MY CAMZYOS™ PATIENT SUPPORT

CAMZYOS™ Support Program Enrollment Form

CAMZYOS™ (mavacamten) capsules

PHONE: 855-226-9967 | **FAX:** 833-302-1421 | **ONLINE:** https://account.covermymeds.com

*Required field.

PATIENT INFORMATION – *(to be completed by Patient)*

First Name*: MI: Last Name*: Gender*: ◯ M ◯ F DOB* (mm/dd/yyyy):

Address*: City*: State*: Zip*:

Email*: (required for co-pay enrollment) Home Phone*: Mobile: ◯ OK to Leave a Detailed Voicemail

Preferred Number to Call: ◯ Home ◯ Mobile Preferred Language:

Caregiver/Alternate Contact First Name: Last Name:

Phone: Email:

Patient signature is required on page 4 to process enrollment.

INSURANCE INFORMATION – *(please include a copy of both sides of insurance and prescription cards if available)*

PRESCRIPTION DRUG INSURANCE

Primary Insurance Carrier*:

Phone*:

Member ID #*:

Group #*: Rx BIN #*:

Rx PCN #:

◯ Check here if patient does not have prescription insurance

MEDICAL INSURANCE

Primary Insurance Carrier*:

Phone*:

Policy ID #*: Group #:

Policy Holder First Name*:

Last Name*:

Secondary Insurance Carrier:

Phone:

Policy ID #: Group #:

Policy Holder First Name:

Last Name:

◯ Check here if patient does not have insurance

FINANCIAL INFORMATION

(Required if requesting research for alternative coverage support programs)

Total number of people in household (including applicant): Household Income: ◯ Yearly: $ or ◯ Monthly: $

Your application may be subject to audit or request for additional documentation.

INDICATION

CAMZYOS™ (mavacamten) is indicated for the treatment of adults with symptomatic New York Heart Association (NYHA) class II-III obstructive hypertrophic cardiomyopathy (HCM) to improve functional capacity and symptoms.

IMPORTANT SAFETY INFORMATION

WARNING: RISK OF HEART FAILURE

CAMZYOS reduces left ventricular ejection fraction (LVEF) and can cause heart failure due to systolic dysfunction.

Echocardiogram assessments of LVEF are required prior to and during treatment with CAMZYOS. Initiation of CAMZYOS in patients with LVEF <55% is not recommended. Interrupt CAMZYOS if LVEF is <50% at any visit or if the patient experiences heart failure symptoms or worsening clinical status.

Concomitant use of CAMZYOS with certain cytochrome P450 inhibitors or discontinuation of certain cytochrome P450 inducers may increase the risk of heart failure due to systolic dysfunction; therefore, the use of CAMZYOS is contraindicated with the following:

- **Moderate to strong CYP2C19 inhibitors or strong CYP3A4 inhibitors**
- **Moderate to strong CYP2C19 inducers or moderate to strong CYP3A4 inducers**

Because of the risk of heart failure due to systolic dysfunction, CAMZYOS is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the CAMZYOS REMS PROGRAM.

Please see additional Important Safety Information throughout and accompanying U.S. Full Prescribing Information, including **Boxed WARNING** and Medication Guide, or visit MyCAMZYOS.com.

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*Required field.

PHYSICIAN INFORMATION

Treating Physician First Name*: Last Name*:

State License #: Physician NPI #*:

Practice/Facility: Phone*: Fax*:

Address*: City*: State*: Zip*:

Office Contact First Name: Last Name: Title:

Office Contact Email: Phone: Fax:

Referring Physician Name: Referring Physician Address:

City*: State*: Zip*:

ECHOCARDIOGRAM SUPPORT

◯ **Echocardiogram Benefits Verification**

◯ **Echocardiogram Co-Pay Assistance**

CPT code*: _____

(Echocardiogram Procedure Code required if requesting medical BV.)

