For your adult patients with moderately to severely active ulcerative colitis (UC)[1]

GETTING PATIENTS STARTED

ZEPOSIA® (ozanimod) | 0.92 mg capsules

INDICATION

ZEPOSIA® (ozanimod) is indicated for the treatment of moderately to severely active ulcerative colitis (UC) in adults.

IMPORTANT SAFETY INFORMATION

Contraindications:

- Patients who in the last 6 months, experienced myocardial infarction, unstable angina, stroke, transient ischemic attack (TIA), decompensated heart failure requiring hospitalization, or Class III/IV heart failure or have a presence of Mobitz type II second-degree or third-degree atrioventricular (AV) block, sick sinus syndrome, or sino-atrial block, unless the patient has a functioning pacemaker

Please see additional Important Safety Information throughout and the full Prescribing Information and Medication Guide.

STEPS TO GET YOUR PATIENTS STARTED

This guide is designed to help you initiate ZEPOSIA.

Here are the steps to get your patients started:

1 ENROLL
patients in ZEPOSIA 360 Support™ via CoverMyMeds®

2 SCREEN
your patients prior to starting ZEPOSIA

3 INITIATE
ZEPOSIA with the ZEPOSIA Starter Kit[a]

[a]Eligibility requirements apply. Please see full Terms and Conditions on pages 13 through 15.

Support for your patients every step of the way

ZEPOSIA (ozanimod) | 0.92 mg capsules 360 SUPPORT™

IMPORTANT SAFETY INFORMATION (cont'd)

Contraindications: (cont'd)

- Patients with severe untreated sleep apnea
- Patients taking a monoamine oxidase (MAO) inhibitor

Please see additional Important Safety Information throughout and the full Prescribing Information and Medication Guide.

ZEPOSIA is contraindicated in some patients[1]

- Patients who, in the last 6 months, experienced:
  - —Myocardial infarction
  - —Unstable angina
  - —Stroke
  - —Transient ischemic attack (TIA)
  - —Decompensated heart failure requiring hospitalization or Class III/IV heart failure
- Patients who have a presence of Mobitz type 2 second- or third-degree atrioventricular (AV) block, sick sinus syndrome, or sino-atrial block, unless the patient has a functioning pacemaker
- Patients with severe untreated sleep apnea
- Patients taking a monoamine oxidase (MAO) inhibitor

IMPORTANT SAFETY INFORMATION (cont'd)

Infections: ZEPOSIA may increase the susceptibility to infections. Life-threatening and rare fatal infections have occurred in patients receiving ZEPOSIA. Obtain a recent (i.e., within 6 months or after discontinuation of prior UC therapy) complete blood count (CBC) including lymphocyte count before initiation of ZEPOSIA. Delay initiation of ZEPOSIA in patients with an active infection until the infection is resolved. Consider interruption of treatment with ZEPOSIA if a patient develops a serious infection. Continue monitoring for infections up to 3 months after discontinuing ZEPOSIA.

STEP 1: ENROLL

To get started

Enroll your patients in ZEPOSIA 360 Support™ and help them get started on treatment.

Visit covermymeds to enroll online **or** **Download the ZEPOSIA 360 Support™ Start Form**

Contact ZEPOSIA 360 Support™

Call us at 1-833-ZEPOSIA
(1-833-937-6742)
Fax: 1-833-727-7701

8 AM–8 PM ET
Monday through Friday

IMPORTANT SAFETY INFORMATION (cont'd)

Infections: (cont'd)

- Herpes zoster was reported as an adverse reaction in ZEPOSIA-treated patients. Herpes simplex encephalitis and varicella zoster meningitis have been reported with sphingosine 1-phosphate (S1P) receptor modulators. Patients without a healthcare professional-confirmed history of varicella (chickenpox), or without documentation of a full course of vaccination against varicella zoster virus (VZV), should be tested for antibodies to VZV before initiating ZEPOSIA. A full course of vaccination for antibody-negative patients with varicella vaccine is recommended prior to commencing treatment with ZEPOSIA.

Please see additional Important Safety Information throughout and the full Prescribing Information and Medication Guide.

STEP 2: SCREENINGS PRIOR TO FIRST DOSE

Screening for all patients prior to first dose—within the last 6 months[1]

- **Obtain blood work**
  - —CBC including lymphocyte count (within the last 6 months or after discontinuation of prior UC therapy)
  - —Transaminase and total bilirubin levels
- **Obtain a 1-time electrocardiogram (ECG) to determine whether preexisting conduction abnormalities are present[a]**

ZEPOSIA is contraindicated in patients who have the presence of Mobitz type II second-degree or third-degree AV block, sick sinus syndrome, or sino-atrial block, unless the patient has a functioning pacemaker.

