

ZEPOSIA 360 Support™ is ready to help your patients navigate the treatment journey. Our program can facilitate baseline assessment assistance by providing support to eligible commercially insured patients.

## Two options for eligible, commercially insured patients to receive baseline assessment assistance for ZEPOSIA:



**In-home baseline assessments<sup>a</sup>**



**Assessments completed in a healthcare provider (HCP) office<sup>b</sup>**

### Baseline assessments overview

**All patients** prior to first dose will need the following:

- 1 Blood work**
  - Complete blood count (CBC), including lymphocyte count (within the last 6 months or after discontinuation of prior therapy)
  - Transaminase and total bilirubin levels (within the last 6 months)
- 2 Electrocardiogram (ECG)** to determine whether pre-existing conduction abnormalities are present.
- 3 Evaluation of current and prior medications** before initiation of treatment.

**Select patients** prior to first dose will need the following:

- 1 Ophthalmic evaluation** of the fundus, including the macula for those patients with a history of uveitis, macular edema, or diabetes mellitus.
- 2 Test for varicella-zoster virus (VZV) antibodies** for patients without a confirmed history of VZV/chicken pox, or without documentation of a full course of vaccination. If live attenuated immunizations are required, administer at least 1 month prior to initiation.

These assessments are not intended to make suggestions about the efficacy, safety, or indication of use for the product. For additional information and complete terms and conditions for the services listed above, please see [page 4](#) and [www.ZEPOSIAhcp.com](http://www.ZEPOSIAhcp.com).

