HELPING TO STREAMLINE ACCESS

A **step-by-step** guide to starting appropriate patients on ZEPOSIA

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

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(ozanimod) | 0.92 mg capsules

Getting Patients Started on ZEPOSIA® (ozanimod)

Helpful resources for you and your appropriate patients

This document includes:

- **A step-by-step overview**
- **15 ZEPOSIA Start Forms**
- **4 informational inserts**
- **Co-pay Assistance Program and ZEPOSIA Bridge Program handouts**

Need Assistance?

For additional information about the ZEPOSIA 360 Support™ Program:

- Visit **ZEPOSIAPortal.com**
- Contact your local ZEPOSIA Support Coordinator at **1-833-ZEPOSIA (1-833-937-6742)**, 8 AM-8 PM ET, Monday–Friday

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.

- 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.
- 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.
- 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.
- 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.

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Getting Started on ZEPOSIA® (ozanimod): 3-Step Process

STEP 1 START › STEP 2 SUBMIT › STEP 3 SUPPORT »

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1 START › Obtain and Complete a ZEPOSIA Start Form (included)

OBTAIN

ZEPOSIA Start Forms can be obtained from **any of these sources**:

- Your ZEPOSIA representative
- The ZEPOSIA HCP website (ZEPOSIAHCP.com)
- The ZEPOSIA patient website (ZEPOSIA.com)
- The ZEPOSIA Provider Portal (ZEPOSIAPortal.com)
- CoverMyMeds® (covermymeds.com)
- Electronic Health Record Support

Note: A user login is required to access the ZEPOSIA Provider Portal.

COMPLETE

The form is designed to be easy to complete. Although the entire form is several pages, there are only 2 pages that need to be filled out.

- **Page 1** is for information about ***your patient***
- **Page 2** is for information about ***you and your office***
- After filling out these sections, it is important to **make sure the patient signs** the Patient Approval section (page 1)
  - If patients prefer to fill out the form electronically, they can visit **BMSeSign.com** to provide an electronic signature

2 SUBMIT › Send in a ZEPOSIA Start Form for Processing

Once you have completed both pages and the patient has signed the Patient Authorization Agreement (page 1), you have fully completed the Start Form. You can submit directly to a ZEPOSIA preferred Specialty Pharmacy or a Specialty Pharmacy of your choice. Also submit a copy of the Start Form to the ZEPOSIA 360 Support™ Program to help your patients get support.

ZEPOSIA 360 Support™

This program is here to support your appropriate patients.

To enroll patients, the Start Form can be submitted through any of the following:

- **Faxing/eFaxing**—1-833-727-7701
- **ZEPOSIA Portal**—ZEPOSIAPortal.com
- **CoverMyMeds®**—covermymeds.com

Program benefits include:

- Patient Preinitiation Support
- Patient Access Support
- Patient Financial Support
- Dedicated Nurse Navigators
- Ongoing Support
- Support Coordinators

Specialty Pharmacy (SP)

For HCPs who prefer to use a Specialty Pharmacy:

- A network of Specialty Pharmacies has been established
- ZEPOSIA 360 Support™ services will still be available to patients who choose to enroll

HCPs can use the Specialty Pharmacy of their choice and are encouraged to also enroll patients in the ZEPOSIA 360 Support™ Program.

Program sends patient to original SP

3 SUPPORT › Access ZEPOSIA 360 Support™ to Help Eligible Commercially Insured Patients Get, Pay for, and Stay on ZEPOSIA

Initiation Support

- **Preinitiation Assessment Assistance**[a]
  Provided at the homes of eligible patients:
  - — Blood work
  - — ECG with cardiologist overread
  - — Macular edema screening with licensed eye clinician overread
  - — VZV antibody testing
- **ZEPOSIA Starter Kit**
  A 7-day Starter Pack along with a 30-day supply of ZEPOSIA

Access Support

- **Access Assistance**
  Help with Benefits Investigation, Prior Authorization (PA), and Appeals
- **ZEPOSIA Bridge Program**[b]
  A free supply of ZEPOSIA for up to 24 months to qualified, commercially insured patients who are at risk of an interruption in therapy
  - — Up to 24 months of ZEPOSIA for $0, as long as program eligibility rules are met
  - — Dispensed in 30-day increments

Financial Support

- **Co-pay Assistance Program**[c]
  For eligible, commercially insured patients, helps with:
  - — **Prescription Benefits**
    Eligible patients pay as little as $0 in out-of-pocket costs for their ZEPOSIA prescription
  - — **Medical Benefits**
    Commercially insured patients can be fully reimbursed for any out-of-pocket costs associated with initiation testing
- **Third-Party Referrals**
  Suggestions for independent third-party foundations that may be able to assist with treatment costs

Dedicated **Nurse Navigators**[d] are available to support patients on every step of their treatment journey

[a]Home visits for initial routine medical tests are not available to people enrolled in Medicare, Medicaid, or other federal or state healthcare programs, or to people living in Rhode Island.

