



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



UCB IS COMMITTED TO HELPING PATIENTS GAIN ACCESS TO THEIR PRESCRIBED THERAPY, OPERATING UNDER AN OPEN DISTRIBUTION MODEL.

Even though you don't dispense BIMZELX® (bimekizumab-bkzx) under the BIMZELX Navigate Bridge program, you can still help eligible patients afford or get started with treatment by facilitating their enrollment 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 help enroll patients into BIMZELX Navigate Savings at [UCBSavings.com](https://www.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 certain Specialty Pharmacies to dispense BIMZELX on behalf of the BIMZELX Navigate Bridge program directly to patients. Specialty Pharmacies that are not contracted to dispense BIMZELX to eligible patients under the BIMZELX Navigate Bridge program can still facilitate enrollment into BIMZELX Navigate Bridge by **submitting a prescription to the BIMZELX Navigate hub** or by transferring a prescription to a specialty pharmacy within the **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?

You can facilitate enrollment into BIMZELX Navigate Bridge by using one of the following options:



• **Submit to UCB Navigate™ Pharmacy** (NPI #1891487138):

Transfer prescription to the BIMZELX Navigate hub

Phone: 407-502-5899

Fax: 913-548-0896



• **Specialty Pharmacy Rx Transfer:** Transfer prescription to the Specialty Pharmacy Bridge-Dispensing Network^{*}

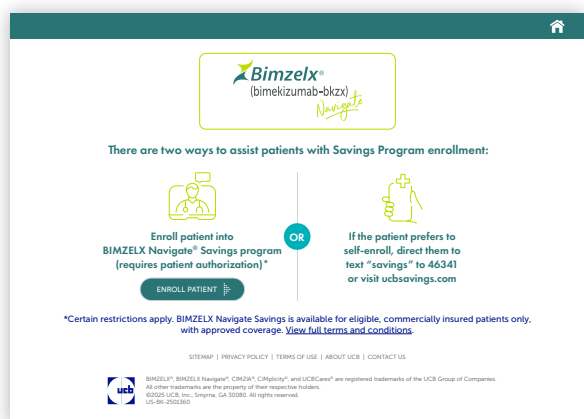
***BIMZELX Navigate Bridge Dispensing Specialty Pharmacy Network:**

- | | | |
|---------------------------------|--|-------------------------------|
| • altScripts Specialty Pharmacy | • CVS Pharmacy Specialty Services (CarePlus) | • Publix |
| • Amber Specialty Pharmacy | • Encore Pharmacy | • Sendorra Specialty Pharmacy |
| • Ardon Health | • Meijer Specialty Pharmacy | • Sterling Specialty Pharmacy |
| • BioPlus Specialty Pharmacy | • Polaris Specialty Rx | |

These pharmacies are subject to change. For full list of specialty dispensing pharmacies see [here](#).

HOW CAN I MANAGE PATIENT ENROLLMENT INTO BIMZELX NAVIGATE SAVINGS?

You can enroll eligible patients into BIMZELX Navigate Savings in a few simple steps



- 1 Visit UCBSavings.com and navigate to the specialty pharmacy savings program link for BIMZELX to begin the process.
- 2 Enroll patient into **BIMZELX Navigate® Savings program** (requires patient authorization)*
- 3 If the patient prefers to **self-enroll**, direct them to text **"savings"** to **46341** or visit UCBSavings.com

*Certain restrictions apply.

BIMZELX Navigate® Bridge (the "Program"): If you, the patient, have commercial insurance and a valid prescription for BIMZELX® (bimekizumab-bkzx) consistent with FDA-approved product labeling, you may be eligible to receive BIMZELX for \$15 per dose for up to two (2) years or until your commercial insurance plan approves coverage for the drug, whichever comes first. For enrollment into the Program, you must be experiencing a delay in, or have been denied, coverage for BIMZELX by your commercial insurance plan. A prior authorization ("PA") must be submitted before shipment of the second prescription fill. To maintain eligibility in the Program, if the PA is denied by the payer, an appeal must be submitted within one hundred eighty (180) days following the PA denial and, thereafter, a PA, appeal, or medical exception (as required by the payer) must be submitted every one hundred eighty (180) days. The Program is not available (1) if you are enrolled in any state, federal, or government-funded healthcare program, including but not limited to Medicaid, Medicare, Medicare Part D, Medicare Advantage, Medigap, DoD, VA, TRICARE/CHAMPUS, any state prescription drug assistance program, or the Government Health Insurance Plan in Puerto Rico, (2) if your insurance approves coverage for the drug, (3) if you are uninsured or cash-paying, or (4) where otherwise prohibited by law. No purchase necessary. Product shall be dispensed pursuant to Program rules and federal and state laws. You may be asked to re-verify insurance coverage status during participation in the Program. The Program is not health insurance, nor is participation a guarantee of insurance coverage. This Program cannot be combined with any other program, discount, discount card, coupon, or similar offer for BIMZELX. You, or your healthcare provider on your behalf, must not submit any claim for reimbursement from your health insurance, any third party or any health savings, flexible spending, or other healthcare reimbursement accounts for any amount of the savings received through the Program. UCB, Inc. reserves the right to end or amend this Program without notice.

BIMZELX Navigate® Savings (the "Savings Program"): You, the patient, may receive BIMZELX® (bimekizumab-bkzx) for as little as \$5 per dose if you have commercial insurance coverage that covers BIMZELX and a valid prescription for BIMZELX consistent with FDA-approved product labeling. The Savings Program is not available (1) for prescriptions that are reimbursed, in whole or in part, under any state, federal, or government-funded healthcare program, including but not limited to Medicaid, Medicare, Medicare Part D, Medicare Advantage, Medigap, DoD, VA, TRICARE/CHAMPUS, any state prescription drug assistance program, or the Government Health Insurance Plan in Puerto Rico, (2) where your commercial insurance plan reimburses for the entire cost of the drug, (3) if you are uninsured or cash-paying, or (4) where otherwise prohibited by law. Product shall be dispensed pursuant to Savings Program rules and federal and state laws. The value of the Savings Program is exclusively for your benefit and is intended to be credited in full toward your out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. You may not seek reimbursement from your health insurance, any third party, or any health savings, flexible spending, or other healthcare reimbursement accounts, for any amount of the savings received through the Savings Program. You are responsible for complying with any applicable limitations and requirements of your health plan related to the use of the Savings Program. This Savings 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 Savings Program at any time without notice. Subject to the prior sentence, this Savings Program expires at 11:59 p.m. on December 31. You may re-enroll in the Savings Program each year, subject to program requirements.



**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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