

## INSTRUCTIONS FOR HEALTHCARE PROVIDERS

### ONCE YOU AND YOUR PATIENT DECIDE BAFIERTAM IS AN APPROPRIATE TREATMENT

- 1** Have your patient read the Patient Authorization section on page 2 and sign on page 3 of the BAFIERTAM Patient Enrollment Form or provide consent online at [www.Bafiertam.com/eConsent](http://www.Bafiertam.com/eConsent)
- 2** Fill out all sections of page 3 of the Patient Enrollment Form, being sure to:
  - Copy both sides of the patient's primary and secondary medical insurance cards, and pharmacy benefit card, and submit them with the form
  - Indicate ICD-10 code, list recent MS therapies (if any), and select dosing option
  - Select the Quick Start Program to provide the first month's therapy at no charge to eligible patients while coverage is being secured
  - Sign and date page 3
  - Three (3) signatures are required 2 for prescription and 1 for authorization. Signature stamps are not accepted
- 3** Once complete, submit page 3 and copies of insurance cards by fax to Banner Patient Support at 1-866-539-0270
- 4** Patients will receive a phone call from Banner Patient Support or their Specialty Pharmacy to arrange delivery of the prescription and answer questions about starting BAFIERTAM

## INSTRUCTIONS FOR PATIENTS

### GETTING STARTED WITH BAFIERTAM

- 1** Read the Patient Authorization on page 2.
- 2** Fill out the Patient Information section on page 3 of the Start Form, and don't forget to:
  - Provide your contact information and signature as indicated. If you prefer to provide your consent online, visit [www.Bafiertam.com/eConsent](http://www.Bafiertam.com/eConsent)
  - Check the boxes to receive important updates and information to your mobile device and take full advantage of Banner Patient Support services

### WHAT TO EXPECT NEXT

You'll receive a phone call and/or message from your Care Manager at Banner Patient Support to help you get started. If you don't hear from us, give us a call at 1-855-3BANNER (1-855-322-6637)

For questions and help call Banner Patient Support

**1-855-3BANNER (1-855-322-6637)**

Monday through Friday (8:30AM to 8:00 PM ET)

## PATIENT AUTHORIZATION

### **Patient consent to allow Banner to work together with my insurance provider, pharmacy, and others to provide support on my behalf.**

I authorize my healthcare providers, pharmacies and health insurers, and their service providers (“Providers”) to disclose information relating to my insurance benefits, medical condition, treatment and prescription details (“Personal Information”) to Banner Life Sciences LLC, its affiliates and service providers (“Banner Parties”), including Banner Life Sciences reimbursement support personnel and their service providers, so they can provide the following support services (the “Services”):

- Help coordinate insurance coverage for, access to, and receipt of my medication.
- Communicate with me about my medication and possible patient assistance and access programs, including Banner copay programs, and, if I am enrolled, administer my participation in those programs.
- Conduct quality assurance and other internal business activities and ask for feedback related to the Services or my treatment and carry out the Banner Parties’ legal responsibilities.
- Consent for Calls and Texts (optional): We’ll check in with you via autodialed calls and text messages to support your therapy, at the telephone number(s) that I provide. My carrier’s message and data rates may apply.
- Consent for Patient Services and Marketing (optional): provide me with information, including promotional and product materials, regarding offers, services, programs, educational training, and ongoing support on the use of Banner Life Sciences’ products that may be of interest to me.

In delivering the Services, Banner Parties may share my Personal Information with each other, with my Providers, or with government agencies or other financial assistance programs that might help me pay for my medication. They may combine information collected from me with information collected from other sources and use that information to administer the Services. My pharmacies or other healthcare providers may receive payment from Banner Parties for providing certain Services, based on my enrollment or participation. Once I authorize disclosure of my Personal Information, it may no longer be protected by federal health privacy law and applicable state laws.

I understand I do not have to sign this Authorization to get my medication or insurance coverage, that I have a right to a copy, and can cancel this Authorization at any time by calling 1-855-322-6637 or writing to: Banner Patient Support, 50 Bearfoot Rd., Northborough, MA 01532.

This Authorization will expire 5 years after I sign it, or earlier if required by state law, unless I cancel it sooner. If I cancel it, I may no longer qualify for Services from Banner Parties, but it will not impact my Provider’s treatment or my insurance benefits. I also understand that if a Provider is disclosing my Personal Information to Banner Parties on an authorized, ongoing basis, my cancellation will be effective with respect to that Provider as soon as they receive notice of my cancellation. Cancellation will not affect prior uses or disclosures.

