE READ AND FULLY UNDERSTAND PATIENT CONSENT AND PRIVACY INFORMATION ON REVERSE OF THIS FORM.

I have read and understand the patient consent text and agree to the collection, use, and disclosure of my, or the patient's, personal information in accordance with these terms.

Signature		
Patient/legal representative name	Relationship to patient	Date (MM/DD/YYYY)

Office Information (Office address stamp can be used)

Prescribing physician name

Ebglyss must be prescribed by a:
 Dermatologist Allergist Pediatrician Clinical immunologist
 OR
 In consultation with any one of these specialists (please also check which specialty)

Address

City Province Postal code

Office phone Fax

Email

Clinic contact (if not physician) Preferred method of contact
 Phone Fax Email

Medical Directive

I approve to start Ebglyss at this time
 Yes No (pending test results) No (other, please specify below)

Rx Ebglyss (lebrizumab)

I hereby confirm that I am prescribing Ebglyss for moderate-to-severe atopic dermatitis in an:

Adolescent patient (12 to <18 years of age) who weighs ≥40 kg
 Adult patient (≥18 years of age)

Device
 Prefilled Pen Prefilled Syringe

Dosing (not weight dependent)
 Weeks 0 and 2: Two 250-mg injections every 2 weeks
 Weeks 4-14: One 250-mg injection every 2 weeks
 Weeks 16+*: One 250-mg injection every 4 weeks
 Duration: _____ months

*Once clinical response is achieved, the recommended maintenance dose is 250 mg every 4 weeks starting at Week 16.

Physician Acknowledgement and Prescription

The use of Ebglyss for this patient is based on my clinical decision-making. I have reviewed the Ebglyss Product Monograph and informed the patient (or their legal representative) about the potential benefits and risks associated with its use.

PLEASE ENSURE YOU HAVE READ AND FULLY UNDERSTAND PHYSICIAN CONSENT ON THE REVERSE OF THIS FORM.

I have read and understand the physician consent text and agree to the collection, use, and disclosure of my information in accordance with these terms.

Signature

College license # Date (MM/DD/YYYY)

If patient or legal representative signature was not obtained in the Patient/Legal Representative Consent section, check here as your representation of receiving verbal consent from the patient or legal representative.



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Patient Consent and Privacy

The words “you” and “your” on this page refer to the patient, or as appropriate, the patient’s parent or legal representative enrolling in the LillyPlus® Patient Support Program (the “Program”) on the patient’s behalf. The word “representative” means employee, agent, or contractor and “Lilly” refers to Eli Lilly Canada Inc.

Your information will be collected, used and stored as described below and in accordance with Lilly’s Privacy Statement. A copy of our Privacy Statement is available on Lilly’s website at www.lilly.ca. You can request a copy of the Privacy Statement to be sent to you directly by contacting: Chief Privacy Officer, Eli Lilly Canada Inc. Exchange Tower, 130 King Street West, Suite 900, P.O. Box 73, Toronto, Ontario, M5X 1B1. For further information please call 1-888-545-5972.

Personal Information: Collection, Use, and Storage

To participate in the Program, you may be asked to provide personal information to representatives of Lilly or their third-party patient support program providers, including:

- contact information
- personal health information
- information related to insurance coverage
- financial information

This information will be collected, used, and disclosed by Lilly or their third-party patient support program providers to provide the Program services and may be shared with:

- Lilly affiliates
- Representatives of Lilly and their third-party patient support program providers who have agreed to abide by Lilly’s privacy policies
- Your public and private insurers
- Your healthcare provider(s), who may share your information with your insurers

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

- Maintained in accordance with applicable legislation, regulations, and guidelines and in accordance with Lilly’s Privacy Statement.
- Protected by adequate physical, administrative, and technical safeguards against loss or theft, and against unauthorized consultation, communication, copying, use or alteration. These safeguards will apply regardless of the format in which your information is stored.
- Retained only as long as needed for the purposes described below.