## Enroll in ZEPOSIA 360 Support™



Enroll online at  
**covermymeds®**



Fax us at **1-833-727-7701**

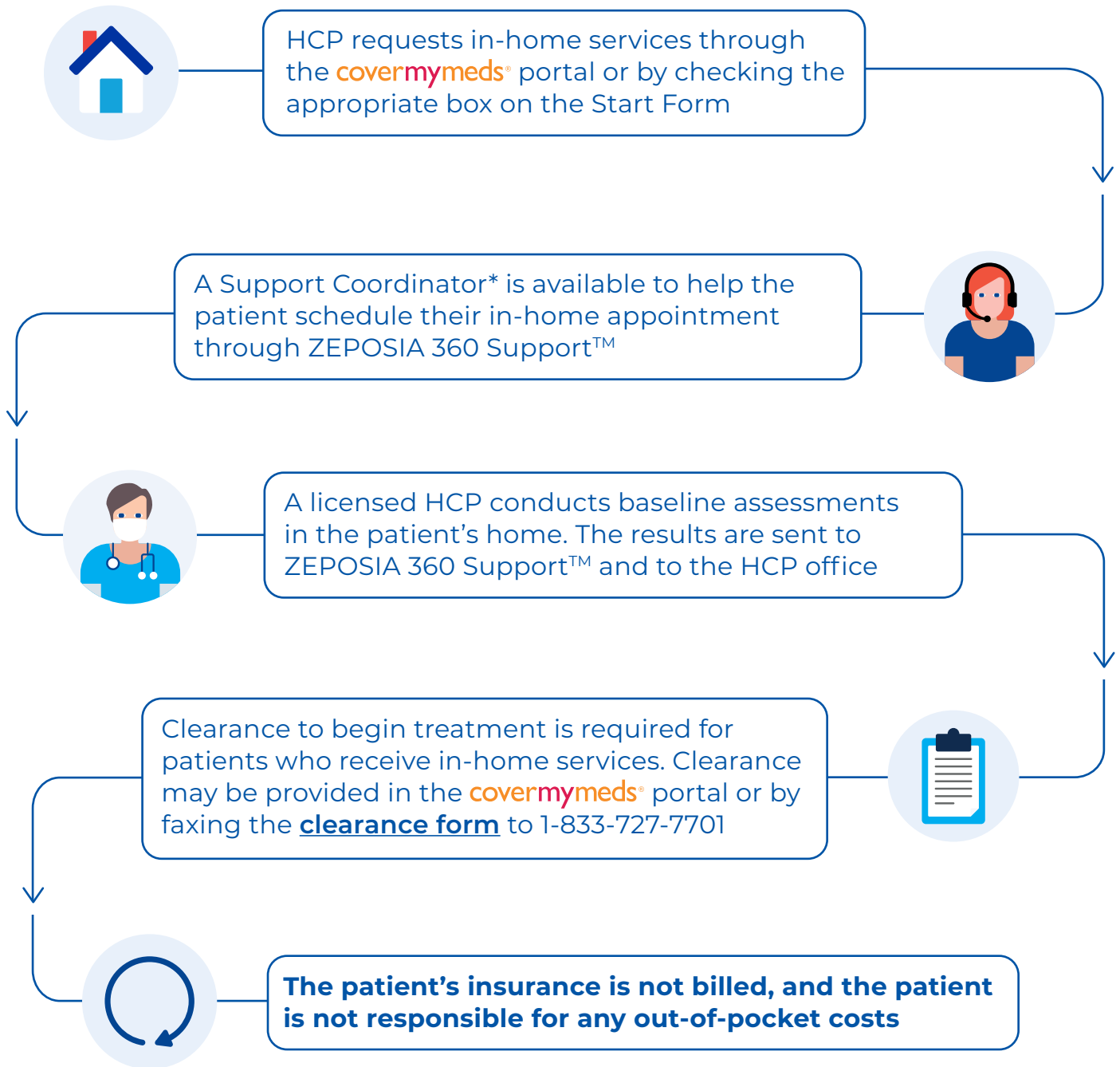


Call us at **1-833-ZEPOSIA (1-833-937-6742)**  
(translation services available)  
Monday – Friday, 8 AM – 8 PM ET



Visit [www.ZEPOSIAhcp.com](http://www.ZEPOSIAhcp.com)

