ZEPOSIA (ozanimod) 0.92 mg capsules | 360 SUPPORT™

VERIFICATION OF BASELINE SCREENING COMPLETION

Fax to 1-833-727-7701

If this form is not submitted via fax, the ZEPOSIA 360 Support™ program will call you and/or your office for verbal confirmation of baseline test completion.

INSTRUCTIONS FOR HEALTHCARE PROVIDER AND/OR AUTHORIZED REPRESENTATIVE

This form is used by the ZEPOSIA 360 Support clinical partners to verify that this patient's baseline tests have been reviewed by their prescriber and that they are able to **start treatment**, which will be shipped directly to their address of choice (as indicated on the Start Form).

Please complete this form and fax it to 1-833-727-7701

All fields below must be completed.

PATIENT INFORMATION

First name _____ **Middle initial** _____ **Last name** _____

Date of birth (MM/DD/YYYY) ____/____/_____

PRESCRIBER INFORMATION

First name _____ **Last name** _____ **Facility name** _____

Phone number (____)_____

HEALTHCARE PROVIDER'S AUTHORIZATION

By signing below, I confirm that, based on my review of the baseline tests, the patient identified above has successfully completed all of the baseline tests required for ZEPOSIA® (ozanimod) treatment. I hereby provide my authorization for such patient to proceed with initiation of treatment and for therapy to be shipped directly to their address of choice (as indicated on the Start Form).

Signature X _____ **Date (MM/DD/YYYY)** ____/____/_____

☐ **Prescriber**

☐ **Healthcare representative**

Healthcare representative information:

Full name _____ **Title** _____

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

Please see full Prescribing Information, including Medication Guide, at ZEPOSIA.com.

Bristol Myers Squibb™