



To Enroll, Fax this form:
888-385-8482
Or email: hello@cyclevita.life

ALL REQUIRED FIELDS ARE PURPLE AND NOTED WITH AN ASTERISK*

PATIENT INFORMATION

FIRST NAME*	MIDDLE INITIAL	LAST NAME*	DATE OF BIRTH*	GENDER*
HOME ADDRESS*		CITY*	STATE*	ZIP*
HOME PHONE	MOBILE <input type="checkbox"/> OK TO TEXT	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 ATTACH A COPY OF THE PRESCRIPTION INSURANCE BENEFIT CARD, FRONT AND BACK, OR COMPLETE THE FOLLOWING*

PRESCRIPTION INSURANCE BENEFIT CARD ATTACHED. PATIENT DOES NOT HAVE INSURANCE. PATIENT REQUIRES CO-PAY ONLY.

PRIMARY INSURANCE COMPANY NAME*		SECONDARY INSURANCE COMPANY NAME	
PRIMARY INSURANCE COMPANY PHONE NUMBER*		SECONDARY INSURANCE COMPANY PHONE NUMBER	
NAME OF PRIMARY CARDHOLDER*		NAME OF PRIMARY CARDHOLDER	
PRIMARY INSURANCE MEMBER ID*	GROUP ID*	SECONDARY INSURANCE MEMBER ID	GROUP ID
BIN*	PCN*	BIN	PCN

PRIOR AUTHORIZATION STATUS*

SUBMITTED NOT SUBMITTED APPROVED DENIED

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: _____

PATIENT FULL NAME:	DATE OF BIRTH:
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DIAGNOSIS AND PRESCRIPTION (SIGNATURE STAMPS NOT ACCEPTABLE)

<input type="checkbox"/> TITRATION DOSE FOR BAFIERTAM 95MG CAPS (NDC 69387-001-01): 95 mg PO BID x 7 days then increase to 190mg (95 mg x 2 capsules) PO BID Qty: #120 capsules Refills: No refills	<input type="checkbox"/> BRIDGE PROGRAM: † "Bridge" is a FREE supply of Bafiertam that allows patients with an urgent medical need to begin therapy immediately while Cycle Vita secures appropriate benefit verification and authorization.
<input type="checkbox"/> MAINTENANCE DOSE FOR BAFIERTAM 95MG CAPS (NDC 69387-001-01): 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	<input type="checkbox"/> NO PRIOR MS THERAPY
PRESCRIBER SIGNATURE (dispense as written)* _____ DATE* _____ OR PRESCRIBER SIGNATURE (substitution permitted) _____ DATE _____	PRESCRIBER SIGNATURE (dispense as written)* _____ DATE* _____ PRESCRIBER SIGNATURE (substitution permitted) _____ DATE _____
ICD-10 CODE* <input type="checkbox"/> MULTIPLE SCLEROSIS G35 <input type="checkbox"/> OTHER ICD-10 CODE: _____	CURRENT/MOST RECENT MS THERAPY* MEDICATION: _____ DATES OF THERAPY: _____ MEDICATION: _____ DATES OF THERAPY: _____

†By checking the box above for Bridge, I, as the prescriber, with my signature below on this form, agree and attest that I will not submit a claim to or seek payment from the patient or any third-party payer (e.g., Medicaid, Medicare, private insurance, etc.) for payment/reimbursement for any free product(s) provided by Cycle Vita™. I agree and understand that any free product provided by Cycle Vita may not be sold, traded, bartered, transferred, or returned for credit and will only be used for the patient named above on this form. Cycle Vita reserves the right to modify or terminate the program without notice at any time.

Bridge is at no cost, for eligible patients within labeled indication only, and not contingent on purchase of any kind. Bridge is intended to support continuation of prescribed therapy if there is any disruption in therapy due to insurance coverage.

PHYSICIAN SIGNATURE REQUIRED FOR AUTHORIZATION

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, forward the above prescription by any means as allowed by applicable law to a pharmacy that can provide the prescribed medication 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, I certify that I have my patient's authorization, including under HIPAA and other applicable privacy laws, for the release of my patient's identification and insurance information to Banner for benefits verification and coordination of benefits. By signing, prescriber certifies that the above is medically necessary.

▶ **HCP Prescriber Signature:*** _____ **Date:*** _____

INDICATION AND IMPORTANT SAFETY INFORMATION

What is BAFIERTAM[®] (monomethyl fumarate)?

- 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.

Who should not take BAFIERTAM?

- 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.
- Do not take BAFIERTAM if you 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.

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**

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- **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
 - have dark or brown (tea color) urine
 - yellowing of your skin or the white part of your eyes
- **serious gastrointestinal problems,** including bleeding, ulcers, blockage, and tears (perforation) of the stomach or intestines.
Tell your healthcare provider right away if you have any of these symptoms during treatment:
 - Stomach-area pain that does not go away
 - Bright red or black stools (that look like tar)
 - Severe vomiting
 - Severe diarrhea
 - Coughing up blood or blood clots
 - Vomiting blood or your vomit looks like “coffee grounds”

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 overtime. 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 <https://dailymed.nlm.nih.gov/dailymed/>.

Please see the full Prescribing Information and Patient Information.

This information does not take the place of talking with your doctor about your medical condition or your treatment

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