



Starting Patients Is Easy With the Help of Banner Patient Support

GO DIRECT with BAFIERTAM[®] (monomethyl fumarate),
a new-generation fumarate

- 1** Fax a completed 1-page Patient Enrollment Form to Banner Patient Support at **1-866-539-0270**.
- 2** Your dedicated Care Manager will respond with benefits and insurance requirements.
- 3** Patient consent is required for your Care Manager to reach out to the patient. Don't worry if the patient didn't sign the Enrollment Form—consent can be provided on our Consent Portal or by enrolling in our Copay Program if eligible.

Bafiertam
(monomethyl fumarate)

Patient Enrollment Form

PLEASE HAVE PATIENT SIGN PATIENT AUTHORIZATION ON PAGE 3

Please complete form and fax toll-free
FAX: 1-866-539-0270
 For questions call 1-855-3BANNER
Monday through Friday (8:30 AM to 8:00 PM ET)

SELECT SPECIALTY PHARMACY FOR PRESCRIPTION

AcaciaHealth* Accredo* AllianceRx Walgreens Prime CVS Specialty* Humana Specialty Pharmacy*
 Kroger Specialty Pharmacy* OptumRx* Walmart Specialty Pharmacy*

PATIENT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	GENDER
HOME ADDRESS		CITY	STATE	ZIP
HOME PHONE	MOBILE <input type="checkbox"/>	WORK	BEST TIME TO CALL	
EMAIL ADDRESS		PREFERRED LANGUAGE IF NOT ENGLISH		
ALTERNATIVE CONTACT NAME		RELATIONSHIP TO PATIENT	TELEPHONE	<input type="checkbox"/> OK TO TEXT

INSURANCE INFORMATION (PLEASE PROVIDE COPIES OF FRONT AND BACK OF ALL MEDICAL AND PRESCRIPTION INSURANCE CARDS)

PHARMACY BENEFITS	SUBSCRIBER ID #	GROUP #	TELEPHONE
PRIMARY MEDICAL INSURANCE	SUBSCRIBER ID #	GROUP #	TELEPHONE

HEALTHCARE PROVIDER (HCP) INFORMATION

HCP FIRST NAME	HCP MIDDLE INITIAL	HCP LAST NAME	SPECIALTY	NPI #	STATE LICENSE #
OFFICE/CLINIC NAME	TELEPHONE	FAX	GROUP NPI # (IF APPLICABLE)		
ADDRESS	CITY	STATE	ZIP		
OFFICE CONTACT NAME	CONTACT TELEPHONE		CONTACT EMAIL ADDRESS		
PREFERRED METHOD OF COMMUNICATION: <input type="checkbox"/> NO PREFERENCE <input type="checkbox"/> OFFICE PHONE <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL PREFERRED CONTACT TIME: _____					

DIAGNOSIS AND PRESCRIPTION

<p>DOING</p> <p><input type="checkbox"/> Titration Dose for Bafiertam 95mg caps: 95 mg PO BID x 7 days then increase to 190mg (95 mg x 2 capsules) PO BID Qty: #120 capsules Refills: No refills</p> <p><input type="checkbox"/> Quick Start Program (optional for insured patients): Eligible patients can receive one month's supply at no cost</p> <p>ICD-10 CODE <input type="checkbox"/> MULTIPLE SCLEROSIS G35 <input type="checkbox"/> OTHER ICD-10 CODE: _____</p>	<p>DOING</p> <p><input type="checkbox"/> Maintenance Dose for Bafiertam 95mg caps: 190 mg (95 mg x 2 capsules) PO BID Qty: <input type="checkbox"/> 90-day supply #360 capsules Refills: 3 <input type="checkbox"/> 30-day supply #120 capsules Refills: 11</p> <p>CURRENT/MOST RECENT MS THERAPY <input type="checkbox"/> NO PRIOR MS THERAPY MEDICATION: _____ DATES OF THERAPY: _____ MEDICATION: _____ DATES OF THERAPY: _____</p>
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PHYSICIAN SIGNATURE REQUIRED FOR PRESCRIPTION

I authorize Banner Life Sciences LLC and its affiliates, agents and service providers ("Banner") as my designated agent and on behalf of my patient to provide any information on this form to the insurer of the above named patient. Forward the above prescription by fax or by any means as allowed by applicable law to a pharmacy that can provide the prescribed medication for the above named patient and otherwise provide any information on this form for use as authorized by the above named patient. If my patient has not signed the Patient Authorization section of this form, certify that I have my patient's authorization, including under HIPAA and other applicable primary laws, for the release of my patient's identification and insurance information to Banner for benefits verification and coordination of benefits. If required by applicable law, please attach copies of all prescriptions on official state prescription forms.

HCP Prescriber Signature

PRESCRIBER SIGNATURE (dispense as written). Signature stamps not acceptable.	PRESCRIBER SIGNATURE (substitution permitted). Signature stamps not acceptable.
DATE	DATE

NO STAMPS. By signing, prescriber certifies that the above is medically necessary. © 2021 Banner Life Sciences LLC. All rights reserved. Effective 08.13.2021

Visit BAFIERTAMhcp.com to download a digital Patient Enrollment Form and access additional resources.





Assistance for Patients Starting or Switching Treatment

We understand that getting patients on therapy quickly and avoiding lapses in treatment are important. Our patient support programs can help streamline patient access and treatment continuity.

A team of dedicated Care Managers will provide personalized support and resources.

Care Managers will:

- ▶ Perform insurance benefit verification and determine patient-specific coverage requirements
- ▶ Coordinate prescription delivery with one of the specialty pharmacies in our network
- ▶ Arrange financial assistance for eligible patients

QuickStart Program

Banner's QuickStart Program provides a 30-day supply of BAFIERTAM to start patients on treatment while their benefits are verified.

Bridge Support Program

The Bridge Support Program helps patients stay on therapy until coverage is secured.

\$0 Copay Program

Eligible patients will have a \$0 copay by signing up for the BAFIERTAM Savings Card. Terms and conditions apply.*



BANNER PATIENT SUPPORT
1-855-3BANNER (1-855-322-6637)

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

*Terms and Conditions

The \$0 Copay Program is for patients taking BAFIERTAM and is subject to an annual cap on the amount of assistance patients can receive. This offer is invalid for patients covered by any governmental program, including, without limitation, Medicaid, Medicare, VA, or TRICARE. Federal and state laws and other factors may prevent or otherwise restrict eligibility.