



# Authorizations and Appeals Guide for ZEPOSIA<sup>®</sup> (ozanimod)

# Guide Overview

At Bristol-Myers Squibb (BMS) Company, we believe patient support can be a critical component of accessibility, affordability, and adherence. Once the prescriber has decided to prescribe ZEPOSIA® (ozanimod), ZEPOSIA 360 Support™ is ready to help patients navigate their treatment journeys.

## BMS created this guide to support patients in navigating:



**Authorizations**



**Appeals**



**Patient Support  
and Resources**



**For additional information or patient-specific assistance, please contact ZEPOSIA 360 Support™ at 1-833-ZEPOSIA (1-833-937-6742).**

The accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider (HCP) and patient. Bristol Myers Squibb and its agents make no guarantee regarding reimbursement for any service or item.



# Table of Contents

## › ZEPOSIA 360 Support™

## › Getting Started With ZEPOSIA

- › HCP Office Checklists
- › Enrolling Your Patient in ZEPOSIA 360 Support™
- › ZEPOSIA Starter Kit

## › Coverage and Access to ZEPOSIA

- › Coverage Scenarios
- › Prior Authorization Checklist
- › Navigating Formulary Exceptions and Appeals
- › ZEPOSIA Bridge Program

## › Appeal Process

- › Supporting Information for Medical Exception and Appeal Letters
- › Letters of Appeal

## › Patient Financial Support



# ZEPOSIA 360 Support™



ZEPOSIA  
360 SUPPORT™

GETTING  
STARTED

COVERAGE  
AND ACCESS

APPEAL PROCESS

PATIENT  
FINANCIAL SUPPORT



# For patients prescribed ZEPOSIA® (ozanimod)

## ZEPOSIA 360 Support™ to Help Patients Begin Therapy



The **covermy meds**® portal serves as a central location to manage and track your patients' access to ZEPOSIA and allows you to:

- › Enroll patients and request services using the digital Start Form. Start Forms can also be submitted via fax
- › Track patient status through the cases tab
- › Submit prior authorizations (PAs)



**In-home, nationwide baseline assessments** with scheduling and appointments available **7 days per week including evenings** for eligible, commercially insured patients



For new, eligible patients enrolled in ZEPOSIA 360 Support™, a free **28-dose supply of ZEPOSIA** is available through the **Starter Kit**



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



Eligible, commercially insured patients may pay as little as **\$0 in out-of-pocket costs per prescription**, subject to a maximum benefit during a calendar year



**Local, dedicated support** through your Access and Reimbursement Manager (ARM) and team of Support Coordinators<sup>a</sup>

For complete terms and conditions for the services listed above, please see [www.zeposia.com/terms-conditions](http://www.zeposia.com/terms-conditions).

<sup>a</sup>ZEPOSIA Support Coordinators can provide general information about ZEPOSIA 360 Support™ but cannot provide medical advice.



# Getting Started With ZEPOSIA® (ozanimod)



# Checklist: Accessing ZEPOSIA® (ozanimod) Through **covermymeds**®

- Enroll your patient in ZEPOSIA 360 Support™ electronically through **covermymeds**®
  - › If the patient is unable to sign via the CoverMyMeds portal in-office at the time of the Start Form submission, **covermymeds**® will reach out via email to collect the signature
  
- Advise your patient to save the ZEPOSIA 360 Support™ phone number in their phone **1-833-937-6742**
  
- Complete required **baseline assessments**
  - › If baseline assessment assistance was requested on the Start Form, review the results of the baseline assessments and provide clearance in the **covermymeds**® portal or upload the baseline assessment **clearance form**
  - For complete terms and conditions, please see **www.zeposia.com/terms-conditions**.
  
