



**ZEPOSIA**  
(ozanimod) | 0.92 mg capsules

**360** SUPPORT™

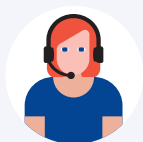
Getting started  
with **ZEPOSIA**



# Support from the start

Once you're prescribed ZEPOSIA® (ozanimod), a Support Coordinator will contact you to welcome you to the program and guide you through the support offerings.

## Our Support Coordinators can:



- Help navigate your insurance benefits\*
- Assist you in exploring available support and savings options
- Arrange for eligible, commercially insured patients to get ZEPOSIA in the event of delays or issues with insurance coverage
- Assist eligible, commercially insured patients with scheduling the routine tests needed to start ZEPOSIA

Additional eligibility requirements and terms & conditions apply. **Please see page 7 for more information.**

Always know when a Support Coordinator is calling by saving this number to your phone: 1-833-ZEPOSIA (833-937-6742).



**Scan this code** to save the Support Coordinator number to your phone contacts—and **be sure to answer the call**

If you haven't heard from a Support Coordinator, reach out to your healthcare team to ensure your Start Form was submitted to ZEPOSIA 360 Support™.

\*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.

# Screening support

Before you start taking ZEPOSIA, your doctor will request a few routine tests. Let your doctor know if you've had any of these tests within the last 6 months, as they may not need to be repeated.

Talk with your doctor to decide if these tests can be done in the doctor's office or at your home for eligible, commercially insured patients.

## Before you start treatment



**Electrocardiogram (ECG)**—a common test that monitors your heart and makes sure it's working normally before you start treatment



**Blood work**—including complete blood count and liver function test

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## Near the start of treatment



**Eye and skin exams**—recommended to monitor any potential changes while taking ZEPOSIA

**Be sure to review your vaccination records to ensure immunizations are up to date with current guidelines, and discuss your list of current or prior medication, vitamins, and herbal supplements with your doctor prior to starting treatment.**

**Find more information about savings on initial routine tests on page 4 of this brochure.**

Additional eligibility requirements and terms & conditions apply. **Please see page 7 for more information.**

# Start taking ZEPOSIA

Once you've been approved to begin treatment, you'll receive the ZEPOSIA Starter Kit. It will either be provided to you by your healthcare team or delivered directly to your home.

## The ZEPOSIA Starter Kit has 2 parts:

- 1. A 7-day Starter Pack** for your first week of treatment. The pills in this pack help increase your dosage of ZEPOSIA gradually. Each pill is labeled with the day and dosage. Be sure to follow the instructions written on the pack and take the pills in the correct order
- 2. The regular dosage of ZEPOSIA** (orange capsules) you'll begin taking on day 8 (after completing the 7-day Starter Pack)



**You'll then receive monthly refills of ZEPOSIA from a specialty pharmacy** (a type of pharmacy that handles medicines for chronic conditions).

You will receive a call from your specialty pharmacy to confirm the delivery of your ZEPOSIA prescription each month. If you prefer to pick up your prescription in store, simply ask your specialty pharmacy. They may offer that option.

Additional eligibility requirements and terms & conditions apply. **Please see page 7 for more information.**

# Ways to **save**

**ZEPOSIA is covered for over 90% of people with private or commercial insurance.\*** But with the ZEPOSIA 360 Support program, there are still ways to save.

## **Ways to save include:**

- **A co-pay offer** that may help those who are eligible and commercially insured pay **as little as \$0 a month for ZEPOSIA**
- **Reimbursement for medical costs** associated with appointments or routine tests before starting ZEPOSIA, for eligible, commercially insured patients
- **The ZEPOSIA Bridge Program** may provide help for eligible, commercially insured patients who are experiencing a delay in obtaining coverage or have been denied coverage

Additional eligibility requirements and terms & conditions apply. **Please see page 7 for more information.**

\*Data provided by Bristol Myers Squibb and is current as of March 2024.



# Supporting you every step of the way

It's normal to have questions when beginning any new treatment. ZEPOSIA 360 Support™ is a program designed to connect you with a dedicated Support Coordinator.

When you begin treatment with ZEPOSIA, a Support Coordinator will contact you to help determine your coverage for ZEPOSIA, what your out-of-pocket costs may be, and other financial options.



**Scan this code** to save the Support Coordinator number to your phone contacts—and **be sure to answer the call**



## Terms & Conditions

### **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 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.

### **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, skin exam, 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, CHAMPVA, TRICARE, Veterans Affairs (VA), or Department of Defense (DoD) programs. Patients are not eligible for the medical assessment benefit offer if they have insurance coverage for their prescription or medical assessment through a state or federal healthcare program, or reside in Massachusetts, Minnesota or Rhode Island. Patients who move from commercial plans to state or federal healthcare programs will no longer be eligible. Patient must be 18 years of age or older. 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



## Terms & Conditions (cont'd)

### **Combined Co-pay Programs (Drug and Medical Benefit) (cont'd)**

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 in the prescription copay program 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. 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 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. 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.

### **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, 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.



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