PRESCRIPTION(S)

In order for patients to receive CAMZYOS™ (mavacamten), prescribers, pharmacies, and patients must be enrolled and comply with the requirements of the CAMZYOS Risk Evaluation and Mitigation Strategy (REMS) program. Only healthcare providers certified in the CAMZYOS REMS program are authorized to prescribe CAMZYOS.

Patient First Name*: MI: Last Name*: DOB* (mm/dd/yyyy):

ICD-10 Diagnosis Code*

◯ **I42.1** Obstructive Hypertrophic Cardiomyopathy ◯ **Other:** _____ **Drug and Non-Drug Allergies:** _____ ◯ **No known drug allergies (NKDA)**

◯ Is patient currently taking CAMZYOS? (If patient is already on therapy, the Rxs are not required to submit for enrollment.)

35-Day Free Trial Rx*†

◯ CAMZYOS 5 mg, 1 capsule orally once daily
Dispense 35-day supply

Bridge Rx‡ (commercially insured only)

◯ CAMZYOS 5 mg, 1 capsule orally once daily
Dispense 30-day supply

†Limited to on-label indication. Additional restrictions and eligibility rules apply.
‡Program Terms and Conditions on page 8.

Bridge Rx dosage will be verified for titration prior to dispense and a new Rx may be needed.

Preferred Specialty Pharmacy: _____

PHYSICIAN CERTIFICATION

PHYSICIAN CERTIFICATION: I certify to the following: (1) to the best of my knowledge, the information that I provide to BMS in this form is complete and accurate; (2) I understand that the information provided will be used by the program for purposes of verifying my patient's insurance coverage and eligibility, assistance with prior authorization, researching alternative insurance coverage options, and transmitting the above prescriptions pursuant to applicable law to the appropriate specialty pharmacies; (3) I have the authority to disclose this patient's information to BMS and its respective agents and assignees, and I have obtained this patient's authorization for the disclosure, if required by HIPAA or other applicable privacy laws; (4) treatment with the above medication is medically necessary and for an FDA-approved use; and (5) I understand the information I provide may be used by BMS and parties acting on its behalf for services, communications, marketing, and analytics activities.

I certify, if the patient enrolls in CAMZYOS Echocardiogram Co-Pay Assistance, to the following:

- I have read and will comply with the Program Terms and Conditions on page 8.
- To the best of my knowledge, this patient satisfies the Patient Eligibility requirements, and I will notify the Program immediately if the patient's insurance status changes
- To the best of my knowledge, participation in this Program is not inconsistent with any contract or arrangement with any third-party payer to which this office/site will submit a bill or claim for reimbursement for the echocardiogram assessment administered to the patient
- I will not submit an insurance claim or other claim for payment to any third-party payer (private or government) for the amount of assistance that my patient receives from the Program
- If this office/site receives payment directly from the Program for this patient, the office/site will not accept payment from the patient for the amount received from the Program

I understand that BMS (1) may verify all information provided, and not allow or suspend participation if inadequate information is received; (2) may modify, limit, or terminate these programs, or recall or discontinue medications, at any time without notice; and (3) is relying on these certifications.

PRESCRIBER SIGNATURE* _____ Date* _____
(Dispense as Written)

PRESCRIBER SIGNATURE _____ Date _____
(Substitutions Allowed)

Please see Important Safety Information throughout and accompanying U.S. Full Prescribing Information, including **Boxed WARNING** and Medication Guide, or visit MyCAMZYOS.com.

PHONE: 855-226-9967 | **FAX:** 833-302-1421 | **ONLINE:** https://account.covermymeds.com

*Required field.

PATIENT AUTHORIZATION & AGREEMENT

MyCAMZYOS is a support program for patients by Bristol-Myers Squibb Company (BMS). Through this authorization and agreement, I choose to participate in MyCAMZYOS Access Assistance, which helps patients understand their insurance coverage and financial support options for CAMZYOS™ (mavacamten) as well as provides echocardiogram co-pay assistance and/or free medication to those who qualify. I also have the option to participate in MyCAMZYOS MyNurse Navigator by separately enrolling below. To participate in MyCAMZYOS Access Assistance (the "Program"), BMS will need to receive, use, and disclose your personal information. Please read this authorization carefully and contact the Program at 1-855-226-9967 if you have any questions.