Evaluate current and prior medications before initiation of treatment[1]

[a]In patients with certain preexisting conditions, advice from a cardiologist should be sought—see Warnings and Precautions in the full Prescribing Information. ZEPOSIA was not studied in patients who had: cardiac conduction or rhythm disorders, including sick sinus syndrome, significant QT prolongation (QTcF >450 msec in males, <470 msec in females), risk factors for QT prolongation, or other conduction abnormalities or cardiac conditions that in the opinion of the treating investigator could jeopardize the patient's health.[1]

CBC=complete blood count; QT=an extended interval between the heart contracting and relaxing; QTcF=corrected QT interval by Fridericia.

IMPORTANT SAFETY INFORMATION (cont'd)

Infections: (cont'd)

- Cases of fatal cryptococcal meningitis (CM) were reported in patients treated with another S1P receptor modulator. If CM is suspected, ZEPOSIA should be suspended until cryptococcal infection has been excluded. If CM is diagnosed, appropriate treatment should be initiated.

STEP 2: SCREENINGS PRIOR TO FIRST DOSE (cont'd)

Screening for select patients prior to first dose[1]

- With a history of macular edema, uveitis, or diabetes mellitus—ophthalmic evaluation of the fundus, including the macula, must be completed[a]
- Without documentation of history of VZV/chicken pox, or documentation of a full course of vaccination, test for antibodies[b]

  —If live *attenuated* immunizations are required, administer at least 1 month prior to initiation

[a]Patients with a history of uveitis and patients with a history of diabetes mellitus are at increased risk of macular edema during ZEPOSIA therapy. The incidence of macular edema is also increased in patients with a history of uveitis. In addition to the examination of the fundus, including the macula, prior to treatment, patients with diabetes mellitus or a history of uveitis should have regular follow-up examinations.[1]

[b]VZV vaccination of antibody-negative patients is recommended prior to commencing treatment.[1]

VZV=varicella-zoster virus.

IMPORTANT SAFETY INFORMATION (cont'd)

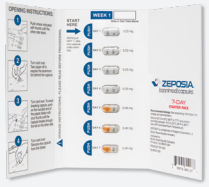
Infections: (cont'd)

- In the UC clinical studies, patients who received ZEPOSIA were not to receive concomitant treatment with antineoplastic, non-corticosteroid immunosuppressive, or immune-modulating therapies used for treatment of UC. Concomitant use of ZEPOSIA with any of these therapies would be expected to increase the risk of immunosuppression. When switching to ZEPOSIA from immunosuppressive medications, consider the duration of their effects and their mode of action to avoid unintended additive immunosuppressive effects.

Please see additional Important Safety Information throughout and the full Prescribing Information and Medication Guide.

STEP 3: INITIATE

The ZEPOSIA Starter Pack is designed to make the titration instructions easier to follow[1]



- Initiate ZEPOSIA with a 7-day titration schedule. After initial titration, the recommended dosage of ZEPOSIA is 0.92 mg taken orally, starting on Day 8
- An up-titration schedule should be used to reach the maintenance dose, as a transient decrease in heart rate and AV conduction delays may occur
- ZEPOSIA can be taken with or without food

Recommended dosage in patients with hepatic impairment[1]

- In patients with mild or moderate hepatic impairment (Child-Pugh class A or B), initiate ZEPOSIA with the 7-day titration. After initial titration, the recommended dosage of ZEPOSIA in these patients is 0.92 mg taken orally once every other day, starting on Day 8

Additional dosing considerations[1]

- If a dose of ZEPOSIA is missed during the first 2 weeks of treatment, reinitiate treatment using the titration regimen
- If a dose of ZEPOSIA is missed after the first 2 weeks of treatment, continue with the treatment as planned

AV=atrioventricular.

IMPORTANT SAFETY INFORMATION (cont'd)

Infections: (cont'd)

- Use of live attenuated vaccines should be avoided during and for 3 months after treatment with ZEPOSIA. If live attenuated vaccine immunizations are required, administer at least 1 month prior to initiation of ZEPOSIA.

ZEPOSIA 360 SUPPORT™

Helps support your patients every step of the way

ZEPOSIA Starter Kit

New patients enrolled in ZEPOSIA 360 Support™ may be eligible for a **free 28-day Starter Kit**. Please see additional eligibility requirements and full Terms and Conditions on pages 13 through 15.