# Baseline assessments completed in a patient's home

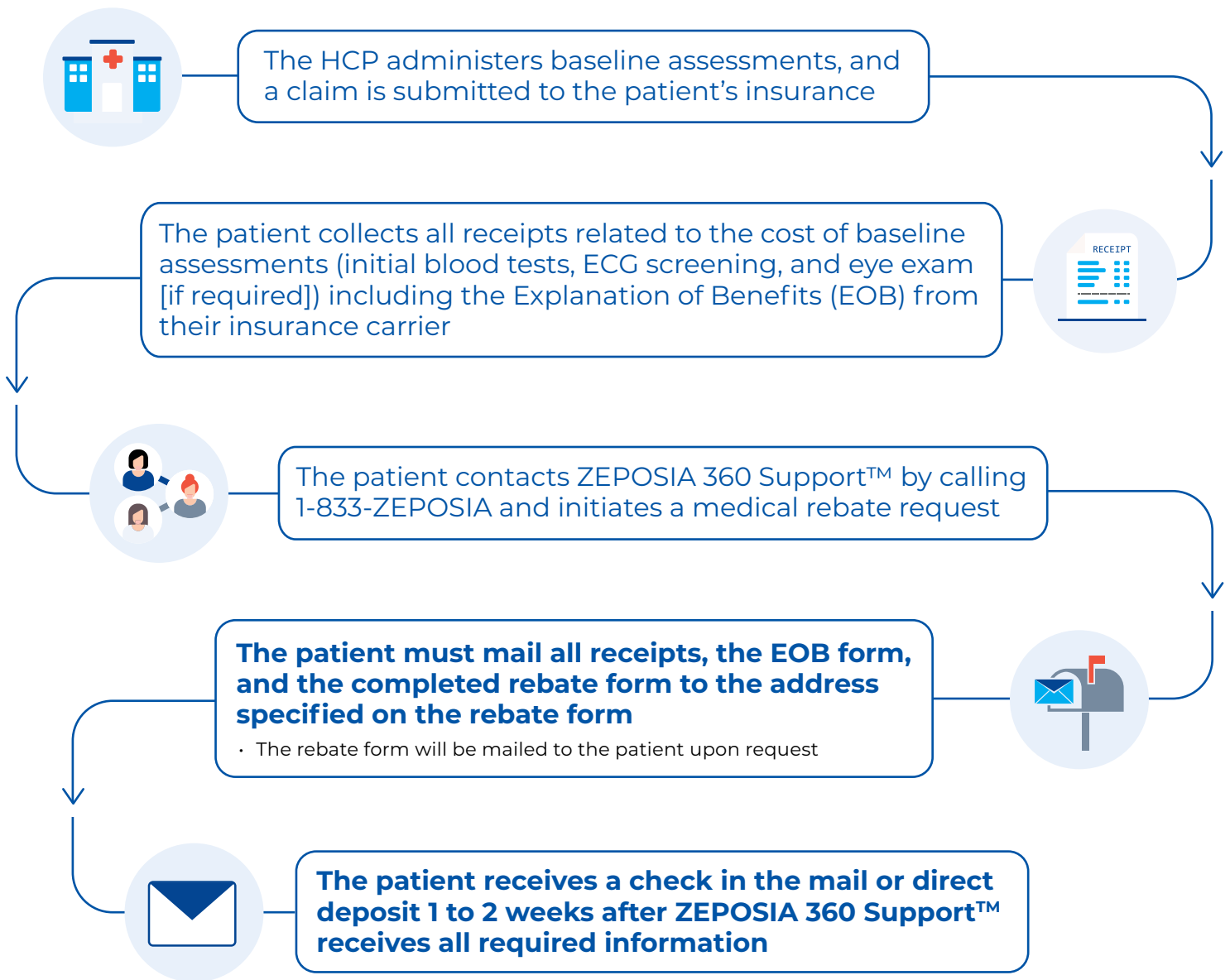


\*ZEPOSIA Support Coordinators can provide general information about ZEPOSIA 360 Support™ but cannot provide medical advice.

**For additional information and complete terms and conditions for the services listed above, please see [page 4](#) and [www.ZEPOSIAhcp.com](http://www.ZEPOSIAhcp.com).**

**Please see [full Prescribing Information](#) and [Medication Guide](#) at [www.ZEPOSIAhcp.com](http://www.ZEPOSIAhcp.com).**

# Baseline assessments completed in an HCP's office



**If you need assistance, our support team is happy to help.**



Call us at **1-833-ZEPOSIA (1-833-937-6742)**  
(translation services available)  
Monday – Friday, 8 AM – 8 PM ET

For additional information and complete terms and conditions for the services listed above, please see [page 4](#) and [www.ZEPOSIAhcp.com](http://www.ZEPOSIAhcp.com).

Please see [full Prescribing Information](#) and [Medication Guide](#) at [www.ZEPOSIAhcp.com](http://www.ZEPOSIAhcp.com).

## TERMS AND CONDITIONS

<sup>a</sup>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, CHAMPUS, 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.

<sup>b</sup>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, 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, CHAMPUS, 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. 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. The Program expires on December 31, 2023. All Program payments are for the benefit of the patient only. Patients, pharmacists, and prescribers may not seek reimbursement from health insurance, health savings or flexible spending accounts, or any third party, for any part of the medical assessment benefit received by the patient through this Program. Patient's acceptance of any Program benefit confirms that it is consistent with patient's insurance and that patient will report the value received as may be required by his/her insurance provider. Program valid only in the United States and Puerto Rico. Void where prohibited by law, taxed, or restricted. The Program cannot be combined with any other offer, rebate, coupon, or free trial. The Program is not conditioned on any past, present or future purchase, including refills. The Program is not insurance. Other limitations may apply. Bristol Myers Squibb reserves the right to rescind, revoke, or amend this Program at any time without notice.

Bristol Myers Squibb is committed to transparency. For information on the list price of ZEPOSIA as well as information regarding average out-of-pocket costs and assistance programs, please visit <https://www.ZEPOSIA.com/cost>.

ZEPOSIA and ZEPOSIA 360 Support are trademarks of Celgene Corporation, a Bristol Myers Squibb company. CoverMyMeds is a registered trademark of CoverMyMeds LLC. All rights reserved.

© 2023 Bristol-Myers Squibb Company.  
2084-US-2300498 08/23