1. What information will be used and disclosed?

My personal information will be disclosed, including:

- Information on the Program enrollment form
- My contact information
- Date of birth
- Financial and Income information
- Insurance benefit information
- Health records and information, including diagnoses, medications, and lab tests
- Biometric & Genetic information, including tests that identify the kind of illness that I have and/or medication indicated for my treatment

2. Who will disclose, receive, and use the information?

This authorization permits my caretakers, which includes my healthcare providers, pharmacies, health plans or insurers who provide services to me, as well as other people that I say can help me apply (my "Health Caretakers"), to disclose my personal information to BMS, the third parties it works with, and its authorized agents, subsidiaries, and assignees (collectively "BMS"). BMS may also share my information with my Health Caretakers and with other healthcare providers, pharmacists, health insurers, and charitable organizations to determine if I am eligible for, or enrolled in, another plan or program.

3. What is the purpose for the use and disclosure?

My personal information will be used by and shared with BMS and my Health Caretakers to:

- Process my application for the Program and provide the Program services to me, including verifying my insurance benefits, assistance with prior authorizations from my insurance, researching alternative insurance coverage options, and referring me and my Health Caretakers to other plans, support, or assistance programs that may be able to help me.
- Provide echocardiogram co-pay assistance and/or free medication to me, if I qualify, as further described on page 4.
- Receive, and/or purchase, my information (including information about my prescriptions and insurance claims) from my Health Caretakers to determine if and where I am receiving my medication and whether I am no longer eligible for free medication or other BMS support programs
- Contact me and my Health Caretakers about other programs and services that are available, including screenings for other financial assistance options such as medication copay assistance
- Contact other healthcare providers and charitable organizations to determine if I am eligible for, or enrolled in, another plan or program
- Contact me for marketing purposes, including providing me with information about my medication, refill reminders, surveys, and other information and alerts that BMS believes may be of interest to me (and some of which may be sent directly to my phone if I choose)
- Improve or develop the Program's services and other internal business purposes including analytics
- BMS also may use my health information to combine it with other information BMS may collect about me and my CAMZYOS treatment and use it for the purposes described above

Authorization for Sale of My Information to BMS: I authorize my Health Caretakers (including my healthcare providers, health plans, health insurers, pharmacies, lab service providers, and diagnostic service providers) to disclose my information for the purposes described in this authorization, and I further authorize my Health Caretakers to accept payment from BMS in exchange for providing my information as well as providing me with marketing and patient support services.

(continued on next page)

PATIENT AUTHORIZATION & AGREEMENT *(cont.)*

4. When will this authorization expire?

This authorization will be effective for 5 years unless it expires earlier by law or I cancel it in writing. I may cancel this authorization for the Program by writing to:

Bristol Myers Squibb

PO BOX 52160

PHOENIX AZ 85072-2160

If I cancel this authorization, I will no longer be able to participate in the Program. The Program will stop using or disclosing my information for the purposes listed in this authorization, except as necessary to end my participation or as required or allowed by law.

5. Notices:

I understand that once my health information has been disclosed, privacy laws may no longer restrict its use or disclosure. BMS may use and disclose my information for the purposes described in this authorization or as allowed or required by law. I understand that BMS does not sell or rent personal information collected about me from this Program. I have a right to receive a copy of this authorization after I have signed it. I further understand that I may refuse to sign this authorization and that if I refuse, my eligibility for health plan benefits and treatment by my healthcare providers will not change, but I will not have access to the Program services. I understand that certain state laws may allow for the right to request access to, or deletion of, my information. I understand that these state rights are not absolute and only apply in certain circumstances. Therefore, I acknowledge that I may not receive a response to my request to the extent required or permitted under relevant laws. I agree that I may need to provide additional information in order to verify my identity, such as a government-issued ID, before BMS will honor a request to provide access to, or deletion of, my information. I will not be discriminated against for exercising my rights, but I understand that I may not be able to receive Program services if I do not allow use of my information. To submit an access or deletion request, I may call 1-855-961-0474 or complete the online form at www.bms.com/dpo/us/request.

