

Renassist Plus is a program sponsored by sanofi-aventis Canada Inc. ("Sanofi Canada") for reimbursement of the products RENAGEL® and RENEVA®. Eligible patients who are enrolled in Renassist Plus are offered the opportunity to obtain reimbursement assistance, subject to eligibility. Renassist Plus offers no cost to enrolled patients.

Coverage eligibility for medications such as RENAGEL® or RENEVA® from your Group Health Drug Plan, Private Medical Insurance or Provincial Formulary Exemption options may be highly conditional and difficult to access. Depending upon how you present your case for drug claim eligibility with various payer options, you may or may not qualify for benefit eligibility – simply on the basis of a poor interpretation, misunderstanding or an incomplete pre-authorization submission. Don't take the chance of having your claim denied and missing out on benefits to which you are entitled. The experts at Renassist Plus can work on your behalf to maximize your chances of getting coverage for medications.

PATIENT INFORMATION:

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

PATIENT NAME: _____ DATE OF BIRTH: _____ (DD/MMM/YYYY)
 GENDER (AT BIRTH): FEMALE MALE ALLERGIES: NO YES (Please specify): _____
 EMAIL: _____ PATIENT ADDRESS: _____
 CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____
 TELEPHONE NUMBER: _____ PERMISSION TO LEAVE A MESSAGE: YES NO
 EMPLOYEE STATUS: ACTIVE _____ RETIRED _____
 PLAN MEMBER: _____ GROUP HEALTH INSURER: _____ GROUP PLAN #: _____
 ID #: _____ PRIVATE INSURANCE: _____ POLICY #: _____
 PHARMACY NAME: _____ PHARMACY TELEPHONE: _____



PHYSICIAN INFORMATION:

PHYSICIAN'S NAME: _____ LICENSE #: _____ ADDRESS: _____
 PHONE: _____ FAX: _____ EMAIL: _____ PREFERRED CONTACT: (P / F / E)

PRESCRIPTION INFORMATION:

<input type="checkbox"/> Renagel (sevelamer hydrochloride) available as 400mg tablet and 800mg tablet Sig: Take _____ mg by mouth _____ times daily with meal(s). Duration: _____ days. Repeats: _____ Other instructions: _____	<input type="checkbox"/> Renvela (sevelamer carbonate) 800mg tablet Sig: Take _____ mg by mouth _____ times daily with meal(s). Duration: _____ days. Repeats: _____ Other instructions: _____	<input type="checkbox"/> Renvela (sevelamer carbonate) powder for oral suspension in 0.8g and 2.4g sachets Sig: Take _____ mg (mixed in water or a drink or added to food) by mouth _____ times daily with meal(s). Duration: _____ days. Repeats: _____ Other instructions: _____
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PHYSICIAN'S NOTICE OF MEDICAL NECESSITY AUTHORIZATION:

I hereby acknowledge that I am the patient's attending physician and that the applicant is under my care. Further, I confirm that the patient has been prescribed medication 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: _____ (DD/MMM/YYYY)
 (Please sign here)

MEDICAL INSURANCE, FINANCIAL ASSISTANCE INVESTIGATION:

(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 Renassist Plus 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, Renassist Plus 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, Renassist Plus 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 Renassist Plus, 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 Renassist Plus.

PATIENT SIGNATURE/LEGAL REPRESENTATIVE: _____ DATE: _____ (DD/MMM/YYYY)
 PRINTED NAME OF PATIENT OR LEGAL REPRESENTATIVE: _____ RELATIONSHIP TO PATIENT: _____
 DIAGNOSIS: _____ * If signed by someone other than the patient, please state your authority to sign on their behalf.

PLEASE FAX OR MAIL THE COMPLETED FORM TO THE ADDRESS BELOW:

PROTECTION OF PERSONAL INFORMATION

It is important for you to understand how the information you share as part of Sanofi Canada's Renassist Plus program will be used. At Sanofi Canada we are committed to respect your right to privacy. This section describes why and how your Personal Information is collected and processed through Renassist Plus. Generally stated, by Personal Information, we mean any information about an identifiable person including but not limited to your name, address, telephone number and date of birth ("Personal Information"). Sanofi Canada has retained an administrator, Renassist Plus, for the administration of the Renassist Plus program including managing the collection and processing of Personal Information (the "Administrator"). Except for Sanofi Canada's legal requirements and pharmacovigilance duties detailed herein, Sanofi Canada will not have access to any of your Personal Information. Sanofi Canada will only have access to aggregate and unidentifiable statistical information regarding patients registered in the Renassist Plus program.

