Bimzelx®
(bimekizumab-bkzx)

TIERING EXCEPTION REQUEST LETTER GUIDE

WRITING A TIERING EXCEPTION REQUEST LETTER*

A tiering exception request letter can help make BIMZELX more affordable for patients experiencing financial hardship. It's used when the medication is on a plan's formulary but is in a nonpreferred tier that has a higher copay or coinsurance. By outlining why the treatment is medically necessary for the patient, a tiering exception request letter may result in the plan granting the patient access to BIMZELX as a lower-cost preferred medication.

This resource provides information on the process of composing a tiering exception request letter, including a checklist and sample letter with information health plans often require.

When requesting BIMZELX for your patient, follow the patient's plan requirements, which may require specific forms for documenting a tiering exception request letter; otherwise, treatment may be delayed.

Use of the information in this letter does not guarantee that the health plan will provide reimbursement for BIMZELX and is not intended to be a substitute for, or an influence on, the physician's independent medical judgment.

Tiering exception request letter considerations

✓ **Include the patient's** full name, plan identification number, date of birth, and case identification number

✓ **The healthcare professional (HCP) should note the HCP's** name and relationship to the patient, National Provider Identifier (NPI) number, specialty, address, telephone number, fax number, and date of submission

✓ **State the patient's current diagnosis** along with the specific International Classification of Diseases (ICD) code(s)

✓ **Document the patient's prior treatments for diagnosis**, the duration and therapeutic outcome of each treatment, and the reason(s) each was discontinued

✓ **Explain why BIMZELX is the preferred** and medically necessary treatment over the plan's preferred formulary medications

✓ **State the main reason(s)** for requesting a tiering exception for BIMZELX

✓ **Provide a copy of the patient's medical records,** including medical history, diagnosis, scoring forms, present-day condition and symptoms, photographs of affected areas, recent history of infection(s), allergies, and existing comorbidities

✓ **Consider including the following supporting documentation:**
- A Letter of Medical Necessity
- A statement of financial hardship written by the patient
- A copy of the denial letter and a response to the denial letter, if applicable

*The information in this guide is presented for informational purposes only and is not intended to provide reimbursement or legal advice. HCPs are encouraged to contact third-party payers for specific information on their current coverage policies. For other questions, please call BIMZELX Navigate™ at **1-866-4-BIMZELX (1-866-424-6935)**.

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Driven by **science.**

SAMPLE TIERING EXCEPTION REQUEST LETTER

You may choose to use this template to assist in completing your request. Note: Exercise your medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition and financial situation.

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[Date]
[Formulary director]
[Name of health plan]
[Mailing address]

Re: [Patient's name]
Plan ID: [Plan identification number]
DOB: [Date of birth]
Case ID: [Case identification number]

To whom it may concern,

I am writing to request a tiering exception for my patient, [patient's name], who is currently a member of [name of health plan]. This request is for BIMZELX® (bimekizumab-bkzx) to be made available as a preferred prescription medication for the treatment of this patient, who has been diagnosed with [diagnosis], [ICD code(s)].

[Patient name] previously experienced successful results with BIMZELX [dose, frequency] for [enter length of time on BIMZELX], but had to discontinue treatment due to [list reason(s), eg, change in plan's formulary list or patient change in health plans during the past year].

BIMZELX, at [dosage and frequency], is medically appropriate and necessary for [patient's name], who has attempted the below treatment(s) in the past for [diagnosis]. Those trials have failed due to [inadequate efficacy, lack of tolerability, etc].

Past Treatment(s)	Start/Stop Dates	Therapeutic Outcome	Reason(s) for Discontinuing
[Drug name, strength, dosage, form]	[MM/YY] – [MM/YY]	[List treatment benefits and/or failures]	[List side effects, lack of efficacy, etc]
[Drug name, strength, dosage, form]	[MM/YY] – [MM/YY]	[List treatment benefits and/or failures]	[List side effects, lack of efficacy, etc]

The patient's present treatment(s) are as follows:

Current Treatment(s)	Dosage	Start Date	Therapeutic Outcome
[Drug name, strength, form]	[XX]	[MM/YY]	[List treatment benefits and/or failures]
[Drug name, strength, form]	[XX]	[MM/YY]	[List treatment benefits and/or failures]

Currently, [patient's name] has the following unresolved symptoms of [diagnosis]:
• [Symptom 1]
• [Symptom 2]

In addition to this letter, I have enclosed a copy of [patient name's] medical records and a Letter of Medical Necessity. This latter letter describes how BIMZELX is medically necessary for my patient's care over the preferred drugs listed in the plan's formulary because [explain rationale for why lower-tiered formulary drugs would be less effective than BIMZELX].

I am requesting this tiering exception because the cost associated with the assigned tier for BIMZELX would present a financial burden to [patient's name]. It would also prevent [him/her] from utilizing what I consider to be the best medication to help successfully treat [his/her] [diagnosis].

Please contact me, [physician's name], at [physician's phone number] with any pending questions.

