

For patients prescribed ZEPOSIA® (ozanimod)

SUPPORT FOR YOUR PATIENTS EVERY STEP OF THE WAY



ZEPOSIA 360 SUPPORT™ FOR YOUR PATIENTS EVERY STEP OF THE WAY*



Enrollment in ZEPOSIA 360 Support™

Submit **Start Form electronically** via **covermy meds**® or fax to 1-833-727-7701.

- ✓ A patient or patient representative signature is required. Signatures may be provided in office or online through the **covermy meds**® portal at ZEPOSIA.com/eSign.
- ✓ Advise your patient to save the Support Coordinator[®] phone number **1-833-937-6742** in their phone.



Benefit Verification and Prior Authorization or Appeal

A benefit verification will be completed to determine your patient's coverage and out-of-pocket costs for ZEPOSIA® (ozanimod).

If required, ZEPOSIA 360 Support™ will offer information on prior authorization requirements as applicable.

- ✓ Submit a prior authorization (if required) via **covermy meds**® or directly to the patient's insurance.
- ✓ Provide prior authorization approval information to ZEPOSIA 360 Support™.

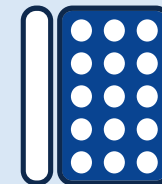


Baseline Assessments^b

There are assessments that are required to make sure ZEPOSIA is right for your patient.

Eligible commercially insured patients may receive assessments in-office or in their home. Request in-home services through the **covermy meds**® portal or by checking the appropriate box on the Start Form.

- ✓ View the **Baseline Assessment Assistance Brochure** for more information.



Starter Kit^c

New eligible patients enrolled in ZEPOSIA 360 Support™, who have been cleared to begin treatment, and who have not received a sample from their provider, may be provided a **free Starter Kit that includes a 7-day starter pack and a 21-dose supply of ZEPOSIA.**

- ✓ If you would like the Starter Kit sent to your office instead of directly to the patient, check the appropriate box on the Start Form.



Bridge Program^d

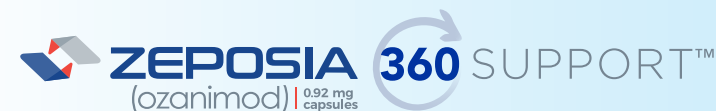
If there is a delay or denial in coverage, commercially insured patients may be eligible to receive up to **2 years of ZEPOSIA through the Bridge Program.**

For more information, contact **ZEPOSIA 360 Support™**



Financial Assistance^e

Eligible, commercially insured patients may pay as little as **\$0 in out-of-pocket costs for ZEPOSIA** and may also be reimbursed for out-of-pocket costs associated with baseline assessments.



1-833-ZEPOSIA (1-833-937-6742), 8 AM–8 PM ET, Monday–Friday

covermy meds® | ZEPOSIAhcp.com

*Eligibility and Terms and Conditions apply. Refer to Terms and Conditions on back of brochure for details or visit ZEPOSIAhcp.com. The accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider and patient. Bristol Myers Squibb and its agents make no guarantee regarding reimbursement for any service or item.

Getting Started Tips

Enrollment in ZEPOSIA 360 Support™

- Submit the ZEPOSIA 360 Support™ Start Form via [covermymeds](#)® or fax to 1-833-727-7701
- Patient signature is required and can be provided via [covermymeds](#)® at [ZEPOSIA.com/eSign](#)
- Advise your patient to save the Support Coordinator^a phone number (833) 937-6742

Prior Authorization

- If the benefit verification determines that a prior authorization is required, submit a prior authorization via [covermymeds](#)® or directly to the patient's insurance
- Provide prior authorization outcome information to ZEPOSIA 360 Support™

^aSupport Coordinators can provide general information about ZEPOSIA 360 Support™ but cannot provide medical advice.

TERMS AND CONDITIONS

ZEPOSIA® (ozanimod) In-Home Medical Services Program

Patient must have a valid prescription for ZEPOSIA for an FDA-approved indication. Patients are not eligible if they have prescription insurance coverage through a state or federal healthcare program, including but not limited to Medicare, Medicaid, Medigap, CHAMPUS, TRICARE, Veterans Affairs (VA), or Department of Defense (DoD) programs, or reside in Rhode Island. To receive the In-Home Medical Services Program, the prescriber must request in-home assessment assistance through the ZEPOSIA 360 Support program. The patient's insurance will not be billed, and the patient will not be responsible for any out-of-pocket costs. Patients who move from commercial plans to state or federal healthcare programs will no longer be eligible. The program cannot be combined with any other offer, rebate, coupon, or free trial. The program is not conditioned on any past, present, or future purchase, including refills. Only valid in the United States and US Territories. Void where prohibited by law, taxed, or restricted. The program is not insurance. Bristol-Myers Squibb Company reserves the right to rescind, revoke, or amend this program at any time without notice. Other limitations may apply.