- If required, submit a PA through **covermymeds**®
  
- Follow up on the status of your patient's case by visiting the cases tab in the **covermymeds**® portal

Contact ZEPOSIA  
360 Support™



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



Visit  
**www.ZEPOSIAhcp.com**



ZEPOSIA  
360 SUPPORT™

GETTING  
STARTED

COVERAGE  
AND ACCESS

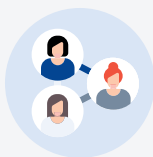
APPEAL PROCESS

PATIENT  
FINANCIAL SUPPORT

# Checklist: Accessing ZEPOSIA® (ozanimod) by Fax

- Enroll your patient in ZEPOSIA 360 Support™ by faxing the Start Form to **1-833-727-7701**
  - › Before faxing, ensure the patient has signed the Start Form in office or by visiting [ZEPOSIA.com/esign](https://ZEPOSIA.com/esign)
- Advise your patient to save the ZEPOSIA 360 Support™ phone number in their phone **1-833-937-6742**
- Complete required **baseline assessments**
  - › If assistance was requested on the Start Form, submit the baseline assessment **clearance form** to ZEPOSIA 360 Support™
  - › You may also review the baseline assessment results and provide clearance in the **covermy meds®** portalFor complete terms and conditions, please see [www.zeposia.com/terms-conditions](https://www.zeposia.com/terms-conditions).
- If required, submit a PA through **covermy meds®** or directly to the patient's insurance
- Follow up on the status of your patient's case by visiting the cases tab in the **covermy meds®** portal

Contact ZEPOSIA  
360 Support™



Call us at **1-833-ZEPOSIA (1-833-937-6742)**  
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Visit  
[www.ZEPOSIAhcp.com](https://www.ZEPOSIAhcp.com)





# Enrolling Your Patient in ZEPOSIA 360 Support™

Access the ZEPOSIA 360 Support™ Start Form through [covermy meds](#)® or the [HCP website](#).

**Ensure the Start Form includes the patient or patient representative signature. eSignatures may be provided in the [covermy meds](#)® portal at [ZEPOSIA.com/esign](#).**

Advise your patient to save the ZEPOSIA 360 Support™ Support Coordinator<sup>a</sup> phone number **1-833-937-6742** in their phone.

## Enroll in ZEPOSIA 360 Support™ by submitting the Start Form

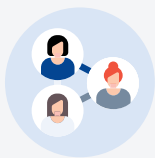


Enroll online at [covermy meds](#)®



Fax the signed Start Form to **1-833-727-7701**

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



Call us at **1-833-ZEPOSIA (1-833-937-6742)**  
Monday – Friday, 8 AM – 8 PM ET  
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Visit [www.ZEPOSIAhcp.com](http://www.ZEPOSIAhcp.com)

<sup>a</sup>ZEPOSIA Support Coordinators can provide general information about ZEPOSIA 360 Support™ but cannot provide medical advice.



# Cases Tab in the covermymeds® Portal

The screenshot shows the 'covermymeds' portal interface. On the left, there are navigation icons for 'REQUESTS' and 'CASES'. The main area displays a search bar with 'START NEW' and 'ENTER KEY' buttons. Below the search bar, there are options to 'SORT BY: MOST RECENT', 'EXPAND ALL', and 'COLLAPSE ALL'. A table lists two patient cases:

Patient Name	Enrollment Status	Prior Auth. Status	Action Required
Jane Doe CASE KEY E-123DEF DOB 01/01/1981 RX BRAND X	Complete	New (Not Sent to Plan)	Prior Authorization
Jonathan Doe CASE KEY K-123VIG DOB 3/12/1976 RX BRAND X	Not Started	Sent to Plan	Enrollment Form

View the status of all of your patient cases and see detailed information including action items for each case in the cases tab.

The screenshot shows a detailed view of a patient case for Jane Doe. The patient information includes: Jane Doe, CASE KEY E-123DEF, D.O.B. 01/01/1981, and Brand X 20MG. The interface is divided into several sections:

- SPECIALTY PHARMACY:** Dispensing Pharmacy. Dispensing pharmacy will be displayed upon transfer of prescription to the dispensing pharmacy.
- ADDITIONAL SUPPORT:** Includes links for Brand X Website and Diagnosis Foundation.
- YOUR TASKS:**
  - Enrollment Form (K-678HAZ) - Complete - VIEW
  - Prior Authorization - New (Not Sent to Plan) - START
- PATIENT SERVICES TASKS:**
  - Benefit Verification/Investigation - Complete - VIEW
  - Prior Authorization Support - Not Started
  - Appeal Support - Not Started
  - Financial Assistance Enrollment - Not Started
  - Coordinate Order Fulfillment - Not Started



# ZEPOSIA® (ozanimod) Starter Kit

For new, eligible patients enrolled in ZEPOSIA 360 Support™, a free **28-dose supply of ZEPOSIA** is available through the **Starter Kit**.

