GETTING YOUR PATIENTS STARTED

INFORMATION & SUPPORT

> **ZEPOSIA 360 Support™ gave me lots of information.**

Heather is a real patient compensated for her time. Individual results may vary.

INDICATION

ZEPOSIA® (ozanimod) is indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, 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 Important Safety Information throughout and full Prescribing Information and Medication Guide.

ZEPOSIA (ozanimod) 0.92 mg capsules

360 SUPPORT™

Getting Patients Started on ZEPOSIA[1]

NO Genetic Testing, **NO** First-Dose Observation Required

Assessments Prior to First Dose[1]

- **ECG to detect preexisting conduction abnormalities**
- **Blood work** (within the past 6 months)
  - CBC, including lymphocyte count
  - Transaminase and bilirubin levels

Determine VZV history and vaccination status* and evaluate medication history.

Initiate Patient on ZEPOSIA

Assessments Near the Start of Treatment[1]

- **Ophthalmic evaluation of the fundus, including the macula‡**
- **Skin examination§**

Check to see if your patients recently completed, or plan to have, an annual skin or eye exam to satisfy these requirements.

Periodically obtain transaminase and total bilirubin levels[1†]

Periodically monitor for changes in vision‡ and suspicious skin lesions[1§]

Support provided by Bristol Myers Squibb to eligible commercial patients¶:

• Blood work • ECG • Ophthalmic evaluation • VZV antibody testing • Skin exam reimbursement

*VZV 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] †During treatment and until 2 months after discontinuation.[1] ‡S1P receptor modulators, including ZEPOSIA, have been associated with an increased risk of macular edema. Perform an examination of the fundus, including the macula, periodically while on therapy and any time there is a change in vision.[1] §Also obtain 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] ¶Home visits for initial routine medical tests are not available to people enrolled in Medicare, Medicaid, or other federal or state programs, or to people living in Rhode Island.

CBC=complete blood count; ECG=electrocardiogram; S1P=sphingosine 1-phosphate; VZV=varicella-zoster virus.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Contraindications (continued)**:**

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

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

ZEPOSIA® (ozanimod) | 0.92 mg capsules

One Capsule, Once a Day,* From the Start[1]

*Refer to the recommended dosage below for patients with hepatic impairment.

ZEPOSIA 7-Day Titration Schedule

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8 & Thereafter
0.23 mg once daily				0.46 mg once daily			0.92 mg once daily*

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

- Initiate ZEPOSIA with a 7-day titration schedule as shown in the graphic above. 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 atrioventricular conduction delays may occur
- If a dose is missed within the first 2 weeks of treatment, reinitiate treatment using the titration regimen
- If a dose is missed after the first 2 weeks of treatment, continue with the treatment as planned
- ZEPOSIA may 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 a 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. Use of ZEPOSIA in these patients with severe hepatic impairment (Child-Pugh class C) is not recommended

IMPORTANT SAFETY INFORMATION (CONTINUED)

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 MS 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.

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

ZEPOSIA® (ozanimod) 0.92 mg capsules

STRONG COVERAGE*

NATIONWIDE, 9 OUT OF 10 COMMERCIAL PATIENTS HAVE ACCESS TO ZEPOSIA† WITH **~70% HAVING 1L COVERAGE**

Commitment to Exceptional Patient Support for Your Prescribed Patients

Access Support

One centralized location for the electronic **Start Form**, **benefit verification**, and **prior authorization** submission available through covermymeds®

ZEPOSIA Starter Kit

A free **28-dose supply of ZEPOSIA** is available through the Starter Kit for new eligible patients

24-Month Bridge Program

Eligible commercially insured patients may receive up to **2 years of ZEPOSIA through the Bridge Program** if there is a delay or denial in coverage

Please see additional Eligibility Requirements and Terms and Conditions on pages 6 and 7.

Formulary data based on Field Intelligence Input and MMIT, as of November 2024.

Because formularies are subject to change and many payers offer more than one formulary, please check directly with the payer to confirm coverage requirements and status for individual patients. Coverage and benefits are subject to change without notice. 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. Bristol Myers Squibb does not endorse any individual health plans. Please contact ZEPOSIA 360 Support™ for assistance.

*Strong coverage is defined as greater than 75% commercial first- and second-line access.
†Coverage criteria may apply. For most payers, prior authorization requirements include confirmation of diagnosis and prescription by a specialist. However, different or additional criteria may apply. Please contact ZEPOSIA 360 Support™ for assistance.

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

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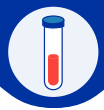
Help Prescribed Patients Every Step of the Way

Pre-Initiation Support



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

Co-Pay Assistance Program

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 pre-initiation testing

Local, Dedicated Support

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

*Support Coordinators can provide general information about ZEPOSIA 360 Support™ but cannot provide medical advice.

SCAN HERE TO VIEW AND SUBMIT START FORM
https://www.zeposiahcp.com/multiple-sclerosis/support
1-833-ZEPOSIA (1-833-937-6742)

See Terms and Conditions on the following page.