[b]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 Medicare, Medicaid, or any other federal or state program, or MI residents, 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, and may be modified or discontinued at any time without notice. Once coverage is approved by the patient's commercial insurance plan, the patient will no longer be eligible. Other limitations may apply.

[c]Depending on insurance coverage and where the full cost is not covered by patient's insurance, eligible patients may receive a prescription benefit offer for out-of-pocket drug costs and pay as little as $0 per prescription, as well as a medical assessment benefit offer for out-of-pocket costs for the initial blood tests, ECG screening, and eye exam. Maximum savings limit applies; patient out-of-pocket expenses may vary. This program is not health insurance. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. **Please visit ZEPOSIA.com/copaytc for Program Terms, Conditions, and Eligibility Criteria.**

[d]Nurse Navigators do not provide medical advice.

ECG=electrocardiogram; VZV=varicella-zoster virus.

STEP 1: START

Completing the ZEPOSIA® (ozanimod) Start Form

FIRST | Fill out page 1 of the form with patient information

SECOND | Fill out page 2 of the form with information about you and your office

THIRD | Obtain the patient signature and date (first page of the Patient Authorization and Agreement [PAA] section)

All sections marked with a red exclamation point must be filled out for the form to be processed.

NOTE: Once you have completed these 3 sections, you have fully completed the Start Form and are ready to submit.

PATIENT INFORMATION › Fill Out Start Form on **PAGE 1**

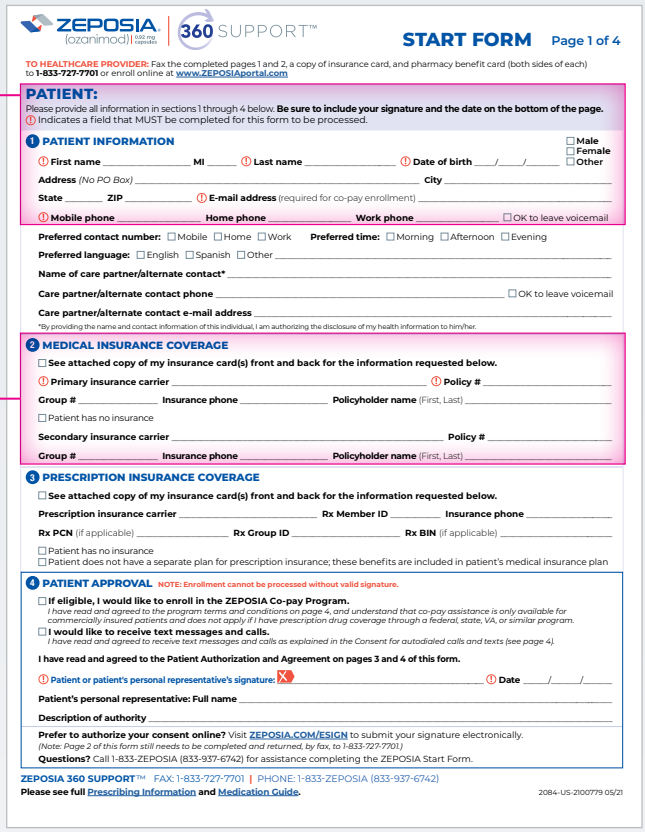
The Basics

As you fill out the form, be sure to include:

- **Name and date of birth:** The patient's full name and date of birth are important for processing
- **Phone number:** Mobile or home phone number is required to allow us to contact patients with additional questions or notifications
- **Email:** Email is required for co-pay enrollment

Medical Insurance Coverage

- **Insurance:** Filling in the right insurance carrier and policy number is required to ascertain whether the patient will be approved for ZEPOSIA and coverage for the cost of therapy



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START FORM Page 1 of 4

TO HEALTHCARE PROVIDER: Fax the completed pages 1 and 2, a copy of insurance card, and pharmacy benefit card (both sides of each) to 1-833-727-7701 or enroll online at www.ZEPOSIAportal.com

PATIENT:

Please provide all information in sections 1 through 4 below. **Be sure to include your signature and the date on the bottom of the page.**

ⓘ Indicates a field that MUST be completed for this form to be processed.