Co-Pay and Free Medication Assistance:

In order to provide Access Assistance, patients must provide Information that is true and complete. At any time during participation, BMS may request additional documentation to verify the patient's personal information. If there is missing information or the patient does not respond to requests for additional information, BMS may delay or terminate participation. To receive, co-pay assistance or free medication from BMS, patients must comply with the Program rules provided for on the enrollment form and patients may not be reimbursed for the assistance patients received from anyone else, including from an insurance program, another charity, or from a health savings, flexible spending, or other health reimbursement account. Assistance may be temporary and patients may be required to apply every year. Patients must contact the Program at 1-855-226-9967 if their insurance or treatment changes in any way. Medicare Part D patients may not count any free medication received toward their true out-of-pocket (TrOOP) costs. BMS may discontinue the Program or change the rules for participation at any time, without any notice.

I HAVE READ THIS AUTHORIZATION AND AGREE TO ITS TERMS:

Print Name of Patient or Patient Representative*: ◯ Check here if you are a Patient Representative

Representative's Relationship to Patient*: Preferred Email:

SIGNATURE OF PATIENT OR PATIENT REPRESENTATIVE*: Date*:

Power of Attorney documentation is required if someone other than the patient signs. You may fax the documents to 1-833-302-1421 or call 1-855-226-9967 for further assistance.

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The patient or his/her personal representative must be provided with a copy of this Patient Authorization after it has been signed.

PATIENT AUTHORIZATION & AGREEMENT *(cont.)*

MyCAMZYOS MyNurse Navigator is a support program that provides patients with information and services related to CAMZYOS™ (mavacamten) and related disease information including medication copay assistance for qualifying patients, refill and appointment reminders, surveys, and other information and alerts. By signing below, I agree to enroll in MyCAMZYOS MyNurse Navigator.

I understand that the information I provide, along with information about my use of the support program services will be stored and used by Bristol Myers Squibb and parties acting on its behalf ("BMS") to provide the support services to me. BMS may also store and use my information to contact me via mail, telephone, in electronic format or otherwise about products, services, market research, clinical trials, and other information and offers that it believes to be of interest to me. BMS may also use my information in order to improve or develop its services and for other internal business purposes including analytics, communication services, and marketing activities. BMS also may use my information to combine it with other information BMS may collect about me and my CAMZYOS treatment and use it for the purposes described above. Use of my information will be governed by the BMS Privacy Policy. From time to time the Privacy Policy may change and I understand that I should check the website at www.bms.com for the most recent version. I can stop future marketing communications and use of my information by calling 1-855-226-9967.

Text Messages: By consenting below, I agree to receive autodialed text messages on behalf of Bristol Myers Squibb and to the Terms and Conditions of this Mobile Program ("Program") (visit www.camzyos.com/?ovl=sms). [I will receive no more than 5 messages a month during the course of the program.] Consent is not a condition of purchase or use of any Bristol Myers Squibb product. The Program is valid with most major US carriers. If my mobile phone number changes in the future, I agree to promptly notify Bristol Myers Squibb. Message and data rates may apply. I can opt-out at any time by texting STOP to 32086. I will receive one final text confirming my opt-out request.

○ **I CONSENT TO RECEIVE TEXTS.**

I HAVE READ THIS AUTHORIZATION AND AGREE TO MYNURSE NAVIGATOR TERMS:

Patient Name: _____ Mobile Phone: _____

! **SIGNATURE OF PATIENT** _____ Date: _____

Only patients may provide authorization for the MyNurse Navigator Program, patient representative may not sign.