Access Support

The covermymeds® portal serves as a central location to manage and track your patients' access to ZEPOSIA. Access support through CoverMyMeds includes:

- Prior authorization and appeals support
- Digital start form for online enrollment
- Benefits verification with electronic tracking of your patients' benefit status

Local, Dedicated Support

Local, dedicated support through an Access and Reimbursement Manager (ARM) team, along with dedicated **ZEPOSIA Support Coordinators**[a] available for your patients.

[a]Support Coordinators can provide general information about ZEPOSIA 360 Support™ but cannot provide medical advice.

Please see additional eligibility requirements and full Terms and Conditions on pages 13 through 15.

IMPORTANT SAFETY INFORMATION (cont'd)

Progressive Multifocal Leukoencephalopathy (PML): PML is an opportunistic viral infection of the brain that typically occurs in patients who are immunocompromised, and that usually leads to death or severe disability.

Please see additional Important Safety Information throughout and the full Prescribing Information and Medication Guide.

Preinitiation Support

Assistance with screening—including in-home services with scheduling and appointments available 7 days a week nationwide for eligible, commercially insured patients.

24-Month Bridge Program

The ZEPOSIA Bridge Program may help eligible, commercially insured patients who are experiencing a delay or have been denied coverage.

Co-Pay Assistance Program: May pay as little as $0

Helps patients with co-pay costs, including prescription and medical benefits where eligible, commercially insured patients may pay as little as $0 for their prescription and can be reimbursed for out-of-pocket costs associated with preinitiation testing.

Please see additional eligibility requirements and full Terms and Conditions on pages 13 through 15.

For additional assistance with access for your appropriate patients, please contact:

ZEPOSIA 360 Support™
1-833-ZEPOSIA (1-833-937-6742)

IMPORTANT SAFETY INFORMATION (cont'd)

Progressive Multifocal Leukoencephalopathy (PML): (cont'd)

PML has been reported in patients treated with S1P receptor modulators, including ZEPOSIA, and other UC therapies and has been associated with some risk factors. If PML is suspected, withhold ZEPOSIA and perform an appropriate diagnostic evaluation.

If confirmed, treatment with ZEPOSIA should be discontinued.

IMPORTANT SAFETY INFORMATION (cont'd)

Progressive Multifocal Leukoencephalopathy (PML): (cont'd)

Immune reconstitution inflammatory syndrome (IRIS) has been reported in MS patients treated with S1P receptor modulators who developed PML and subsequently discontinued treatment. IRIS presents as a clinical decline in the patient's condition that may be rapid, can lead to serious neurological complications or death, and is often associated with characteristic changes on MRI. The time to onset of IRIS in patients with PML was generally within a few months after S1P receptor modulator discontinuation. Monitoring for development of IRIS and appropriate treatment of the associated inflammation should be undertaken.

Bradyarrhythmia and Atrioventricular Conduction Delays:

Since initiation of ZEPOSIA may result in a transient decrease in heart rate and atrioventricular conduction delays, dose titration is recommended to help reduce cardiac effects. Initiation of ZEPOSIA without dose escalation may result in greater decreases in heart rate. If treatment with ZEPOSIA is considered, advice from a cardiologist should be sought for those individuals:

- with significant QT prolongation
- with arrhythmias requiring treatment with Class 1a or III anti-arrhythmic drugs
- with ischemic heart disease, heart failure, history of cardiac arrest or myocardial infarction, cerebrovascular disease, and uncontrolled hypertension
- with a history of Mobitz type II second-degree or higher AV block, sick sinus syndrome, or sino-atrial heart block

Liver Injury: Elevations of aminotransferases may occur in patients receiving ZEPOSIA. Obtain liver function tests, if not recently available (i.e., within 6 months), before initiation of ZEPOSIA. Patients who develop symptoms suggestive of hepatic dysfunction should have hepatic enzymes checked and ZEPOSIA should be discontinued if significant liver injury is confirmed.

Please see additional Important Safety Information throughout and the full Prescribing Information and Medication Guide.

Fetal Risk: There are no adequate and well-controlled studies in pregnant women. Based on animal studies, ZEPOSIA may cause fetal harm. Women of childbearing potential should use effective contraception to avoid pregnancy during treatment and for 3 months after stopping ZEPOSIA.

Increased Blood Pressure: Increase in systolic pressure was observed after about 3 months of treatment and persisted throughout treatment. Blood pressure should be monitored during treatment and managed appropriately. Certain foods that may contain very high amounts of tyramine could cause severe hypertension in patients taking ZEPOSIA. Patients should be advised to avoid foods containing a very large amount of tyramine while taking ZEPOSIA.

Respiratory Effects: ZEPOSIA may cause a decline in pulmonary function. Spirometric evaluation of respiratory function should be performed during therapy, if clinically indicated.