1 PATIENT INFORMATION

ⓘ First name _____ MI ____ ⓘ Last name _____ ⓘ Date of birth ____/____/____ ☐ Male ☐ Female ☐ Other

Address *(No PO Box)* _____ City _____

State _____ ZIP _____ ⓘ E-mail address (required for co-pay enrollment) _____

ⓘ Mobile phone _____ Home phone _____ Work phone _____ ☐ OK to leave voicemail

Preferred contact number: ☐ Mobile ☐ Home ☐ Work Preferred time: ☐ Morning ☐ Afternoon ☐ Evening

Preferred language: ☐ English ☐ Spanish ☐ Other _____

Name of care partner/alternate contact* _____

Care partner/alternate contact phone _____ ☐ OK to leave voicemail

Care partner/alternate contact e-mail address _____

*By providing the name and contact information of this individual, I am authorizing the disclosure of my health information to him/her.

2 MEDICAL INSURANCE COVERAGE

☐ See attached copy of my insurance card(s) front and back for the information requested below.

ⓘ Primary insurance carrier _____ ⓘ Policy # _____

Group # _____ Insurance phone _____ Policyholder name (First, Last) _____

☐ Patient has no insurance

Secondary insurance carrier _____ Policy # _____

Group # _____ Insurance phone _____ Policyholder name (First, Last) _____

3 PRESCRIPTION INSURANCE COVERAGE

☐ See attached copy of my insurance card(s) front and back for the information requested below.

Prescription insurance carrier _____ Rx Member ID _____ Insurance phone _____

Rx PCN (if applicable) _____ Rx Group ID _____ Rx BIN (if applicable) _____

☐ Patient has no insurance

☐ Patient does not have a separate plan for prescription insurance; these benefits are included in patient's medical insurance plan

4 PATIENT APPROVAL NOTE: Enrollment cannot be processed without valid signature.

☐ **If eligible, I would like to enroll in the ZEPOSIA Co-pay Program.**
I have read and agreed to the program terms and conditions on page 4, and understand that co-pay assistance is only available for commercially insured patients and does not apply if I have prescription drug coverage through a federal, state, VA, or similar program.

☐ **I would like to receive text messages and calls.**
I have read and agreed to receive text messages and calls as explained in the Consent for autodialed calls and texts (see page 4).

I have read and agreed to the Patient Authorization and Agreement on pages 3 and 4 of this form.

ⓘ Patient or patient's personal representative's signature: X _____ ⓘ Date ____/____/____

Patient's personal representative: Full name _____

Description of authority _____

Prefer to authorize your consent online? Visit ZEPOSIA.COM/ESIGN to submit your signature electronically.
(Note: Page 2 of this form still needs to be completed and returned, by fax, to 1-833-727-7701.)
Questions? Call 1-833-ZEPOSIA (833-937-6742) for assistance completing the ZEPOSIA Start Form.

ZEPOSIA 360 SUPPORT™ FAX: 1-833-727-7701 | PHONE: 1-833-ZEPOSIA (833-937-6742)

Please see full Prescribing Information and Medication Guide.

2084-US-2100779 05/21

Important Note for You and Your Patients:

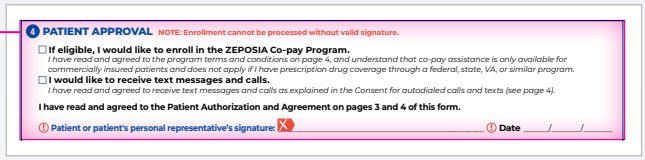
- **All patients should read:**
  Patient Authorization and Agreement (PAA) (pages 3 and 4)
- **Commercially insured patients should read:**
  ZEPOSIA Co-pay Program Terms and Conditions (page 4)

PATIENT SIGNATURE › Obtain Signature and Date on **PAGE 1**

Patient Authorization

It is required to obtain the patient signature and date for the Start Form to be processed.

If patients prefer to fill out the form electronically, they can visit BMSeSign.com to provide an electronic signature.



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I have read and agreed to receive text messages and calls as explained in the Consent for autodialed calls and texts (see page 4).

I have read and agreed to the Patient Authorization and Agreement on pages 3 and 4 of this form.

ⓘ Patient or patient's personal representative's signature: X _____ ⓘ Date ____/____/____

Once the patient has signed the form, you should provide them with a **photocopy** of the signature page (and the Co-pay page, if applicable). Be sure to keep the **original** signature page for your office, as you will need it for your submission.