Additional Important Safety Information for CAMZYOS™ (mavacamten)

CONTRAINDICATIONS

CAMZYOS is contraindicated with concomitant use of:

- Moderate to strong CYP2C19 inhibitors or strong CYP3A4 inhibitors
- Moderate to strong CYP2C19 inducers or moderate to strong CYP3A4 inducers

WARNINGS AND PRECAUTIONS

Heart Failure

CAMZYOS reduces systolic contraction and can cause heart failure or totally block ventricular function. Patients who experience a serious intercurrent illness (e.g., serious infection) or arrhythmia (e.g., atrial fibrillation or other uncontrolled tachyarrhythmia) are at greater risk of developing systolic dysfunction and heart failure.

Assess the patient's clinical status and LVEF prior to and regularly during treatment and adjust the CAMZYOS dose accordingly. New or worsening arrhythmia, dyspnea, chest pain, fatigue, palpitations, leg edema, or elevations in N-terminal pro-B-type natriuretic peptide (NT-proBNP) may be signs and symptoms of heart failure and should also prompt an evaluation of cardiac function.

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Additional Important Safety Information for CAMZYOS™ (mavacamten) (cont.)

WARNINGS AND PRECAUTIONS (cont.)

Heart Failure (cont.)

Asymptomatic LVEF reduction, intercurrent illnesses, and arrhythmias require additional dosing considerations.

Initiation of CAMZYOS in patients with LVEF <55% is not recommended. Avoid concomitant use of CAMZYOS in patients on disopyramide, ranolazine, verapamil with a beta blocker, or diltiazem with a beta blocker as these medications and combinations were excluded from EXPLORER-HCM. Concomitant use of CAMZYOS with disopyramide in combination with verapamil or diltiazem has been associated with left ventricular systolic dysfunction and heart failure symptoms in patients with obstructive HCM.

CYP 450 Drug Interactions Leading to Heart Failure or Loss of Effectiveness

CAMZYOS is primarily metabolized by CYP2C19 and CYP3A4 enzymes. Concomitant use of CAMZYOS and drugs that interact with these enzymes may lead to life-threatening drug interactions such as heart failure or loss of effectiveness.

Advise patients of the potential for drug interactions, including with over the counter medications (such as omeprazole, esomeprazole, or cimetidine). Advise patients to inform their healthcare provider of all concomitant products prior to and during CAMZYOS treatment.

CAMZYOS Risk Evaluation and Mitigation Strategy (REMS) Program

CAMZYOS is only available through a restricted program called the CAMZYOS REMS Program because of the risk of heart failure due to systolic dysfunction. Notable requirements of the CAMZYOS REMS Program include the following:

- Prescribers must be certified by enrolling in the REMS Program.
- Patients must enroll in the REMS Program and comply with ongoing monitoring requirements.
- Pharmacies must be certified by enrolling in the REMS Program and must only dispense to patients who are authorized to receive CAMZYOS.
- Wholesalers and distributors must only distribute to certified pharmacies.

Further information is available at www.CAMZYOSREMS.com or by telephone at 1-833-628-7367.

Embryo-Fetal Toxicity

CAMZYOS may cause fetal toxicity when administered to a pregnant female, based on animal studies. Confirm absence of pregnancy in females of reproductive potential prior to treatment and advise patients to use effective contraception during treatment with CAMZYOS and for 4 months after the last dose. CAMZYOS may reduce the effectiveness of combined hormonal contraceptives (CHCs). Advise patients using CHCs to use an alternative contraceptive method that is not affected by CYP 450 enzyme induction or to add nonhormonal contraception. Advise females of reproductive potential about the potential risk to the fetus with maternal exposure to CAMZYOS during pregnancy.

ADVERSE REACTIONS

In the EXPLORER-HCM trial, adverse reactions occurring in >5% of patients and more commonly in the CAMZYOS group than in the placebo group were dizziness (27% vs 18%) and syncope (6% vs 2%).

