

Now that you have prescribed ZEPOSIA® Get your patient started



Use this resource as a guide to start a patient on ZEPOSIA

STEP 1 ENROLL ONLINE

Submit a Start Form to ZEPOSIA 360 Support™ through CoverMyMeds®



Log in to **CoverMyMeds** or visit ZEPOSIAhcp.com/getstarted



Your patient's signature can be provided in office or at ZEPOSIA.com/esign

STEP 2 SCREENINGS

One-time screenings prior to first dose



ECG to detect preexisting conduction abnormalities^a



Blood work (within past 6 months)^b

- CBC, including lymphocyte count
- Transaminase and bilirubin levels



Vaccinations, including VZV^c

Determine VZV history and vaccination status.



Medication history

Evaluate for medications that may affect heart rhythm or have immunosuppressive effects.

NO REQUIRED SCHEDULED MONITORING.

Screenings near the start of treatment

Recent annual skin exam and applicable eye exam satisfy this requirement.



Ophthalmic evaluation of the fundus, including the macula^d



Skin examination^e

CAN COMPLETE BEFORE INITIATION.

STEP 3 INITIATE ZEPOSIA



Initiate your patient on ZEPOSIA with the Starter Kit

Your patients can receive a free 28-dose Starter Kit through the ZEPOSIA 360 Support Program.

Additional eligibility requirements and terms & conditions apply. Please click [here](#) for more information.

^aZEPOSIA is contraindicated in patients who have the 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. In patients with certain preexisting conditions, advice from a cardiologist should be sought—see Warnings and Precautions in 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 condition that in the opinion of the treating investigator could jeopardize the patient's health.¹

^bWithin 6 months before the start of treatment, complete these screenings. Screenings performed within the past 6 months satisfy the requirement.¹

^cVZV vaccination of antibody-negative patients is recommended prior to commencing treatment. Without documentation of VZV/chicken pox or documentation of a full course of vaccination, test for antibodies. If live attenuated immunizations are required, administer at least 1 month prior to initiation.¹

^dObtain an ophthalmic exam periodically during treatment and any time there is a change in vision. Patients with a history of uveitis and patients with a history of diabetes mellitus are at increased risk of macular edema during ZEPOSIA therapy. 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

^eObtain a skin examination periodically during treatment, particularly for patients with risk factors for skin cancer. Providers and patients are advised to monitor for suspicious skin lesions, which should be promptly evaluated if observed.¹

Continues below ↓

You can also submit a Start Form to ZEPOSIA 360 Support by faxing the form to 1-833-727-7701



ZEPOSIA
(ozanimod) | 0.92 mg capsules

360 SUPPORT™

At-Home Screening Support for Eligible Patients



Screening assessment assistance may be provided at home 7 days per week.

This includes blood work, ECG with cardiologist overread, macular edema screening with licensed eye clinician overread, and VZV antibody testing.

Request in-home services through the CoverMyMeds® portal or by checking the appropriate box on the Start Form.

ZEPOSIA \$0 Co-pay and Bridge Programs for Eligible, Commercially Insured Patients



ZEPOSIA Co-pay Savings:

Pay as little as \$0 per month for ZEPOSIA.

ZEPOSIA Bridge Program:

A free supply of ZEPOSIA for up to 2 years for those who are at risk of a delay or interruption of therapy.

Additional eligibility requirements and terms & conditions apply. Please click [here](#) for more information. For assistance, call 1-833-ZEPOSIA (833-973-6742).

FINANCIAL REIMBURSEMENT MAY BE AVAILABLE FOR ELIGIBLE PATIENTS.

This includes blood work, ECG with cardiologist overread, VZV antibody testing, macular edema screening with licensed eye clinician overread, and skin examination.

SUPPORT PROGRAM TERMS AND CONDITIONS

ZEPOSIA Free Trial Offer/Starter Kit

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/Starter Kit from health insurance or any third party, including state or federally funded programs. Patients may not count the ZEPOSIA Free Trial/Starter Kit 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.

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, CHAMPVA, 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. Patient 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 will be evaluated for ongoing eligibility to continue enrollment in the program. In the event patients experience a change in insurance coverage or BMS makes changes to the copay assistance program, patients may be required to re-enroll into the program and provide updated insurance information to determine eligibility. 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.

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).

Reference: 1. ZEPOSIA. Prescribing Information, Celgene Corporation, a Bristol Myers Squibb company; 2024.

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, CHAMPVA, TRICARE, Veterans Affairs (VA), or Department of Defense (DoD) programs. 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 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, CHAMPVA, 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 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, skin exam, 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, CHAMPVA, 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. Patient must be 18 years of age or older. Eligible commercially insured 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. 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. 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 ZEPOSIA.com/ulcerative-colitis/cost. 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.