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Completing the ZEPOSIA® (ozanimod) Start Form

HCP INFORMATION | Filling Out Start Form on **PAGE 2**

Prescriber Information

As you fill out the form, be sure to include:

- **Your Name, Address, and Numbers:** Just as with the patient, it's required to have your full name and phone number so we can contact you directly as we process the Start Form; also, be sure to include the address of your office, your NPI number, and your State Medical License number

Assistance Request

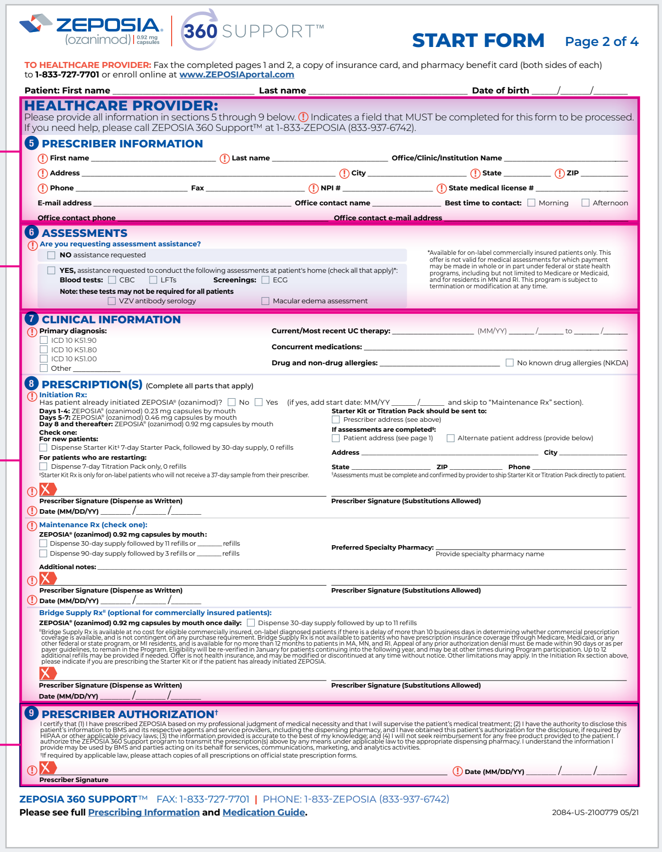
- **Initial Assessment Assistance:** Help is available for appropriate patients who need assistance with preinitiation requirements (CBC, LFT, ECG, etc). **Baseline Assessment assistance is available** to eligible commercially insured patients **through the ZEPOSIA 360 Support™ Program.**[a] Patients will be billed through their insurance. Eligible commercially insured patients can be reimbursed for any out-of-pocket costs. For eligible patients who need it, there is a co-pay assistance program to help them pay for preinitiation testing. Terms, conditions, and eligibility criteria apply[b]

Treatment Information

- **Primary Diagnosis:** It is required to identify the patient's diagnosis with the right number; only patients being prescribed for on-label use can participate in the ZEPOSIA 360 Support™ Program
- **Initiation Rx:** It's important to indicate whether the starting patient is a brand new patient, starting ZEPOSIA for the first time, or is re-starting therapy after a previous initiation was interrupted
- **Starter Kit:** The ZEPOSIA Starter Kit includes one 7-day Starter Pack along with a 30-day supply of ZEPOSIA. While the kit is optional, it is available at no cost to patients through the ZEPOSIA 360 Support™ Program. If a kit is requested, it's important to note whether the patient is new to therapy or re-starting, and it's essential to indicate where the kit should be sent
- **Maintenance Rx:** 30-day and 90-day supplies of the ZEPOSIA maintenance dose can be ordered using this form. Just check the appropriate box and indicate the number of refills you need. It's also important to indicate if the prescription will be dispensed at a Specialty Pharmacy, and if so, where
- **Bridge Supply Rx:** Be sure to indicate whether you will want a Bridge Supply[c] for patients who may not gain insurance approval in a timely manner. The Bridge Supply can help ensure patients remain on therapy while they wait for approval. The Bridge Program provides patients with up to 24 months of ZEPOSIA in 30-day increments, as long as program eligibility rules are being met. It is available at no cost to eligible commercially insured patients. If HCPs would like to take advantage of the Bridge Program, it's important that they indicate whether the patient was provided with a ZEPOSIA Starter Kit, which includes one 7-day Starter Pack along with a 30-day supply of therapy

HCP Authorization

- **Signature:** Be sure to sign the form when you are finished. Your signature is required in order for the Start Form to be processed



ZEPOSIA (ozanimod) 0.92 mg capsules | 360 SUPPORT™ **START FORM** Page 2 of 4

TO HEALTHCARE PROVIDER: Fax the completed pages 1 and 2, a copy of insurance card, and pharmacy benefit card (both sides of each) to **1-833-727-7701** or enroll online at www.ZEPOSIAportal.com

Patient: First name ______ **Last name** ______ **Date of birth** ___/___/___

HEALTHCARE PROVIDER:
Please provide all information in sections 5 through 9 below. (!) Indicates a field that MUST be completed for this form to be processed. If you need help, please call ZEPOSIA 360 Support™ at 1-833-ZEPOSIA (833-937-6742).