You may request a Starter Kit for your patient by selecting the appropriate box on the **Start Form**.

In order to receive a Starter Kit, the patient must be prescribed ZEPOSIA for an FDA-approved indication, must not be receiving a 28-dose sample from your office, and the Start Form must be submitted directly to ZEPOSIA 360 Support™.

For complete terms and conditions, please see [www.zeposia.com/terms-conditions](http://www.zeposia.com/terms-conditions).

## ZEPOSIA Starter Kit

### 7-day Starter Pack

A blister pack with 7 capsules for the 7-day, dose-titration period



### 21-dose bottle

21 capsules of the maintenance dose (0.92 mg)



# Coverage and Access to ZEPOSIA<sup>®</sup> (ozanimod)



# Coverage Scenarios

ZEPOSIA 360 Support™ will complete a benefit verification to determine your patient's coverage and out-of-pocket costs for ZEPOSIA® (ozanimod). Benefit verification results will be faxed to your office and available through the [covermy meds](#)® portal. Results may note that your patient's insurance requires additional information based on one of the coverage scenarios outlined below.

## 1 COVERED: Prior authorization required

Payer requires an authorization to obtain:

- Additional information about your patient's diagnosis and medical history
- Clinical rationale for the course of treatment
- Confirmation of prescription by a specialist



**Tip:** Review the PA checklist on page [14](#) and details on the appeals process on pages [18-19](#).

## 2 COVERED: Step therapy required

Payer may require your patient to try and fail 1 or more therapies prior to approving coverage for ZEPOSIA



**Tip:** More than half of all US states have enacted laws to address step therapy requirements.

For additional information on your state, contact your ARM team.

## 3 NOT COVERED: Formulary exception may be available

If ZEPOSIA is not covered because it is not listed on the payer's formulary, you or your patient may be able to request a formulary exception



**Tip:** For additional information on formulary exceptions, please see page [15](#).

US – United States.



# Prior Authorization (PA) Checklist

## Important PA considerations

**covermy meds**<sup>®</sup> offers electronic prior authorization (ePA) support including submission and tracking of ePAs.

Review the PA requirements for your patient's plan and the submission options.



**Tip:** Many plans have a PA request form available on their websites. Be sure you use the correct form for the patient's health plan. Payers may also have multiple versions of forms for different plans (eg, Medicare Advantage vs private commercial offering).

If the PA form is general and doesn't include rationale for treatment and a summary of the patient's diagnosis and history, you may consider submitting a letter of medical necessity and/or supporting medical information.

## Where to find information

If you have enrolled your patient in ZEPOSIA 360 Support<sup>™</sup>, the program will send you PA requirements. For additional information, contact ZEPOSIA 360 Support<sup>™</sup> or your patient's health insurance plan.

You can call the plan or visit their website to review PA submission options. ZEPOSIA 360 Support<sup>™</sup> can also assist with this process.



**Tip:** If you determine that the authorization request is urgent or requires expedited review, consider noting this on the top of the request.

Package configuration	Tablet strength	NDC number
Bottles of 30	0.92 mg ozanimod	59572-820-30
7-day Starter Pack	7-capsule Starter Pack containing: (4) 0.23 mg ozanimod capsules and (3) 0.46 mg ozanimod capsules	59572-810-07
Starter Kit (7-day Starter Pack and 0.92 mg 21-count bottle)	28-capsule Starter Kit including:	59572-890-28
	one 7-capsule Starter Pack containing: (4) 0.23 mg ozanimod capsules and (3) 0.46 mg ozanimod capsules and one bottle containing: (21) 0.92 mg ozanimod capsules	59572-890-07 59572-890-21

NDC – National Drug Code.