By providing your email address and enrolling in the Program, you consent to the transfer of your personal information via email between the Program, your Insurer and Healthcare Provider(s) for the purpose of determining your eligibility for the Program, conducting Program-related activities and the delivery of Program services. You acknowledge that you can withdraw your consent at any time.

Your information may be transferred, stored, and/or processed outside of Canada, including the United States, where local laws will apply. Lilly will ensure that the privacy and security standards of any third parties with whom we share your information adhere to applicable Canadian privacy requirements or are in any event adequate for the protection of personal information.

Drug Safety

Lilly has a legal obligation to report adverse drug events to Health Canada and to monitor product complaints. If you experience an adverse event or a product complaint, Lilly and our representatives will use and report your information for these purposes. Lilly may contact you, your prescribing physician, or another health care provider who may reasonably be assumed to have knowledge of the adverse event or product complaint for additional information to fulfill these obligations.

Patient Consent and Privacy, continued

The Program

By enrolling in the Program, you authorize representatives of Lilly and their third-party patient support program providers to collect, use and disclose your personal information to provide the following services:

- Provide product and disease state education.
- Provide injection training and related services.
- Provide new information regarding product and disease state.
- Provide adherence and monitoring services.
- Pursue funding to reimburse the cost of your Ebglyss therapy in part or in full, understanding that reimbursement is not guaranteed. Your health care professional(s) may be contacted for additional information, if needed, to complete your reimbursement request.
- Review your medical files for purposes of providing the Program services.
- Use your information on a de-identified basis to administer and monitor the Program, assess and demonstrate the effectiveness of the Program, carry out health economic and outcomes-based studies and analyses, and other commercial purposes.

Representatives of Lilly or their third-party patient support program providers may contact you for purposes including, but not limited to:

- Provide Program services.
- Request feedback on your experience with the Program.
- Provide you with updated information on Ebglyss and the Program.

By enrolling in the Program and providing your email address and/or phone number for text messaging, you consent to being contacted by the Program via email and/or text message and to the transfer of your personal information via email and/or text message between the Program, your insurer, and your healthcare provider(s) for the purpose of determining your eligibility for the Program and the delivery of Program services. Email and/or text message may be used during the course of your participation in the Program to inform you about your status in the Program and Program services, and to provide notifications and reminders.

You do not have to participate in the Program in order to obtain Ebglyss. Eli Lilly Canada Inc. reserves the right to revise or discontinue this Program at any time and is under no obligation to provide you with any assistance at this time or in the future.

Withdrawing Consent and Accessing Your Information

You can revoke this general authorization and withdraw from the Program by calling **1-877-219-8908**. If you do so, your withdrawal and the revocation of your consent is not retroactive and will only be in effect with respect to Lilly’s handling of your personal information after your withdrawal from the Program. For clarity, you cannot withdraw consent to the uses of your personal information as described in this section and continue to participate in the Program, as your consent is necessary to administer the Program. Your personal information will be deleted and/or maintained in accordance with applicable legislation, regulations, guidelines, and Lilly’s Privacy Statement. You can also access or correct your personal information held by Lilly and its representatives by contacting Lilly’s Chief Privacy Officer at Eli Lilly Canada Inc. Exchange Tower, 130 King Street West, Suite 900, P.O. Box 73, Toronto, Ontario, M5X 1B1. Any information retained by Lilly or their third-party patient support program providers will continue to be handled as described above and in accordance with Lilly’s [Privacy Statement](#).

Physician Consent

I consent to be contacted by representatives of Eli Lilly Canada Inc. and its third-party providers about the patient, Ebglyss, and the Program. I consent to the use of my Program prescribing information for purposes of administering and monitoring the Program, to keep Lilly representatives with whom I interact informed of my use of the Program (only on a patient de-identified basis) and to assess and demonstrate the effectiveness of the Program.