5 PRESCRIBER INFORMATION

(!) **First name** ______ (!) **Last name** ______ **Office/Clinic/Institution Name** ______
(!) **Address** ______ (!) **City** ______ (!) **State** ______ (!) **ZIP** ______
(!) **Phone** ______ **Fax** ______ (!) **NPI #** ______ (!) **State medical license #** ______
E-mail address ______ **Office contact name** ______ **Best time to contact:** ☐ Morning ☐ Afternoon
Office contact phone ______ **Office contact e-mail address** ______

6 ASSESSMENTS

(!) **Are you requesting assessment assistance?**
☐ **NO** assistance requested
☐ **YES,** assistance requested to conduct the following assessments at patient's home (check all that apply)*:
Blood tests: ☐ CBC ☐ LFTs **Screenings:** ☐ ECG
Note: these tests may not be required for all patients
☐ VZV antibody serology ☐ Macular edema assessment

*Available for on-label commercially insured patients only. This offer is not valid for medical assessments for which payment may be made in whole or in part under federal or state health programs, including but not limited to Medicare or Medicaid, and for residents in MN and RI. This program is subject to termination or modification at any time.

7 CLINICAL INFORMATION

(!) **Primary diagnosis:**
☐ ICD 10 K51.90
☐ ICD 10 K51.80
☐ ICD 10 K51.00
☐ Other ______

Current/Most recent UC therapy: ______ (MM/YY) ___/___ to ___/___
Concurrent medications: ______
Drug and non-drug allergies: ______ ☐ No known drug allergies (NKDA)

8 PRESCRIPTION(S) (Complete all parts that apply)

(!) **Initiation Rx:**
Has patient already initiated ZEPOSIA® (ozanimod)? ☐ No ☐ Yes (if yes, add start date: MM/YY ___/___ and skip to "Maintenance Rx" section).
Days 1-4: ZEPOSIA® (ozanimod) 0.23 mg capsules by mouth
Days 5-7: ZEPOSIA® (ozanimod) 0.46 mg capsules by mouth
Day 8 and thereafter: ZEPOSIA® (ozanimod) 0.92 mg capsules by mouth
Check one:
For new patients:
☐ Dispense Starter Kit‡ 7-day Starter Pack, followed by 30-day supply, 0 refills
For patients who are restarting:
☐ Dispense 7-day Titration Pack only, 0 refills
‡Starter Kit Rx is only for on-label patients who will not receive a 37-day sample from their prescriber.

Starter Kit or Titration Pack should be sent to:
☐ Prescriber address (see above)
If assessments are completed§:
☐ Patient address (see page 1) ☐ Alternate patient address (provide below)
Address ______ **City** ______
State ______ **ZIP** ______ **Phone** ______
§Assessments must be complete and confirmed by provider to ship Starter Kit or Titration Pack directly to patient.

(!) X ______ **Prescriber Signature (Dispense as Written)** ______ **Prescriber Signature (Substitutions Allowed)**
(!) **Date (MM/DD/YY)** ___/___/___

(!) **Maintenance Rx (check one):**
ZEPOSIA® (ozanimod) 0.92 mg capsules by mouth:
☐ Dispense 30-day supply followed by 11 refills or ____ refills
☐ Dispense 90-day supply followed by 3 refills or ____ refills
Preferred Specialty Pharmacy: ______ Provide specialty pharmacy name
Additional notes: ______
(!) X ______ **Prescriber Signature (Dispense as Written)** ______ **Prescriber Signature (Substitutions Allowed)**
(!) **Date (MM/DD/YY)** ___/___/___

Bridge Supply Rx‖ (optional for commercially insured patients):
ZEPOSIA® (ozanimod) 0.92 mg capsules by mouth once daily: ☐ Dispense 30-day supply followed by up to 11 refills
‖Bridge Supply Rx is available at no cost for eligible commercially insured, on-label diagnosed patients if there is a delay of more than 10 business days in determining whether commercial prescription coverage is available, and is not contingent on any purchase requirement. Bridge Supply Rx is not available to patients who have prescription insurance coverage through Medicare, Medicaid, or any other federal or state program, or MI residents, 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. Up to 12 additional refills may be provided if needed. Offer is not health insurance, and may be modified or discontinued at any time without notice. Other limitations may apply. In the Initiation Rx section above, please indicate if you are prescribing the Starter Kit or if the patient has already initiated ZEPOSIA.
X ______ **Prescriber Signature (Dispense as Written)** ______ **Prescriber Signature (Substitutions Allowed)**
Date (MM/DD/YY) ___/___/___