Macular Edema: S1P modulators have been associated with an increased risk of macular edema. Patients with a history of uveitis or diabetes mellitus are at increased risk. Patients with a history of these conditions should have an ophthalmic evaluation of the fundus, including the macula, prior to treatment initiation and regular follow-up examinations. An ophthalmic evaluation is recommended in all patients at any time if there is a change in vision. Continued use of ZEPOSIA in patients with macular edema has not been evaluated; potential benefits and risks for the individual patient should be considered if deciding whether ZEPOSIA should be discontinued.

Posterior Reversible Encephalopathy Syndrome (PRES): Rare cases of PRES have been reported in patients receiving a S1P receptor modulator. If a ZEPOSIA-treated patient develops unexpected neurological or psychiatric symptoms or any symptom/sign suggestive of an increase in intracranial pressure, a complete physical and neurological examination should be conducted. Symptoms of PRES are usually reversible but may evolve into ischemic stroke or cerebral hemorrhage.

IMPORTANT SAFETY INFORMATION (cont'd)

Posterior Reversible Encephalopathy Syndrome (PRES): (cont'd) Delay in diagnosis and treatment may lead to permanent neurological sequelae. If PRES is suspected, treatment with ZEPOSIA should be discontinued.

Unintended Additive Immunosuppressive Effects From Prior Immunosuppressive or Immune-Modulating Drugs: When switching from drugs with prolonged immune effects, the half-life and mode of action of these drugs must be considered to avoid unintended additive immunosuppressive effects while at the same time minimizing risk of disease reactivation. Initiating treatment with ZEPOSIA after treatment with alemtuzumab is not recommended.

Immune System Effects After Stopping ZEPOSIA: After discontinuing ZEPOSIA, the median time for lymphocyte counts to return to the normal range was 30 days with approximately 90% of patients in the normal range within 3 months. Use of immunosuppressants within this period may lead to an additive effect on the immune system, therefore caution should be applied when initiating other drugs 4 weeks after the last dose of ZEPOSIA.

Most Common Adverse Reactions (≥4%): liver test increased, upper respiratory infection, and headache.

Use in Specific Populations: Hepatic Impairment: Dosage adjustment in patients with mild or moderate hepatic impairment (Child-Pugh class A or B) is required, and use of ZEPOSIA in patients with severe hepatic impairment (Child-Pugh class C) is not recommended.

Reference: 1. Zeposia. Prescribing Information. Bristol-Myers Squibb Company; 2023

Please see additional Important Safety Information throughout and the full Prescribing Information and Medication Guide.

TERMS AND CONDITIONS

Co-pay Program (Drug)

ZEPOSIA Prescription Co-pay Card Program is valid only for patients with commercial insurance. The Program includes a prescription benefit offer for out-of-pocket drug costs where the full cost of the ZEPOSIA prescription is not covered by patient's insurance. Patients are not eligible for the Program 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 who move from commercial plans to state or federal healthcare programs will no longer be eligible. Patients must be 18 years of age or older. 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. 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 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.

ZEPOSIA Medical Reimbursement Benefit Program

ZEPOSIA Medical Reimbursement Benefit Program is valid only for patients with commercial insurance. The Program includes a medical assessment benefit offer for out-of-pocket costs for the initial blood tests, ECG screening, and eye exam for ZEPOSIA where the full cost is not covered by patient's insurance. Patients are not eligible for the Program if they have insurance coverage for their medical assessment 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 Massachusetts, Minnesota, or Rhode Island. Patients who move from commercial plans to state or federal healthcare programs will no longer be eligible. Patients must be 18 years of age or older. 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 Program offer only applies to ZEPOSIA clinical baseline assessment services covered by the Program. Patients are responsible for any costs that exceed the maximum amount. 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 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.

TERMS AND CONDITIONS (cont'd)

ZEPOSIA Medical Reimbursement Benefit Program (cont'd)
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.

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. Patients must be 18 years of age or older. 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.

TERMS AND CONDITIONS (cont'd)

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.

ZEPOSIA 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.

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.

ZEPOSIA® (ozanimod) | 0.92 mg capsules

ZEPOSIA 360 Support™ Helps Support Your Patients Every Step of the Way

If you have any questions about getting a patient started on ZEPOSIA, please give us a call!

Bristol Myers Squibb Medical Information
1-800-321-1335 | medical.communications@bms.com

ZEPOSIA 360 Support™
1-833-ZEPOSIA (1-833-937-6742)

Please see additional Important Safety Information throughout and the full Prescribing Information and Medication Guide.

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 ZEPOSIA.com/ulcerative-colitis/cost.

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Bristol Myers Squibb®