THE RILUTEK® REIMBURSEMENT ACCESS SUPPORT PROGRAM

Patient Enrolment and Acceptance Form

RILUTEK® REIMBURSEMENT ACCESS is a support program sponsored by sanofi-aventis Canada Inc. ("Sanofi Canada") that offers reimbursement services for the product Rilutek®. Eligible patients who are enrolled in the support program are offered to obtain reimbursement assistance. The support program offers these benefits at no cost to enrolled patients. The program is administered by Medicum Patient Assistance Program Inc. ("Medicum").

Coverage eligibility for medications such as Rilutek® from your Group Health Drug Plan, Private Medical Insurance or Provincial Formulary Exemption options may be difficult to access and highly conditional. The experts at Medicum can work on your behalf to maximize your chances of getting full medical support coverage for medications and other benefits that are important to the successful management of your condition.

MEDICAL INSURANCE INVESTIGATION AUTHORIZATION: (To be completed by patient or family member)

To Whom It May Concern,

I have read, understand and accept the terms pertaining to the Protection of Personal Information provided on the reverse page, and hereby authorize Medicum to act and assist on my behalf related to the following: to investigate and determine on my behalf or that of my dependent, any and all information related to my Provincial Health Plan, Private and/or Group Health Insurance coverage and conditions as it relates to drug benefits or other medical benefits associated with my medical treatment. I acknowledge that in investigating my full benefit potential, Medicum may need to contact my insurer or that of my dependent, or my physician for additional information related to my benefit eligibility request, should it be required; to investigate and determine on my behalf or that of a dependent, any and all information related to my eligibility for Co-Pay Assistance and/or Provincial Deductible payment assistance. I acknowledge that in determining my eligibility, Medicum may need to request proof of family income as per applicable provincial or program sponsor criteria; I also authorize the release of my personal information collected on this form and during my enrolment with Medicum, to potential payers or reimbursement organizations to determine my eligibility. I hereby direct third party plans in which I am eligible for prescription and other health-related benefits to release coverage information related to my policy to Medicum. If I sign with an electronic signature, I agree that It will have the same force and effect as my "wet Ink" signature.

PATIENT SIGNATURE/LEGAL REPRESENTATIVE: _____ Date: _____

PRINTED NAME OF PATIENT OR LEGAL REPRESENTATIVE: _____ RELATIONSHIP TO PATIENT:* _____

* If signed by someone other than the patient, please state your authority to sign on their behalf.

PATIENT'S GROUP HEALTH PLAN OR INSURANCE MEMBERSHIP AUTHORIZATION:

In order to assist Medicum with my file, I hereby provide the following background information which I confirm is accurate and complete.

First name: _____ Last name: _____

Date of birth (DD/MM/YYYY): ____/_____/_____

❑ Male ❑ Female

Patient address: _____

City: _____

Province: _____ Postal Code: _____

Primary phone: _____ Alternate phone: _____

E-mail: _____

Insurance company name: _____

Policy/Group number: _____

Identification/Certificate number: _____

Name of plan member and date of birth (if other than patient):

_____ (DD/MM/YYYY): ____/_____/_____

Prescribing healthcare professional: _____

Prescriber's office telephone number: _____

Pharmacy name: _____

Pharmacy telephone number: _____

PHYSICIAN'S NOTICE OF MEDICAL NECESSITY AUTHORIZATION:

I hereby acknowledge that I am the patient's attending physician and that the applicant and/or their spouse or dependent is my patient. Further, I confirm that the patient has been prescribed Rilutek® within approved product indications as per Health Canada. If I sign with an electronic signature, I agree that It will have the same force and effect as my "wet Ink" signature.

Physician's Acknowledgement: _____ Date: _____

(Please Sign Here)

PLEASE FAX OR SEND IN THE COMPLETED FORM TO THE ADDRESS INDICATED

Fax: 1-877-787-3376 (Toll-Free)
Telephone: 1-866-474-5883 (Toll-Free)
Medicum Patient Assistance Program
1965 Ste Angélique Road, Suite #210, St-Lazare, QC J7T0E2

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PATIENT PRIVACY NOTICE

In order to provide you with the reimbursement assistance, your personal information will be collected in the following manner.

Who is the Administrator of the Program?

Medicum Patient Assistance Program Inc., 1965 Ste-Angélique Road, Suite #210, St-Lazare, QC J7T 0E2.
Fax: 1-877-787-3376 (Toll-Free)
Telephone: 1-866-474-5883 (Toll-Free)

Who will have access to your personal information?

By accepting to participate in the Program, you accept to provide to the Administrator access to your personal information (such as your name, address, phone number, email address, and information related to your health). The Administrator is responsible for the security of your personal information, and Sanofi Canada has contractually ensured that the Administrator provides a high level of personal information protection/security. Other service providers may be appointed by Sanofi Canada to assist in the administration of the Program from time to time. Sanofi Canada will ensure that such service providers provide a high level of personal information protection as well.

Sanofi Canada will not have access to any of your personal information, except for legal requirements and duties detailed below. Sanofi Canada will only have access to aggregated and unidentifiable (anonymized) patient information and such information can be used by Sanofi Canada for medical research, market research, governmental submissions and to evaluate and improve quality of the Program.

Why is your personal information collected?

Your personal information is collected to allow the Administrator to process to your registration and meet the Program's objectives detailed herein (the "Purposes") and to communicate with you as permitted, including via phone, email or text message, with your consent.

Other than the Administrator, or appointed service provider, who else will have access to your personal information?

In relation to the Purposes, your personal information may be disclosed to your health care professional team in relation to your Rilutek treatment. The Administrator and the appointed service provider are not authorized to collect, use or disclose your personal information, except as necessary to perform its services in relation to the Purposes, or to comply with legal requirements.

As mentioned above, your personal information will not be shared with Sanofi Canada, except for legal requirements or pharmacovigilance duties detailed in the next paragraph. Sanofi Canada may only receive reports from the Administrator and the appointed service provider describing the Program data in an aggregated and anonymous manner. Such aggregated and anonymous statistical data related to the Program may also be shared with health care practitioners and other third parties, as the case may be.

If you provide information about an adverse experience while using any of Sanofi Canada's products, the Administrator may use the information you provided to submit reports to Health Canada and/or other relevant regulators. The Administrator 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 Administrator 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.

Where can you address questions relating to your personal information?

You have certain rights to access and rectify your personal information contained in the file held about you. In order to exercise this right, or if you have any questions, you may use the contact information provided below. If the Personal Information collected is incorrect, inaccurate or outdated, the Administrator will correct such information within a reasonable period of time. If you have any questions about the privacy practices or want to have access to and have your personal information corrected, please submit your request to the Administrator by phone 1-866-474-5883 (Toll-Free).

What happens if you cancel your participation in the Program?

This is a completely voluntary Program and you may cancel your participation at any time and without reason by contacting the Administrator. Once you cancel your participation, your personal information will no longer be collected or 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.

PRESCRIBER PRIVACY NOTICE

Your personal information in the "Prescriber Information" is collected to allow the Administrator and the appointed service provider to process your registration and your patients' registration in the Program and meet its Purposes. Other than the Administrator, your personal information may be provided to Sanofi Canada in relation to compiling statistical data on the Program. Except for legal requirements or pharmacovigilance duties, no personal information will be disclosed to Sanofi Canada.

If you provide information relating to one of your patients about an adverse experience with a Sanofi Canada product, the Administrator may use the information you provided to submit reports to Health Canada and/or other relevant regulators. The Administrator may be required to contact you for further information. You understand that in order to comply with the law, the Administrator 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.