By accepting to become a member of Renassist Plus, you agree to provide your Personal Information (such as your name, address, phone number, email address, your birth year, gender and certain health information). This information will be used solely in relation to the Renassist Plus program. Your Personal Information is collected, used and disclosed for the purposes identified below:

- to create your Renassist Plus registration
- with your prior permission, to send you materials related to Renassist Plus in order to provide you with reimbursement assistance, including communicating with third-party insurers with your consent
- to respond to your queries and questions
- for any additional purposes identified at the time of collection
- for any additional purpose to which a member consents to and
- as otherwise permitted or required by applicable law

Your Personal Information will not be shared or disclosed except with:

- the Administrator, to manage the collection and processing of the Renassist Plus program's Personal Information. We have contractually ensured that this third-party service provider provides a high level of Personal Information protection and is responsible for the security of the Personal Information. They are not authorized to collect, use or disclose the Personal Information except as necessary to perform services on our behalf in relation to the Renassist Plus program's Purposes as described herein, or to comply with legal requirements;
- your physician, in relation to the Purposes of the Renassist Plus program.
- the statistical data related to Renassist Plus will be rendered in an aggregated and anonymous manner and shared with Sanofi Canada, healthcare practitioners and other third parties, as the case may be. Such sharing or disclosure described above may occur outside of your jurisdiction and may require a transfer outside of your province.

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

If you provide information about an adverse experience while using any of Sanofi Canada's products, we may use the information you provided to submit reports to Health Canada and/or other relevant regulators. We may be required to contact you and/or your healthcare professional for further information. You understand that in order to comply with the law, we may not be permitted to meet your request to amend or remove Personal Information you provided to us or a third party

regarding an adverse experience while using any of Sanofi Canada's products. The processing of adverse experiences may include and/or be managed by Sanofi Canada's affiliates or third-party service providers retained specifically for this sole purpose. The information is collected and maintained in a computerized database that is an internal tool used solely for the purpose of conducting pharmacovigilance practices. 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. Some affiliates of the sponsoring pharmaceutical company and authorized third-party services providers are located in countries where there is no personal data protection law or where the level of protection is less than the requirements of your jurisdiction, and Personal Information may be disclosed to foreign government authorities pursuant to lawful requirements of such other jurisdictions. Appropriate safeguards and security requirements have been put in place. Nevertheless, the reasonable contractual measures taken to protect Personal Information while processed or handled are subject to applicable foreign legal requirements, for example lawful requirements to disclose Personal Information to government authorities in those countries.

The Administrator will only retain Personal Information as long as needed to fulfill the Purposes. The file containing your Personal Information will be made available to the authorized employees, contractors or agents of the Administrator who need to access the information in connection with the Purposes. The Personal Information will be held primarily in an electronic database.

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 or concerns, 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.

Renassist Plus hereby agrees to respect and observe the provisions set forth in the Quebec Act Respecting the Protection of Personal Information in the Private Sector (the "Act") and any other applicable privacy federal or provincial legislation. To the extent there is additional protection afforded to a Renassist Plus member pursuant to the Act or any other applicable privacy legislation, and same is not set forth herein, the Renassist Plus program agrees to take such measures to give full effect to such additional protection.

If you have any questions or concerns about our privacy practices or want to have access to and have your Personal Information corrected, please contact the Administrator: Renassist Plus Patient Program, 2101 Hadwen Road, Mississauga, ON, L5K 2L3, 1-833-352-2900.

This is a completely voluntary program and you may cancel your participation at any time and without reason by calling 1-833-352-2900. Once you unsubscribe, you will no longer be eligible to continue in the Renassist Plus program, 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 Renassist Plus program.

PATIENT INITIALS: _____

sanofi



Bayshore
Specialty Rx