



## QUICK REFERENCE GUIDE FOR BIMZELX NAVIGATE® NON-BRIDGE DISPENSING SPECIALTY PHARMACIES



### UCB IS COMMITTED TO HELPING PATIENTS GAIN ACCESS TO THEIR PRESCRIBED THERAPY AND OPERATES UNDER AN OPEN DISTRIBUTION MODEL.

As a Non-Bridge Dispensing Specialty Pharmacy, you can help eligible patients get started with treatment by facilitating their registration into BIMZELX Navigate Savings and BIMZELX Navigate Bridge.

#### BIMZELX Navigate Savings



Eligible, commercially insured patients with approved coverage may be eligible to receive BIMZELX for as little as **\$5 per dose**. Specialty Pharmacies can enroll patients into BIMZELX Navigate Savings at **UCBSavings.com**.

#### BIMZELX Navigate Bridge



Eligible, commercially insured patients whose prescription is initially **denied or delayed by insurance** may be eligible to receive BIMZELX for **\$15 per dose** for up to 2 years or until insurance coverage is approved, whichever comes first.

UCB has contracted with a few Specialty Pharmacies to dispense BIMZELX on behalf of the BIMZELX Navigate Bridge program directly to patients. **Non-Bridge Dispensing Specialty Pharmacies** can facilitate enrollment into BIMZELX Navigate Bridge by **submitting a prescription to the BIMZELX Navigate Hub Partner** or by transferring a prescription to a specialty pharmacy within the **Specialty Pharmacy Bridge-Dispensing Network**.\* See enrollment details below.

See page 2 for BIMZELX Navigate Bridge and BIMZELX Navigate Savings Eligibility Requirements and Terms and Conditions.

## HOW CAN I MANAGE ELIGIBLE PATIENT ENROLLMENT INTO BIMZELX NAVIGATE BRIDGE?

Non-Bridge Dispensing Specialty Pharmacies can facilitate enrollment into BIMZELX Navigate Bridge by using one of the following options:



- **Submit to BIMZELX Navigate:** Transfer prescription to the BIMZELX Navigate Partner (Phone: 412-250-4407; Fax: 412-774-9652)



- **Specialty Pharmacy Rx Transfer:** Transfer prescription to the Specialty Pharmacy Bridge-Dispensing Network\*

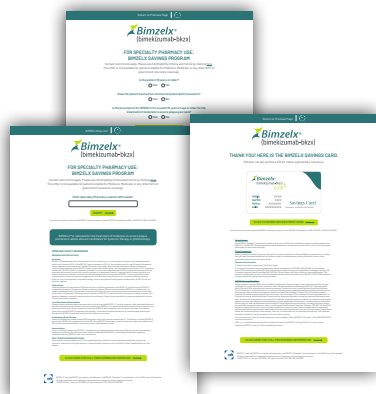
#### \*BIMZELX Navigate Bridge Dispensing Specialty Pharmacy Network:

- |                                 |                             |                               |
|---------------------------------|-----------------------------|-------------------------------|
| • altScripts Specialty Pharmacy | • Encore Pharmacy           | • Publix                      |
| • Amber Specialty Pharmacy      | • Meijer Specialty Pharmacy | • Senderra Specialty Pharmacy |
| • Ardon Health                  | • Polaris Specialty Rx      | • Sterling Specialty Pharmacy |
| • BioPlus Specialty Pharmacy    |                             |                               |

These pharmacies are subject to change.

# HOW CAN I MANAGE PATIENT ENROLLMENT INTO BIMZELX NAVIGATE SAVINGS?

## Non-Bridge Dispensing Specialty Pharmacies can enroll eligible patients into BIMZELX Navigate Savings in a few simple steps



- 1 Visit [UCBSavings.com](https://UCBSavings.com) or [BIMZELXhcp.com](https://BIMZELXhcp.com) to begin the process.
- 2 Enter **Specialty Pharmacy Location NPI** and **answer** all patient eligibility/demographic questions. Then click **"Create Savings Card"** to download unique patient savings card.
- 3 Utilize information from the virtual coordination of benefits (COB) card (BIN, PCN) as the secondary insurance when processing the patient claim.

**BIMZELX Navigate® Bridge Program Eligibility:** BIMZELX Navigate Bridge (the "Program") provides BIMZELX® (bimekizumab-bkzx) to eligible patients for \$15 per dose for up to two (2) years or until the patient's commercial insurance plan approves coverage for the drug, whichever comes first. Eligible patients must be 18 years of age or older with commercial insurance and a valid prescription consistent with FDA-approved product labeling. For initial enrollment into the Program, the patient must be experiencing a delay in, or have been denied, coverage for BIMZELX by their commercial insurance plan. To maintain eligibility in the Program, the following are required: (1) a prior authorization request has been submitted and/or coverage remains unavailable for the patient; and (2) if the prior authorization is denied by the payer, the prescriber must submit an appeal within the first sixty (60) days of the prior authorization denial and a prior authorization request (or documentation as may otherwise be required by the payer) must be submitted every six (6) months thereafter. Program is not available (1) to patients whose prescriptions are reimbursed, in whole or in part, under Medicare (including Medicare Part D), Medicaid, or any other federal- or state-funded healthcare programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico), (2) where a patient's insurance covers the drug, (3) to uninsured or cash-paying patients, or (4) where otherwise prohibited by law. Product shall be dispensed pursuant to Program rules and federal and state laws. Patients may be asked to re-verify insurance coverage status during participation in the Program. No purchase necessary. Program is not health insurance, nor is participation a guarantee of insurance coverage. Limitations may apply. This Program cannot be combined with any other savings, free trial, or similar offer for the specified prescription. The patient, or healthcare provider on the patient's behalf, must not submit any claim for reimbursement for product provided under this Program to any third-party payer. UCB, Inc. reserves the right to end or amend this Program without notice.

**BIMZELX Navigate® Savings Eligibility:** BIMZELX Navigate Savings (the "Program") provides BIMZELX® (bimekizumab-bkzx) to eligible patients with commercial insurance coverage for as little as \$5 per dose. Eligible patients must be 18 years of age or older with commercial insurance coverage with a valid prescription consistent with FDA approved product labeling. The Program is not available for (1) for prescriptions that are reimbursed, in whole or in part, under Medicare (including Medicare Part D), Medicaid, or any other federal- or state-funded healthcare programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico), (2) where a patient's commercial insurance plan reimburses for the entire cost of the drug, (3) for uninsured or cash paying patients, or (4) where otherwise prohibited by law. Product shall be dispensed pursuant to Program rules and federal and state laws. The value of the Program is exclusively for the benefit of patients and is intended to be credited in full towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Patient may not seek reimbursement for the value of this Program from other parties, including third-party payers (i.e., any health insurance program or plan, or public payers like Medicare, Medicaid, Medigap, TRICARE, VA, and DoD). Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. This Program cannot be combined with any other savings, free trial, or similar offer for the specified prescription. UCB, Inc. reserves the right to amend or end this Program at any time without notice. Subject to the prior sentence, this Program expires at 11:59 p.m. on December 31. Patients that meet the above requirements may re-enroll in the Program each year.



**For questions call:  
BIMZELX Navigate at  
1-866-4-BIMZELX (1-866-424-6935)**

**For more information on BIMZELX, contact UCBCares® at 1-844-599-CARE (2273).**



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