9 PRESCRIBER AUTHORIZATION†
I certify that (1) I have prescribed ZEPOSIA based on my professional judgment of medical necessity and that I will supervise the patient's medical treatment; (2) I have the authority to disclose this patient's information to BMS and its respective agents and service providers, including the dispensing pharmacy, and I have obtained this patient's authorization for the disclosure, if required by HIPAA or other applicable privacy laws; (3) the information provided is accurate to the best of my knowledge; and (4) I will not seek reimbursement for any free product provided to the patient. I authorize the ZEPOSIA 360 Support program to transmit the prescription(s) above by any means under applicable law to the appropriate dispensing pharmacy. I understand the information I provide may be used by BMS and parties acting on its behalf for services, communications, marketing, and analytics activities.
†If required by applicable law, please attach copies of all prescriptions on official state prescription forms.
(!) X ______ **Prescriber Signature** (!) **Date (MM/DD/YY)** ___/___/___

ZEPOSIA 360 SUPPORT™ FAX: 1-833-727-7701 | PHONE: 1-833-ZEPOSIA (833-937-6742)
Please see full Prescribing Information and Medication Guide.
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[a]Home visits for initial routine medical tests are not available to people enrolled in Medicare, Medicaid, or other federal or state healthcare programs, or to people living in Rhode Island.

[b]Depending on insurance coverage and where the full cost is not covered by patient's insurance, eligible patients may receive a prescription benefit offer for out-of-pocket drug costs and pay as little as $0 per prescription, as well as a medical assessment benefit offer for out-of-pocket costs for the initial blood tests, ECG screening, and eye exam. Maximum savings limit applies; patient out-of-pocket expenses may vary. This program is not health insurance. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. **Please click here for Program Terms, Conditions, and Eligibility Criteria.**

[c]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 Medicare, Medicaid, or any other federal or state program, or MI residents, 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, and may be modified or discontinued at any time without notice. Once coverage is approved by the patient's commercial insurance plan, the patient will no longer be eligible. Other limitations may apply.

NOTE: Once you have obtained the patient's signature on the PAA (page 1) and filled out page 2, the Start Form is complete and you can send it in.

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/price.

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Submitting the ZEPOSIA® (ozanimod) Start Form

You can submit directly to a ZEPOSIA preferred Specialty Pharmacy or a Specialty Pharmacy of your choice.

Also submit a copy of the Start Form to the ZEPOSIA 360 Support™ Program to help your patients get support.

THE ZEPOSIA 360 SUPPORT™ PROGRAM

Enrolling Your Patients

To get your eligible commercially insured patients into the ZEPOSIA 360 Support™ Program, the Start Form can be submitted by any of the following methods:

Faxing/eFaxing
1-833-727-7701

Uploading to the ZEPOSIA Portal
ZEPOSIAPortal.com

Uploading to CoverMyMeds®
covermymeds.com

Accessing the Program

With the ZEPOSIA 360 Support™ Program, a range of support is available to eligible patients including:

- **Patient Preinitiation Support**
- **Patient Access Support**
- **Patient Financial Support**
- **Dedicated Nurse Navigators**
- **Ongoing Support**
- **Support Coordinators**

Setting Expectations With Your Patients

Once you have submitted the ZEPOSIA Start Form, it may be helpful to let patients know what to expect.

Assessments 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 therapy for the same condition)
  - Transaminase and total bilirubin levels
- Obtain a one-time electrocardiogram (ECG) to determine whether **preexisting** conduction abnormalities are present[a]

Assessments Only for Select Patients Prior to First Dose[1]

- With a history of uveitis, macular edema, or diabetes mellitus—ophthalmic evaluation of the fundus, including the macula[b]
- Without documentation of history of VZV/chicken pox, or documentation of a full course of vaccination, test for antibodies[c]
  - If live *attenuated* immunizations are required, administer at least 1 month prior to initiation

EVALUATE CURRENT AND PRIOR MEDICATIONS BEFORE INITIATION OF TREATMENT[1]

THE FULL PRESCRIBING INFORMATION FOR ZEPOSIA DOES NOT REQUIRE ROUTINE LAB MONITORING UNLESS CLINICALLY INDICATED.[1]

BMS support provided at the homes of eligible patients[d]:

- Blood work
- Macular edema screening with licensed eye clinician overread
- ECG with cardiologist overread
- VZV antibody testing

SPECIALTY PHARMACY (SP)

For HCPs Who Prefer to Use a Specialty Pharmacy:

- A network of Specialty Pharmacies has been established
- The ZEPOSIA 360 Support™ Program will still be available to patients who choose to enroll. HCPs are encouraged to use the ZEPOSIA 360 Support™ Program in conjunction with their SPs of choice

Program sends patient to original SP

Assistance

If patients need help, they should call **1-833-ZEPOSIA** (1-833-937-6742)

[a]**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]
[b]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.
[c]VZV vaccination of antibody-negative patients is recommended prior to commencing treatment.
[d]Home visits for initial routine medical tests are not available to people enrolled in Medicare, Medicaid, or other federal or state healthcare programs, or to people living in Rhode Island.