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

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Eligibility Requirements and 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, 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.

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.

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 as "co-pay maximizer" programs.

CONTINUED ON NEXT PAGE →

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

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Eligibility Requirements and Terms and Conditions (continued)

Combined Co-pay Programs (Drug and Medical Benefit) (continued)

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.

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.

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.

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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IMPORTANT SAFETY INFORMATION (CONTINUED)

Infections (continued)**:**

- Herpes zoster and herpes simplex were seen in clinical trials of ZEPOSIA. 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.
- Cases of fatal cryptococcal meningitis (CM) and disseminated cryptococcal infections have been reported with S1P receptor modulators. If CM is suspected, ZEPOSIA should be suspended until cryptococcal infection has been excluded. If CM is diagnosed, appropriate treatment should be initiated.
- In 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 MS. 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.

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 MS therapies and has been associated with some risk factors (e.g., immunocompromised patients, polytherapy with immunosuppressants, duration of use). Based on data from patients with MS, longer treatment duration increases the risk of PML in patients treated with S1P receptor modulators, and the majority of PML cases have occurred in patients treated with S1P receptor modulators for at least 18 months. If PML is suspected, withhold ZEPOSIA and perform an appropriate diagnostic evaluation. If confirmed, treatment with ZEPOSIA should be discontinued.

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.

IMPORTANT SAFETY INFORMATION (CONTINUED)

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. 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: Clinically significant liver injury, including acute liver failure requiring transplant, has occurred in patients treated with ZEPOSIA in the postmarketing setting. Signs of liver injury, including elevated serum hepatic enzymes and elevated total bilirubin, have occurred as early as ten days after the first dose. Obtain transaminase and bilirubin levels, if not recently available (i.e., within 6 months), before initiation of ZEPOSIA. Obtain transaminase levels and total bilirubin levels periodically during treatment and until two months after ZEPOSIA discontinuation. Patients should be monitored for signs and symptoms of any hepatic injury. Patients who develop symptoms suggestive of hepatic dysfunction should have hepatic enzymes promptly checked, and ZEPOSIA should be interrupted. Treatment should not be resumed if a plausible alternative etiology for the signs and symptoms cannot be established, because these patients are at risk for severe drug-induced liver injury.

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. Women who become pregnant while taking ZEPOSIA may enroll in the ZEPOSIA pregnancy registry by calling 1-877-301-9314 or visiting www.zeposiapregnancyregistry.com.

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.

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. Obtain a baseline evaluation of the fundus, including a macula, near the start of treatment with ZEPOSIA. Perform an examination of the fundus, including the macula, periodically while on therapy and any time there is a change in vision. Continuation of ZEPOSIA therapy in patients with macular edema has not been evaluated. Macular edema over an extended period of time (i.e. 6 months) can lead to permanent visual loss. Consider discontinuing ZEPOSIA if macular edema develops. The risk of recurrence after rechallenge has not been evaluated.

Patients with a history of uveitis and patients with a history of diabetes mellitus are at increased risk of macular edema during ZEPOSIA therapy.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Cutaneous Malignancies: The risk of cutaneous malignancies (including basal cell carcinoma, squamous cell carcinoma, and melanoma) is increased in patients treated with S1P receptor modulators. Skin examinations are recommended prior to or shortly after the start of treatment and periodically thereafter for all patients, particularly those with risk factors for skin cancer. Providers and patients are advised to monitor for suspicious skin lesions. If a suspicious skin lesion is observed, it should be promptly evaluated. As usual for patients with increased risk for skin cancer, exposure to sunlight and ultraviolet light should be limited by wearing protective clothing and using sunscreen with a high protection factor. Concomitant phototherapy with UV-B radiation or PUV-A photochemotherapy is not recommended in patients taking ZEPOSIA.

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.

Severe Increase in Multiple Sclerosis (MS) Disability After Stopping ZEPOSIA: In MS, severe exacerbation of disease, including disease rebound, has been rarely reported after discontinuation of a S1P receptor modulator. The possibility of severe exacerbation of disease should be considered after stopping ZEPOSIA treatment so patients should be monitored upon discontinuation. After stopping ZEPOSIA in the setting of PML, monitor for development of immune reconstitution inflammatory syndrome (PML-IRIS).

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 80% to 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%): upper respiratory infection, hepatic transaminase elevation, orthostatic hypotension, urinary tract infection, back pain, and hypertension.

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; 2024.

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

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> **I also used ZEPOSIA 360 Support™ to ask questions about potential ways to save.**

Heather is a real patient compensated for her time. Individual results may vary.

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

Bristol Myers Squibb®

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 www.ZEPOSIA.com/cost.

Contact your field Access and Reimbursement Manager (ARM) team for patients prescribed ZEPOSIA to:

- Help navigate the prior authorization and appeals processes
- Share information on local payer coverage for ZEPOSIA
- Educate offices on ZEPOSIA 360 Support™ program benefits and how to get patients started on treatment

SCAN HERE TO VIEW AND SUBMIT START FORM

https://www.zeposiahcp.com/multiple-sclerosis/support

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