Effects on Systolic Function

In the EXPLORER-HCM trial, mean (SD) resting LVEF was 74% (6) at baseline in both treatment groups. Mean (SD) absolute change from baseline in LVEF was -4% (8) in the CAMZYOS group and 0% (7) in the placebo group over the 30-week treatment period. At Week 38, following an 8-week interruption of trial drug, mean LVEF was similar to baseline for both treatment groups. In the EXPLORER-HCM trial, 7 (6%) patients in the CAMZYOS group and 2 (2%) patients in the placebo group experienced reversible reductions in LVEF <50% (median 48%: range 35-49%) while on treatment. In all 7 patients treated with CAMZYOS, LVEF recovered following interruption of CAMZYOS.

DRUG INTERACTIONS

Potential for Other Drugs to Affect Plasma Concentrations of CAMZYOS

CAMZYOS is primarily metabolized by CYP2C19 and to a lesser extent by CYP3A4 and CYP2C9. Inducers and inhibitors of CYP2C19 and moderate to strong inhibitors or inducers of CYP3A4 may affect the exposures of CAMZYOS.

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Additional Important Safety Information for CAMZYOS™ (mavacamten) (cont.)

DRUG INTERACTIONS (cont.)

Impact of Other Drugs on CAMZYOS:

- Moderate to Strong CYP2C19 Inhibitors or Strong CYP3A4 Inhibitors: Concomitant use increases CAMZYOS exposure, which may increase the risk of heart failure due to systolic dysfunction. Concomitant use is contraindicated.
- Moderate to Strong CYP2C19 Inducers or Moderate to Strong CYP3A4 Inducers: Concomitant use decreases CAMZYOS exposure, which may reduce CAMZYOS' efficacy. The risk of heart failure due to systolic dysfunction may increase with discontinuation of these inducers as the levels of induced enzyme normalizes. Concomitant use is contraindicated.
- Weak CYP2C19 Inhibitors or Moderate CYP3A4 Inhibitors: Concomitant use with a weak CYP2C19 inhibitor or a moderate CYP3A4 inhibitor increases CAMZYOS exposure, which may increase the risk of adverse drug reactions. Initiate CAMZYOS at the recommended starting dose of 5 mg orally once daily in patients who are on stable therapy with a weak CYP2C19 inhibitor or a moderate CYP3A4 inhibitor. Reduce dose of CAMZYOS by one level (i.e., 15 to 10 mg, 10 to 5 mg, or 5 to 2.5 mg) in patients who are on CAMZYOS treatment and intend to initiate a weak CYP2C19 inhibitor or a moderate CYP3A4 inhibitor. Schedule clinical and echocardiographic assessment 4 weeks after inhibitor initiation, and do not up-titrate CAMZYOS until 12 weeks after inhibitor initiation. Avoid initiation of concomitant weak CYP2C19 and moderate CYP3A4 inhibitors in patients who are on stable treatment with 2.5 mg of CAMZYOS because a lower dose is not available.

Potential for CAMZYOS to Affect Plasma Concentrations of Other Drugs

CAMZYOS is an inducer of CYP3A4, CYP2C9, and CYP2C19. Concomitant use with CYP3A4, CYP2C19, or CYP2C9 substrates may reduce plasma concentration of these drugs. Closely monitor when CAMZYOS is used in combination with CYP3A4, CYP2C19, or CYP2C9 substrates where decreases in the plasma concentration of these drugs may reduce their activity.

Hormonal Contraceptives: Progestin and ethinyl estradiol are CYP3A4 substrates. Concomitant use of CAMZYOS may decrease exposures of ethinyl estradiol and progestin, which may lead to contraceptive failure or an increase in breakthrough bleeding. Advise patients to use a contraceptive method that is not affected by CYP 450 enzyme induction (e.g., intrauterine system) or add nonhormonal contraception (such as condoms) during concomitant use and for 4 months after the last dose of CAMZYOS.