CBC=complete blood count; ECG=electrocardiogram; UC=ulcerative colitis; QTcF=corrected QT interval by Fridericia; VZV=varicella-zoster virus.

Reference: 1. ZEPOSIA. Prescribing Information. Bristol-Myers Squibb Company; 2021.

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SUBMITTING TO
A SPECIALTY PHARMACY

Specialty Pharmacy (SP) Services That May Be Available

Healthcare professionals who choose to submit to a Specialty Pharmacy may have access to:

A Network of SPs

A network of Specialty Pharmacies has been established to handle ZEPOSIA prescriptions and provide assistance to patients and their physicians, or the HCP may submit to a Specialty Pharmacy of their choice

The ZEPOSIA 360 Support™ Program Will Still Be Available to Patients Who Choose to Enroll

Supporting Patients

Since support can vary from pharmacy to pharmacy, HCPs are encouraged to enroll patients in the **ZEPOSIA 360 Support™ Program** to ensure patients' needs are met

Seamless Partnerships

The **ZEPOSIA 360 Support™** team is dedicated to working closely with SPs to make sure patients are fully supported with the services they need

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/price.

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STEP 3: SUPPORT

The ZEPOSIA 360 Support™ Program

Support for your patients every step of the way

Initiation Support

Preinitiation Assessment Assistance[a]

Provided at the homes of eligible patients:

- Blood work
- ECG with cardiologist overread
- Macular edema screening with licensed eye clinician overread
- VZV antibody testing

ZEPOSIA Starter Kit

A 7-day Starter Pack along with a 30-day supply of ZEPOSIA

Access Support

Access Assistance

Help with Benefits Investigation, Prior Authorization (PA), and Appeals

ZEPOSIA Bridge Program[b]

A free supply of ZEPOSIA for up to 24 months to qualified, commercially insured patients who are at risk of an interruption in therapy

- Up to 24 months of ZEPOSIA for $0, as long as program eligibility rules are met
- Dispensed in 30-day increments

Financial Support

Co-pay Assistance Program[c]

For eligible, commercially insured patients, helps with:

- **Prescription Benefits**
  Eligible patients pay as little as $0 in out-of-pocket costs for their ZEPOSIA prescription
- **Medical Benefits**
  Commercially insured patients can be fully reimbursed for any out-of-pocket costs associated with initiation testing

Third-Party Referrals

Suggestions for independent third-party foundations that may be able to assist with treatment costs

[a]Home visits for initial routine medical tests are not available to people enrolled in Medicare, Medicaid, or other federal or state healthcare programs, or to people living in Rhode Island.

[b]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 Medicare, Medicaid, or any other federal or state program, or MI residents, 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, and may be modified or discontinued at any time without notice. Once coverage is approved by the patient's commercial insurance plan, the patient will no longer be eligible. Other limitations may apply.

[c]Depending on insurance coverage and where the full cost is not covered by patient's insurance, eligible patients may receive a prescription benefit offer for out-of-pocket drug costs and pay as little as $0 per prescription, as well as a medical assessment benefit offer for out-of-pocket costs for the initial blood tests, ECG screening, and eye exam. Maximum savings limit applies; patient out-of-pocket expenses may vary. This program is not health insurance. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. **Please click here for Program Terms, Conditions, and Eligibility Criteria.**

ECG=electrocardiogram; VZV=varicella-zoster virus.

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STEP 3: SUPPORT

Additional Support for Your Patients

Assistance designed to meet the needs of your patients

Dedicated Nurse Navigators*

- Dedicated Point of Contact for Patients
- Program Welcome Call
- Appointment/Scheduling Reminders for Preinitiation Assessments
- Patient Education and Support Materials
- Adherence/Compliance Support
- Work with reimbursement specialists and insurance carrier(s) to determine coverage, access co-pay, and estimate out-of-pocket costs

Ongoing Support

- Payer Policy Research
- Ongoing Reverification
- Shipment Coordination/Tracking
- Access & Reimbursement Guide for ZEPOSIA

Support Coordinators

- Dedicated Point of Contact for HCPs
- Insurance Information and Support
- Regionally Assigned Points of Contact

*Nurse Navigators do not provide medical advice.