**If your patient will be receiving a free ZEPOSIA<sup>®</sup> (ozanimod) Starter Kit, PA is required for the maintenance dose only.**



# Navigating Exceptions and Appeals

## Navigating formulary exceptions

An exception may be requested to obtain a product that is not included in a plan's formulary or to request removal of a utilization management requirement for a formulary product, such as:



Step therapy requirement not met



Product is non-preferred



Quantity limit exceeded

## Navigating appeal requests

If a coverage determination for ZEPOSIA® (ozanimod) is unfavorable, the treating HCP or patient may submit an appeal. Consider the following:



Ensure the appeal is organized and clearly written with supporting clinical information



Provide clinical rationale as to why the preferred product is not appropriate for the patient



If an appeal is denied, a peer-to-peer review may be available. For additional information, contact ZEPOSIA 360 Support™

Refer to the health plan's specific guidelines for additional information.

**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.**



# Bridge Program

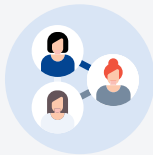
**BMS is committed to making ZEPOSIA® (ozanimod) accessible to appropriate patients. Eligible, commercially insured patients may receive up to 2 years of ZEPOSIA through the Bridge Program if there is a delay or denial in coverage.**

In order for patients to remain eligible for the Bridge Program, you must complete these steps:



For complete terms and conditions, please see [www.zeposia.com/terms-conditions](http://www.zeposia.com/terms-conditions).

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



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





# Appeal Process



# Supporting Information for Medical Exception and Appeal Letters

The letter templates referenced in this section may be used to support medical exception requests for access to ZEPOSIA® (ozanimod). The letters should be submitted with relevant medical records, on your practice's letterhead, and signed by the prescriber.

The following supporting information may be included within the letters:

## Disease summary may include the following if applicable

- History and/or description of patient's symptoms and symptom progression
- Pertinent scan documentation and exam findings
- Intolerable side effects due to alternate therapies
- Past drugs and treatments that were tried and failed
- Activities of daily living affected by current disease
- Clinical trial data that may be relevant to the patient's treatment
- Other relevant medical information
- ZEPOSIA requires baseline assessments. For additional information, please go to the [HCP website](#)

## Treatment plan

- The treatment plan should include the dosage as appropriate

## Additional documentation

- Denial letter
- [Prescribing Information](#)
- [Food and Drug Administration \(FDA\) approval letter](#)
- Clinical practice guidelines
- Clinical notes and medical records

The information provided in the template letters is for informational purposes for patients who have been prescribed ZEPOSIA. These template letters are not intended to substitute for a prescriber's independent clinical decision making.



# Letters of Appeal

To support communication with your patient's health plan, sample letter templates are available for medical exception approval or to appeal a denial of coverage for ZEPOSIA



As these templates cover a wide range of needs, please visit [zeposiahcp.com](https://zeposiahcp.com) and visit the support page to learn more and download the templates

Please see page [2](#) for additional reimbursement information.



# Patient Financial Support



# Patient Financial Support

## Co-Pay Benefits Through ZEPOSIA 360 Support™

### Prescription

- **Commercially insured patients may pay as little as \$0** in out-of-pocket costs per prescription
- Subject to a **maximum benefit** during a calendar year

### Medical

- **Commercially insured patients may be reimbursed** for out-of-pocket costs associated with baseline assessments
- Subject to a **maximum benefit** during a calendar year

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

### Independent, third-party foundations

- ZEPOSIA 360 Support™ may provide information about independent third-party foundations that may be able to assist with treatment costs
- These foundations are not affiliated with BMS or any third parties who charge a fee for help with applications or medication refills
- Charitable foundations are independent from BMS and have their own eligibility and evaluation requirements
- BMS cannot guarantee that a patient will receive assistance

For complete terms and conditions, please see [www.zeposia.com/terms-conditions](http://www.zeposia.com/terms-conditions).



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/>.

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