Drugs That Reduce Cardiac Contractility

Expect additive negative inotropic effects of CAMZYOS and other drugs that reduce cardiac contractility. Avoid concomitant use of CAMZYOS with disopyramide in combination with verapamil or diltiazem. If concomitant therapy with a negative inotrope is initiated, or if the dose of a negative inotrope is increased, monitor LVEF closely until stable doses and clinical response have been achieved.

SPECIFIC POPULATIONS

Pregnancy

CAMZYOS may cause fetal harm when administered to a pregnant female. Advise pregnant females about the potential risk to the fetus with maternal exposure to CAMZYOS during pregnancy. There is a pregnancy safety study for CAMZYOS. If CAMZYOS is administered during pregnancy, or if a patient becomes pregnant while receiving CAMZYOS or within 4 months after the last dose of CAMZYOS, healthcare providers should report CAMZYOS exposure by contacting Bristol Myers Squibb at 1-800-721-5072 or www.bms.com.

Lactation

The presence of CAMZYOS in human or animal milk, the drug's effects on the breastfed infant, or the effects on milk production are unknown. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for CAMZYOS and any potential adverse effects on the breastfed child from CAMZYOS or from the underlying maternal condition.

Females and Males of Reproductive Potential

Confirm absence of pregnancy in females of reproductive potential prior to initiation of CAMZYOS. Advise females of reproductive potential to use effective contraception during treatment with CAMZYOS and for 4 months after the last dose. Use of CAMZYOS may reduce the effectiveness of CHCs. Advise patients using CHCs to use an alternative contraceptive method or add nonhormonal contraception.

Echocardiogram Co-Pay Assistance Program Terms & Conditions

Eligibility Requirements

- This offer is available to commercially-insured patients being treated with CAMZYOS for an on-label indication
- Patients must have commercial (private) insurance. The Program includes medical benefit offer for out-of-pocket costs for required echocardiogram assessments where the full cost is not covered by the patient's insurance
- Patients are not eligible if they have medical 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 are residents of Massachusetts, Minnesota, or Rhode Island. Patients who move from commercial plans to state or federal healthcare programs will no longer be eligible
- Patients must be 18 years of age or older
- Patients must live in the United States or United States territories

Program Benefits

- Patients pay as little as $0 in out-of-pocket costs per echocardiogram assessment, subject to an annual maximum benefit of $2,500. Patients are responsible for any costs that exceed the maximum amounts
- To receive the Program benefits, claims must be submitted within 180 days of the date of service
- The program may apply retroactively to out of pocket expenses that occurred within 180 days prior to the date of enrollment
- All Program payments are for the benefit of the patient only

Program Timing

- The enrollment period is for 1 calendar year

Additional Terms & Conditions

- 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 benefit received by the patient through this offer
- Acceptance of this offer confirms that this offer is consistent with patient's insurance. Patients, pharmacists, and healthcare providers must report the receipt of co-pay assistance benefits as may be required by patient's insurance provider
- This offer is not valid with any other program, discount, or incentive involving a BMS medication eligible for this Program
- Offer valid only in the United States and United States Territories. Void where prohibited by law, taxed, or restricted
- **The Program is not insurance**
- The Program benefits are not transferable
- This Program is not conditioned on any past, present, or future purchase
- No membership fees
- Bristol Myers Squibb reserves the right to rescind, revoke, or amend this offer at any time without notice

Bridge Program Terms & Conditions

- This offer is available to commercially-insured patients being treated with CAMZYOS for an on-label indication
- Patients who have prescription insurance coverage through Medicare, Medicaid, or any other federal or state healthcare program, or who are residents of Michigan, are not eligible. Offer is available for no more than 12 months to residents of Massachusetts, Minnesota, Mississippi and Rhode Island
- If a coverage determination is delayed for twenty (20) calendar days or more, the patient will be provided CAMZYOS at no cost until coverage is received, a prior authorization is denied and not appealed, or for one (1) year, whichever is earlier
- An appeal of any prior authorization denial must be made within 60 days or as per payer guidelines to remain in the Program
- Patients continuing into the following year will be re-verified for eligibility in January. For patients whose insurance changes during the course of program participation and otherwise remain eligible, a new prior authorization must be submitted
- Program reserves the right to re-verify patient's insurance coverage at any point during the patient's participation in the Program
- No claim for reimbursement for product dispensed pursuant to this offer may be made to any third-party payer
- This offer is not conditioned on any past, present or future purchase, including refills
- Valid only in the United States and United States territories
- This offer is not health insurance
- Other restrictions may apply
- Bristol Myers Squibb reserves the right to modify or discontinue this offer at any time without notice