**Please provide your patient authorization signature in the patient information section on page 3.**

**If you prefer to authorize your consent online, visit [www.Bafiertam.com/eConsent](http://www.Bafiertam.com/eConsent).**

**Patient consent is required to initiate Banner Patient Services.**

For questions and help call Banner Patient Support  
**1-855-3BANNER (1-855-322-6637)**  
Monday through Friday (8:30AM to 8:00 PM ET)



## INDICATION AND IMPORTANT SAFETY INFORMATION

### What is BAFIERTAM?

- BAFIERTAM is a prescription medicine used to treat relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.
- It is not known if BAFIERTAM is safe and effective in children.

### Do not take BAFIERTAM if you:

- have had an allergic reaction (such as welts, hives, swelling of the face, lips, mouth or tongue, or difficulty breathing) to monomethyl fumarate, dimethyl fumarate, diroximel fumarate, or any of the ingredients in BAFIERTAM.
- are taking dimethyl fumarate or diroximel fumarate.

### Before taking and while you take BAFIERTAM, tell your doctor about all of your medical conditions, including if you:

- have liver problems
- have or have had low white blood cell counts or an infection
- are pregnant or plan to become pregnant. It is not known if BAFIERTAM will harm your unborn baby
- are breastfeeding or plan to breastfeed. It is not known if BAFIERTAM passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby while using BAFIERTAM.

**Tell your doctor about all the medicines you take** including prescription and over-the-counter medicines, vitamins, and herbal supplements.

### How should I take BAFIERTAM?

- Take BAFIERTAM exactly as your doctor tells you to take it.
- You will be given 1 strength of BAFIERTAM when starting your treatment.
- The recommended starting dose is one 95 mg capsule taken by mouth 2 times a day for 7 days.
- The recommended dose after 7 days is two 95 mg capsules taken by mouth 2 times a day.
- BAFIERTAM can be taken with or without food.
- Swallow BAFIERTAM capsules whole and intact. Do not crush, chew, or mix the contents with food.
- If you take too much BAFIERTAM, call your doctor or go to the nearest hospital emergency room right away.

**Continue to page 5.**

## What are the possible side effects of BAFIERTAM?

### BAFIERTAM may cause serious side effects including:

- **allergic reaction** (such as welts, hives, swelling of the face, lips, mouth or tongue, or difficulty breathing). Stop taking BAFIERTAM and get emergency medical help right away if you get any of these symptoms.
- **PML (progressive multifocal leukoencephalopathy)** a rare brain infection that usually leads to death or severe disability over a period of weeks or months.
  - Tell your doctor right away if you get any of these symptoms of PML:
    - weakness on one side of the body that gets worse
    - clumsiness in your arms or legs
    - vision problems
    - changes in thinking and memory
    - confusion
    - personality changes
- **herpes zoster infections (shingles)**, including central nervous system infections
- **other serious infections**
- **decreases in your white blood cell count** Your doctor should do a blood test to check your white blood cell count before you start treatment with BAFIERTAM and while you are on therapy. You should have blood tests after 6 months of treatment and every 6 to 12 months after that.
- **liver problems. BAFIERTAM may cause serious liver problems that may lead to liver failure, a liver transplant, or death.** Your doctor should do blood tests to check your liver function before you start taking BAFIERTAM and during treatment if needed.
  - Tell your doctor right away if you get any of these symptoms of a liver problem during treatment:
    - severe tiredness
    - loss of appetite
    - pain on the right side of your stomach or have dark or brown (tea color) urine
    - have dark or brown (tea color) urine
    - yellowing of your skin or the white part of your eyes

### The most common side effects of BAFIERTAM include:

- flushing, redness, itching, or rash
- nausea, vomiting, diarrhea, stomach pain, or indigestion
- Flushing and stomach problems are the most common reactions, especially at the start of treatment, and may decrease over time. Call your doctor if you have any of these symptoms and they bother you or do not go away. Ask your doctor if taking aspirin before taking BAFIERTAM may reduce flushing.

**These are not all the possible side effects of BAFIERTAM. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088**

**For more information go to [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov).**