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 ☐ Prescription attached separately, or complete the following:

Device: ☐ Pre-filled syringe ☐ Pre-filled pen*
*** DUPIXENT® pre-filled pens are only for use in adults and pediatric patients aged 2 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 _____

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PHYSICIAN PRIVACY NOTICE:

Your personal information in the "Physician Information" section is collected, used and transferred by the Service Provider (as defined below) to allow the Freedom Support Program ("Freedom" or the "Program") to process your patients' registration in the Program, meet its Purposes (as defined below) and to allow improvements of the Program quality. Other than the Service Provider, your personal information may be provided to sanofi-aventis Canada Inc. ("Sanofi Canada"), its affiliates or suppliers for legitimate purposes including compiling statistical data on the Program and ensuring continuous improvement of the Program.

If you provide information about a patient's adverse experience with a Sanofi Canada product, the Program may use the information you provided to submit reports to Health Canada and other regulators. The Program may be required to contact you for further details. 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 reporting adverse experiences may be managed by Sanofi Canada, its affiliates or third-party service providers. The database is only accessible to employees, agents or service providers for whom the information is needed to perform their duties.

The collection, use, and disclosure of your personal information may involve a transfer of personal information to jurisdictions outside your jurisdiction of practice that may not have equivalent laws regarding personal information. Notwithstanding said transfer, your personal information will be protected with appropriate technical and administrative safeguards.

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

This authorization form is valid while patient receives services from the Program.

PATIENT PRIVACY NOTICE:

The Program offers comprehensive and personalized support to help you with your DUPIXENT® treatment. Such support is provided through a Combination Patient Program (CPP) designed to support patients prescribed a Sanofi-marketed product through the combined provision of product and disease-oriented support and financial assistance, where eligible. The program offers a patient assistance program (PAP) through reimbursement navigation and financial assistance, where eligible and a patient support program (PSP) through information, education and treatment support for patients prescribed DUPIXENT®. You can participate in any or all services offered through the Program anytime.

Sanofi Canada reserves the right to modify or terminate the Program at any time for any reason upon prior notice to you.

The Program is a Sanofi Canada program administered by a third-party service provider, selected occasionally by Sanofi Canada ("Service Provider"). I consent to transferring my personal information to any future Service Provider administering the Program.

Certain personal information will be collected to obtain the services offered by the Program. Generally stated, by personal information, we mean any information which may identify you, either directly or indirectly. Personal information collected and used may include your name, address, telephone number or other contact details. Sensitive personal information such as health-related information, financial information, and the use of the services may also be collected. Personal information may be gathered from you, your caregivers, your physician, other healthcare professionals involved in your care, and your insurers. Sanofi Canada, its affiliates and its agents may collect your Personal Information including for legal requirements and duties detailed below. Sanofi Canada will only access a de-identified version of your Personal Information, except in cases of legitimate interests such as glitch fixing, data governance review and disaster recovery.

The Service Provider, which may change during the Program at Sanofi Canada's discretion, may collect, use and disclose your personal information to enable your registration in the Program and to provide you with services offered by the Program. Your personal information may be used for the following purposes:

- registration and administration of the Program and receiving treatment;
- delivery of products and services;
- Determining insurance coverage, processing reimbursement requests, and eligibility for financial assistance;
- contacting your healthcare providers to provide them with information about your medication and participation in the Program;
- provide you with materials related to your treatment, the Program and remind you to take your medication;
- conduct reporting, monitoring and evaluation of the Program;
- by agents for building, managing, operating, and fixing the IT infrastructure supporting the Program;
- support DUPIXENT® patient mobile applications;
- contacting you to inform you of changes in the Program and collect your feedback;
- For safety monitoring, reporting, auditing, and responding to enquiries, or as otherwise may be required by law.

(collectively, the "Purposes").

While using your personal information for the Purposes, your personal information may be disclosed on a need-to-know basis to your physician, your insurer, government agencies, other healthcare providers involved in your care, and other third-party service providers contracted to perform services in association with the Purposes.

Sanofi Canada and its affiliates will only access de-identified version of your personal information, except in cases of legitimate interests such as glitch fixing, data governance review, disaster recovery and to comply with its legal and regulatory obligations. The Service Provider will collect, access and transfer your personal information when administering the Program. Sanofi Canada may directly access your personal information, for example, to transfer your personal information to a new Service Provider, to perform audits of the Program, to evaluate and improve Program performance, to investigate a complaint, to develop/maintain the IT infrastructure hosting your personal information or for regulatory reporting purposes. Sanofi Canada will also collect and process your personal information where you contact Sanofi Canada directly with questions or concerns. In such instances, Sanofi Canada will process your personal information as stated in the Privacy Policy on the Sanofi Canada website. Additionally, your personal information will be shared with Sanofi Canada in an aggregated and de-identified manner to evaluate or improve the Program, our products, services, materials, and mobile applications. More specifically, the statistical data related to the Program, including any DUPIXENT® patient mobile applications, will be rendered aggregated and de-identified and shared with Sanofi Canada, health care practitioners, and other third parties. Sanofi Canada may distribute and publish such statistical data in any manner whatsoever.

The file containing your personal information will be made available to authorized employees, affiliates, contractors or agents of the Service Provider who need to access the information in connection with the Purposes or to comply with legal requirements. The personal information will be held primarily in a secure electronic database in Canada in compliance with applicable data protection laws. Your personal information will be retained as long as needed to fulfill the Purposes or as required by law.

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 other regulators. The Program may be required to contact you and your healthcare professional for more details on the adverse experience. To comply with the law, the Program may not be permitted to meet your request to amend or remove the personal information. The process of adverse experiences may be managed by Sanofi Canada, its affiliates or third-party service providers. In this case, the Program may share your personal information with the Pharmacovigilance department of Sanofi Canada, its affiliates or third-party service providers to allow Sanofi to comply with its legal obligations. The database is only accessible to employees, agents, or authorized service providers for whom the information is needed to perform their duties.

The collection, use, and disclosure of your personal information may involve a transfer to jurisdictions outside your jurisdiction that may not have equivalent laws regarding personal information. To ensure an adequate level of protection for your personal information, those transfers are safeguarded by applicable data protection requirements.

Sanofi Canada reserves the right to transfer your personal information in connection with the sale or transfer of all or a portion of its business or assets or rights relating thereto or an IT infrastructure modification or a substitution of a third-party service provider. Should a sale or transfer occur, it will request that the transferee use and disclose your personal information in a manner consistent with the Purposes.

You consent to be contacted by the Program via phone, text or email and to the transfer of personal information by telephone, fax or email between the Program, your insurer, and your healthcare provider(s) to determine 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, provide notifications and 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 can be accessed and read by a third party. Electronic communication is your option, and you may withdraw this option to communicate electronically at any time.

Depending on your location, you have certain rights related to your personal information, such as access and rectification. You also have the right to withdraw consent to use your personal information, subject to legal and regulatory requirements. To exercise this right, or if you have any questions, comments or concerns, please contact the Freedom Privacy Officer at 1-844-216-1181 or by email at info@freedompsp.ca.

This is an entirely voluntary program, and you may cancel your participation at any time without reason by contacting the Program. By withdrawing your consent to process your personal information, you will no longer be able to participate in the Program. Once you cancel your participation, your personal information will be retained for as long as legally required. However, any personal information already provided at the time of your cancellation may be used in an aggregated and de-identified manner as described herein.

This authorization form is valid for as long as you receive services from the Program and for a reasonable time afterward.

Reference: 1. DUPIXENT® Product Monograph, sanofi-aventis Canada Inc. November 18, 2024.