Free 35-Day Trial Offer Program Terms and Conditions

Eligibility Requirements:

To be eligible for the Free 35-Day Trial Offer for CAMZYOS:

- Patients must not have previously filled a prescription for CAMZYOS
- Patient must have a valid 35-day prescription for CAMZYOS for an on-label indication
- Patients are 18 years of age or older
- Patients are residents of the United States or a US Territory

Terms of Use:

- Eligible patients with a valid 35-day prescription for CAMZYOS can receive a free 35-day supply of CAMZYOS. Patient is responsible for applicable taxes, if any. This offer may not be redeemed on prescriptions written for longer than 35 days
- This offer is limited to one use per patient per lifetime and is nontransferrable. By redeeming this offer, the patient certifies that they have not previously filled a prescription for CAMZYOS
- The Free 35-Day Trial for the specified prescription cannot be combined with any other rebate/coupon, free trial or similar offer. No substitutions are permitted
- Patients, pharmacists, and prescribers cannot seek reimbursement for the Free 35-Day Trial of CAMZYOS from health insurance or any third party, including state or federally funded programs
- Patients may not count the Free 35-Day Trial of CAMZYOS as an expense incurred for purposes of determining out-of-pocket costs for any plan, including true out-of-pocket costs (TrOOP), for purposes of calculating the out-of-pocket threshold for Medicare Part D plans
- Only valid in the United States and US Territories; this offer is void where restricted or prohibited by law
- Bristol Myers Squibb reserve the right to rescind, revoke or amend this offer at anytime without notice
- This offer is not conditioned on any past, present or future purchase, including refills
- The CAMZYOS Free Trial offer is not health insurance

BY USING THIS OFFER, PATIENT AND PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE

Pharmacy Co-Pay Assistance Program Terms & Conditions

Eligibility Requirements

- Patients must have commercial (private) insurance, but their coverage does not cover the full cost of the prescription. Co-pay assistance is not valid where the entire cost of the prescription is reimbursed by insurance
- 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; patients who move from commercial to state or federal healthcare program insurance will no longer be eligible
- Cash-paying patients are not eligible for co-pay assistance
- Patients must be 18 years of age or older
- Patients must live in the United States or United States territories
- Eligible patients with an activated co-pay card and a valid prescription may pay as little as $10 per 30-day supply, subject to a maximum benefit of $15,000 per calendar year

Program Timing

- The enrollment period is for the first 2 years and then re-enrollment is required each calendar year thereafter

Additional Terms & Conditions

- 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 benefit received by the patient through this offer
- Acceptance of this offer confirms that this offer is consistent with patient's insurance. Patients, pharmacists, and healthcare providers must report the receipt of co-pay assistance benefits if required by patient's insurance provider
- All Program payments are for the benefit of the patient only
- Offer valid only in the United States and United States territories
- Void where prohibited by law, taxed, or restricted
- The Program is not insurance
- The Program benefits are not transferable and is limited to one (1) per patient. This offer cannot be combined with any other offer, rebate, coupon, or free trial
- This Program is not conditioned on any past, present, or future purchase, including additional doses
- No membership fees
- Bristol Myers Squibb reserves the right to rescind, revoke, or amend this offer at any time without notice

Please see Important Safety Information throughout and accompanying U.S. Full Prescribing Information, including **Boxed WARNING** and Medication Guide, or visit MyCAMZYOS.com.

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