Patient Authorization and BETAPLUS® Enrollment Form for BETASERON® (interferon beta-1b) Patients

BETAPLUS is a reimbursement and clinical support program provided by Bayer for BETASERON patients. To work on your behalf, Bayer needs access to your Protected Health Information (PHI). Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you must grant permission before your PHI can be disclosed.

In order to participate in BETAPLUS, you must authorize your doctors, pharmacies, and health insurance benefit providers to share your relevant PHI with Bayer, along with certain companies that work with BETAPLUS to administer the BETAPLUS program.

Should you report a problem that is associated with your BETASERON treatment, commonly known as an adverse event, this will be reported to Bayer. A representative from Bayer Medical may then need to follow up directly with you or your physician.

By signing this form, you give Bayer and the companies it works with access to information about you, including your:

- Name, address, and telephone number
- Relevant medical records and financial information
- Eligibility for assistance
- Treatment and how it is coordinated
- Medication and when you receive it
- Participation in the BETAPLUS program

Your PHI will only be disclosed or shared:

- To ensure the accuracy and completeness of this form
- To arrange for nursing services and other ongoing support, including education, training, and communication
- To help you with reimbursement questions
- To see if you qualify for financial or copay assistance
- To determine your eligibility for other programs, foundations, or alternate sources of funding to help with the costs of obtaining BETASERON
- To communicate with you, your healthcare providers, and your insurers about your treatment with BETASERON
- To provide information on coverage and reimbursement to your healthcare providers
- To make relevant educational materials or product information available to you
- To evaluate healthcare provider prescribing patterns and do other sales research
- To comply with laws

You understand that:

- Your PHI identifies you or could be used to identify you
- This authorization is voluntary, and you may withdraw your authorization at any time by mailing a written request to BETAPLUS, 6251 Chancellor Drive, Suite 101, Orlando, FL 32809; or faxing your request to 1-866-248-8575
- If you revoke this authorization, it will not affect any actions your healthcare providers or your health plan may already have taken
- Certain healthcare providers, such as pharmacies, may receive payment from Bayer in connection with the disclosure of your PHI. They may also receive payment for using and disclosing your PHI to provide you with various communications
- Persons or entities that receive your PHI under this authorization may not be required by privacy laws (such as HIPAA) to protect the information and may share it with others without your permission, if permitted by the laws that apply to them
- This authorization expires at the end of your participation in the Program or five (5) years after you sign it, whichever comes first
- Your medical treatment, payments, insurance enrollment, or eligibility for insurance benefits do not depend on your signing this form

If you do not sign this form, you will not receive assistance through BETAPLUS

Separate along perforation. Patient: keep this page for your records.
Doctor's office: please fax completed form on right to BETAPLUS at 1-866-248-8575.
Questions? Call BETAPLUS at 1-800-788-1467.

Please see full Prescribing Information.

BETASERON Patient Setup & Enrollment Form

All information below is required. Completed forms may help speed service.

Fax completed form to BETAPLUS at 1-866-248-8575.

Questions? Call BETAPLUS at 1-800-788-1467.

BETASERON® (interferon beta-1b)
0.3 mg for SC injection

STEP 1: PATIENT AUTHORIZATION AND BETAPLUS® ENROLLMENT

I have read this authorization, or had it read to me, in its entirety. I authorize the use and disclosure of my Protected Health Information (PHI) as described in this form. I understand that I am entitled to receive a signed copy of this authorization.

Signature of patient or authorized patient representative _____ Date _____

Printed name of authorized patient representative (if patient representative signs above) _____

Authorized patient representative's relationship to the patient (parent, guardian, etc.), if patient representative signs above _____

STEP 2: PATIENT INFORMATION

Patient Name

Address

City State ZIP

Home Phone Cell Phone

Preferred Time to Call

Sex: ☐ Male ☐ Female Date of Birth

Patient Social Security #

Email

The following information should be filled out by your healthcare provider

STEP 3: INSURANCE INFORMATION

Primary Medical Insurance

☐ Uninsured/Self-pay

Policy Holder

ID # Group #

Phone

Primary Pharmacy Benefit Manager (Please provide a copy of card)

ID # Group #

Phone

BIN # PCN #

STEP 4: PHYSICIAN INFORMATION

Physician Name

(check one) ☐ MD ☐ DO ☐ PA ☐ NP

NPI # DEA #

Practice Name

Address

City State ZIP

Phone Fax

Contact Name

Contact Email/Phone

STEP 5: PRESCRIPTION AND TRAINING

Prescribe BETASERON® (interferon beta-1b)

Rx: BETASERON® (interferon beta-1b)

Dispense BETASERON (check one)

☐ 1 box (14 vials) 0.25 mg/1 mL with 12 refills (may supply up to 3 months at a time)
☐ 1 box (14 vials) 0.25 mg/1 mL _____ refills

Select Dosing (check one)

☐ Sig: Weeks 1–2: 0.0625 mg SC qod Weeks 3–4: 0.125 mg SC qod
Weeks 5–6: 0.1875 mg SC qod Weeks 7+: 0.25 mg SC qod

☐ Maintenance dose 0.25 mg SC qod
☐ Other Sig:

BETA Bridge Enrollment Request*

☐ If eligible, dispense a temporary supply of BETASERON to patient facing a coverage gap
Rx: BETASERON® (interferon beta-1b)

Dispense BETASERON (check one)

☐ 1 box (14 vials) 0.25 mg/1 mL with 12 refills (may supply up to 3 months at a time)
☐ 1 box (14 vials) 0.25 mg/1 mL _____ refills

Select Dosing (check one)

☐ Sig: Weeks 1–2: 0.0625 mg SC qod Weeks 3–4: 0.125 mg SC qod
Weeks 5–6: 0.1875 mg SC qod Weeks 7+: 0.25 mg SC qod

☐ Maintenance dose 0.25 mg SC qod
☐ Other Sig:

Training Request

☐ Offer training on BETASERON and/or autoinjector, including dispensing of autoinjector and training kit (placebo/syringe) as required ☐ No training or autoinjector required

☐ Newly Diagnosed (New BETASERON Patient) ☐ Previously Diagnosed (New BETASERON Patient) ☐ Restart (Previous BETASERON Patient) ☐ Current BETASERON Patient

STEP 6: PHYSICIAN AUTHORIZATION AND STATEMENT OF MEDICAL NECESSITY

Primary diagnosis: ICD-10 Code CM G35: I certify that the prescribed therapy is medically necessary for the treatment of relapsing forms of multiple sclerosis to reduce the frequency of clinical exacerbations. This statement is accurate to the best of my knowledge.

Patient was previously treated with (list all): _____

Reason for discontinuation: _____

I authorize Bayer and its Healthcare Partners to be my designated agent(s) and (1) to provide any information on this form to the insurer of the above-named patient and (2) to forward the above prescription, by fax or any other mode of delivery, to the pharmacy.

Prescriber Signature _____ **Date** _____

Please see full Prescribing Information.

INDICATIONS

BETASERON® (interferon beta-1b) 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.

IMPORTANT SAFETY INFORMATION

Do not take BETASERON if you are allergic to interferon beta-1b, to another interferon beta, to human albumin, or mannitol.

BETASERON can cause serious side effects, including:

Liver Problems Including Liver Failure. Symptoms of liver problems may include yellowing of your eyes, itchy skin, feeling very tired, flu-like symptoms, nausea or vomiting, bruising easily or bleeding problems. Your healthcare provider will do blood tests to check for these problems while you take BETASERON.

Serious Allergic Reactions. Serious allergic reactions can happen quickly and may happen after your first dose of BETASERON or after you have taken BETASERON many times. Symptoms may include difficulty breathing or swallowing, swelling of the mouth or tongue, rash, itching, or skin bumps.

Depression or Suicidal Thoughts. Call your healthcare provider right away if you have any of the following symptoms, especially if they are new, worse or worry you: thoughts about suicide or dying, new or worse depression (sinking feeling or sadness), new or worse anxiety (feeling uneasy, nervous or fearful for no reason), trouble sleeping (insomnia), acting aggressive, being angry, or violent, acting on dangerous impulses, hallucinations, other unusual changes in behavior or mood.

Other possible serious side effects with BETASERON include:

Heart Problems. BETASERON may worsen heart problems including congestive heart failure. Symptoms of heart problems may include swollen ankles, shortness of breath, decreased ability to exercise, fast heartbeat, tightness in chest, increased need to urinate at night, not being able to lay flat in bed.

Injection Site Problems. Serious skin reactions can happen in some people including areas of severe damage to skin and the tissue below the skin (necrosis). These reactions can happen anywhere you inject BETASERON. Symptoms of injection site problems may include swelling, redness, or pain at the injection site, fluid drainage from the injection site, breaks in your skin or blue-black skin discoloration. Change your injection site each time you inject BETASERON as it will lessen the chance of you having a serious skin reaction. Avoid injecting BETASERON into an area of the skin that is sore, reddened, infected or has other problems.

Flu-like Symptoms. BETASERON can cause flu-like symptoms including fever, chills, tiredness, sweating, muscle aches when you first start to use it. These symptoms may decrease over time. Taking medicines for fever and pain relief on the days you are using BETASERON may help decrease these symptoms.

Seizures. Some people have had seizures while taking BETASERON, including people who have never had seizures before. It is not known if the seizures were related to MS, to BETASERON, or to a combination of both. If you have a seizure after taking BETASERON call your healthcare provider right away.

Blood Problems. You may have a drop in the levels of infection-fighting white blood cells, red blood cells, or cells that help you form blood clots. If drops in levels are severe, they can lessen your ability to fight infections, make you feel tired or sluggish or cause you to bruise or bleed easily.

Pregnancy:

Tell your doctor if you are pregnant or plan to become pregnant.

Most Common Side Effects:

The most common side effects of BETASERON include low white blood cell count, increases in your liver enzymes, headache, increase in your muscle tension, pain, rash, problems sleeping, stomach pain, weakness. These are not all the possible side effects of BETASERON.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away. Tell your healthcare provider about all the medicines you take and your medical conditions.

Please see full Prescribing Information for additional information, and talk to your healthcare provider.

You are encouraged to report side effects or quality complaints of prescription drugs to the FDA.
Visit **www.fda.gov/medwatch** or call **1-800-FDA-1088**.

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