ZEPOSIA Free Trial Offer

Patient must have a valid prescription for ZEPOSIA for an FDA-approved indication. Patient must be new to therapy and have not previously received a sample or filled a prescription for ZEPOSIA. Patient is responsible for applicable taxes, if any. This offer is limited to one use per patient per lifetime and is non-transferable. Cannot be combined with any other rebate/coupon, free trial, or similar offer. No substitutions permitted. Patients, pharmacists, and prescribers cannot seek reimbursement for the ZEPOSIA Free Trial from health insurance or any third party, including state or federally funded programs. Patients may not count the ZEPOSIA Free Trial as an expense incurred for purposes of determining out-of-pocket costs for any plan, including Medicare Part D true out-of-pocket costs (TrOOP). Offer is not conditioned on any past, present, or future purchase, including refills. Only valid in the United States and US Territories. Void where prohibited by law or restricted. The program is not insurance. Bristol Myers Squibb reserves the right to rescind, revoke, or amend this offer at any time without notice.

Bridge Program

The Bridge Program is available at no cost for eligible, commercially insured, on-label diagnosed patients if there is a delay in determining whether commercial prescription coverage is available, and is not contingent on any purchase requirement, for up to 24 months (dispensed in 30-day increments). The Bridge Program is not available to patients who have prescription insurance coverage through a state or federal healthcare program, including but not limited to Medicare, Medicaid, Medigap, CHAMPUS, TRICARE, Veterans Affairs (VA), or Department of Defense (DoD) programs and is available for no more than 12 months to patients in MA, MN, and RI. Appeal of any prior authorization denial must be made within 90 days or as per payer guidelines, to remain in the program. Eligibility will be re-verified in January for patients continuing into the following year, and may be at other times during program participation. Offer is not health insurance. Once coverage is approved by the patient's commercial insurance plan, the patient will no longer be eligible. Void where prohibited by law, taxed, or restricted. Bristol-Myers Squibb Company reserves the right to rescind, revoke, or amend this program at any time without notice. Other limitations may apply.

Combined Co-pay Programs (Drug and Medical Benefit)

ZEPOSIA Co-pay Program is valid only for patients with commercial insurance. The Program includes a prescription benefit offer for out-of-pocket drug costs and a medical assessment benefit offer for out-of-pocket costs for the initial blood tests, ECG screening, and eye exam where the full cost is not covered by patient's insurance. Patients are not eligible for the prescription benefit offer if they have prescription insurance coverage through a state or federal healthcare program, including but not limited to Medicare, Medicaid, Medigap, CHAMPUS, TRICARE, Veterans Affairs (VA), or Department of Defense (DoD) programs. Patients are not eligible for the medical assessment benefit offer if they have insurance coverage for their prescription or medical assessment through a state or federal healthcare program, or reside in Massachusetts, Minnesota or Rhode Island. Patients who move from commercial plans to state or federal healthcare programs will no longer be eligible. Patient must be 18 years of age or older.



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Eligible patients with an activated co-pay card and a valid prescription may pay as little as \$0 per 30-day supply; monthly, annual, and/or per-claim maximum program benefits may apply and vary from patient to patient, depending on the terms of a patient's prescription drug plan and to ensure that the funds are used for the benefit of the patient, based on factors determined solely by Bristol-Myers Squibb. Some prescription drug plans have established programs referred to as "co-pay maximizer" programs. A co-pay maximizer program is one in which the amount of the patient's out-of-pocket costs is adjusted to reflect the availability of support offered by a co-pay support program. Patients enrolled in co-pay maximizer programs may receive program benefits that vary over time to ensure the program funds are used for the benefit of the patient. Patients may pay as little as \$0 in out-of-pocket costs for the medical assessment, subject to a maximum benefit of \$2,000. The medical benefit offer only applies to clinical baseline assessment services covered by the Program. Patients are responsible for any costs that exceed the maximum amounts. To receive the medical assessment benefit, an Explanation of Benefits (EOB) form must be submitted, along with copies of receipts for any payments made. The Program expires on December 31, 2023. All Program payments are for the benefit of the patient only. Patients, pharmacists, and prescribers may not seek reimbursement from health insurance, health savings or flexible spending accounts, or any third party, for any part of the prescription or medical assessment benefit received by the patient through this Program. Patient's acceptance of any Program benefit confirms that it is consistent with patient's insurance and that patient will report the value received as may be required by his/her insurance provider. Program valid only in the United States and Puerto Rico. Void where prohibited by law, taxed, or restricted. The Program cannot be combined with any other offer, rebate, coupon, or free trial. The Program is not conditioned on any past, present or future purchase, including refills. The Program is not insurance. Other limitations may apply. Bristol Myers Squibb reserves the right to rescind, revoke, or amend this Program at any time without notice.

Bristol Myers Squibb is committed to transparency. For information on the list price of ZEPOSIA as well as information regarding average out-of-pocket costs and assistance programs, please visit our pricing information page at <https://www.ZEPOSIA.com/price>.

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2084-US-2300500 06/23