Nurse Navigator and Support Coordinator hours of operation:
8 AM-8 PM ET, Monday through Friday

For more information, call **1-833-ZEPOSIA (1-833-937-6742)**

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/price.

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THE ZEPOSIA 360 SUPPORT™ PROGRAM
IS READY TO HELP

Need Assistance? Need Answers?

Contact Your Local ZEPOSIA Support Coordinator

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1-833-ZEPOSIA
(1-833-937-6742)

8 AM-8 PM ET
Monday through Friday

Coordinators are aligned **1:1** with HCP offices and your local ZEPOSIA Field Reimbursement Manager

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REACH OUT TO YOUR TEAM

How to Contact the ZEPOSIA 360 Support™ Team

If You Need Assistance From the ZEPOSIA 360 Support™ Team, There Are Several Easy Ways to Get in Touch:

BY PHONE

Call Your Local ZEPOSIA Support Coordinator

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

BY INTERNET

Visit the Portal at

ZEPOSIAPortal.com

IN PERSON

Speak to Your Representatives

Contact your ZEPOSIA Sales Representative or Field Reimbursement Manager

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/price.

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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.

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.

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. Caution should be exercised when using ZEPOSIA in patients with history of significant liver disease.

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. 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: Use is not recommended.

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For additional safety information, please see the full Prescribing Information and Medication Guide.

Ways for Patients to Save on **ZEPOSIA**

Pay as Little as $0 for Out-of-Pocket Costs

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With the **ZEPOSIA Co-pay Assistance Program**, you could pay **as little as $0** for your ZEPOSIA prescription each month and $0 for the appointments you need before starting treatment.[a]

$0 Co-pay Offer for Your ZEPOSIA Prescription

If you're eligible, you may pay as little as $0 a month for your ZEPOSIA prescription. Annual maximum benefit of $18,000 per calendar year.

Reimbursement for Out-of-Pocket Medical Costs

Before starting ZEPOSIA, a few routine medical tests are required, including a blood test and a heart rate test.

Eligible patients can be fully reimbursed for any OOP costs associated with preinitiation testing, or may pay nothing at all OOP.

Annual maximum benefit of $2,000 per calendar year.

To find out if you're eligible, visit **ZEPOSIA.com** or call your **Nurse Navigator** at **1-833-ZEPOSIA**

Note: Patients are responsible for any costs that exceed the maximum amounts.

[a]Depending on insurance coverage and where the full cost is not covered by patient's insurance, eligible patients may receive a prescription benefit offer for out-of-pocket drug costs and pay as little as $0 per prescription, as well as a medical assessment benefit offer for out-of-pocket costs for the initial blood tests, ECG screening, and eye exam. Maximum savings limit applies; patient out-of-pocket expenses may vary. This program is not health insurance. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. **Please visit ZEPOSIA.com/copaytc for Program Terms, Conditions, and Eligibility Criteria.**

ECG=electrocardiogram; OOP=out-of-pocket.

SEE REVERSE
FOR MORE INFORMATION

ZEPOSIA for **$0**

While You Wait for Insurance Approval

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The ZEPOSIA Bridge Program[a]

If you experience any delay getting insurance approval for your ZEPOSIA prescription, the ZEPOSIA Bridge Program may be able to provide free medication to hold you over.

Who Is Eligible? You may be eligible for the **ZEPOSIA Bridge Program if:**

- You have commercial health insurance
- You are experiencing a delay in getting ZEPOSIA approved by your insurance plan
- Your healthcare provider is working to gain prior authorization or appeal an insurance decision

While your insurance company decides whether to approve ZEPOSIA for you, the ZEPOSIA Bridge Program may provide up to 24 months of ZEPOSIA (one month at a time) for $0, as long as program eligibility rules are being met[b]

Ask your doctor about the ZEPOSIA Bridge Program today

[a]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 Medicare, Medicaid, or any other federal or state program, or MI residents, 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, and may be modified or discontinued at any time without notice. Once coverage is approved by the patient's commercial insurance plan, the patient will no longer be eligible. Other limitations may apply.

[b]Depending on insurance coverage and where the full cost is not covered by patient's insurance, eligible patients may receive a prescription benefit offer for out-of-pocket drug costs and pay as little as $0 per prescription, as well as a medical assessment benefit offer for out-of-pocket costs for the initial blood tests, ECG screening, and eye exam. Maximum savings limit applies; patient out-of-pocket expenses may vary. This program is not health insurance. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. **Please visit ZEPOSIA.com/copaytc for Program Terms, Conditions, and Eligibility Criteria.**

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