Sincerely,

[Physician's name and signature] _____ [Patient's name and signature] _____

[Physician's medical specialty]
[Physician's NPI #]
[Physician's practice name]
[Phone #]
[Fax #]

[Encl: Patient medical records, Letter of Medical Necessity, statement of financial hardship from [patient's name], previous denial letter, medical notes in response to the denial.]

> **Include only if patient has previously been treated with BIMZELX and has had a treatment interruption.**

> **NPI=National Provider Identifier.**
>
> **Consider including supporting documentation, such as clinical evaluation, scoring forms, and photos of affected areas.**

HELP CLEAR THE WAY WITH BIMZELX Navigate™*

Bimzelx®
(bimekizumab-bkzx)
Navigate

BIMZELX Navigate helps make the treatment journey smooth from the start for your patients.

Start your patients on BIMZELX Navigate today

Here Is How!

1 **Enroll your patients at BIMZELXhcp.com.**

2 Then, log in to the BIMZELX Navigate HCP Portal, click the **"Add a Patient"** button in the top right, and fill out the patient information.

or Fax a completed BIMZELX Navigate enrollment form to **844-628-3299**.

Patients Get Support

- Easy enrollment and onboarding support for **streamlined product access—with no prior authorization (PA) needed** for eligible, commercially insured patients if there is a delay or denial in insurance coverage†‡

- Eligible, commercially insured patients may **pay only $5 per dose once insurance coverage is approved or just $15 per dose** for up to 2 years while insurance coverage is pending‡

- Innovative tracking tools and resources available online at **My Navigate Portal**

- Nurse Navigators for **assistance throughout the patient journey**§

*The BIMZELX Navigate program is provided as a service of UCB and is intended to support the appropriate use of BIMZELX. The BIMZELX Navigate program may be amended or cancelled at any time without notice. Some program and eligibility restrictions may apply.
†Prior to second dose, a PA will be needed.
‡For eligible, commercially insured patients only. Eligible patients who have a delay or denial of coverage may pay as little as $15 per dose of BIMZELX for up to two years or until the patient's commercial insurance plan approves coverage, whichever comes first. Eligible, commercially insured patients may pay $5 per dose. Please see full eligibility requirements and terms at BIMZELXhcp.com.
§Nurse Navigators do not provide medical advice and will refer patients to their healthcare professional for any treatment-related questions.

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Please see Important Safety Information on next page. Please click to access the full Prescribing Information, or visit BIMZELXhcp.com.

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INDICATION

BIMZELX is indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy.

IMPORTANT SAFETY INFORMATION

Suicidal Ideation and Behavior
BIMZELX® (bimekizumab-bkzx) may increase the risk of suicidal ideation and behavior (SI/B). A causal association between treatment with BIMZELX and increased risk of SI/B has not been established. Prescribers should weigh the potential risks and benefits before using BIMZELX in patients with a history of severe depression or SI/B. Advise monitoring for the emergence or worsening of depression, suicidal ideation, or other mood changes. If such changes occur, advise to promptly seek medical attention, refer to a mental health professional as appropriate, and re-evaluate the risks and benefits of continuing treatment.

Infections
BIMZELX may increase the risk of infections. Do not initiate treatment with BIMZELX in patients with any clinically important active infection until the infection resolves or is adequately treated. In patients with a chronic infection or a history of recurrent infection, consider the risks and benefits prior to prescribing BIMZELX. Instruct patients to seek medical advice if signs or symptoms suggestive of clinically important infection occur. If a patient develops such an infection or is not responding to standard therapy, monitor the patient closely and do not administer BIMZELX until the infection resolves.

Tuberculosis
Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with BIMZELX. Avoid the use of BIMZELX in patients with active TB infection. Initiate treatment of latent TB prior to administering BIMZELX. Consider anti-TB therapy prior to initiation of BIMZELX in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Closely monitor patients for signs and symptoms of active TB during and after treatment.

Liver Biochemical Abnormalities
Elevated serum transaminases were reported in clinical trials with BIMZELX. Test liver enzymes, alkaline phosphatase and bilirubin at baseline, periodically during treatment with BIMZELX and according to routine patient management. If treatment-related increases in liver enzymes occur and drug-induced liver injury is suspected, interrupt BIMZELX until a diagnosis of liver injury is excluded. Permanently discontinue use of BIMZELX in patients with causally associated combined elevations of transaminases and bilirubin. Avoid use of BIMZELX in patients with acute liver disease or cirrhosis.

Inflammatory Bowel Disease
Cases of inflammatory bowel disease (IBD) have been reported in patients treated with IL-17 inhibitors, including BIMZELX. Avoid use of BIMZELX in patients with active IBD. During BIMZELX treatment, monitor patients for signs and symptoms of IBD and discontinue treatment if new onset or worsening of signs and symptoms occurs.

Immunizations
Prior to initiating therapy with BIMZELX, complete all age-appropriate vaccinations according to current immunization guidelines. Avoid the use of live vaccines in patients treated with BIMZELX.

MOST COMMON ADVERSE REACTIONS

Most common adverse reactions ($\geq$ 1%) are upper respiratory infections, oral candidiasis, headache, injection site reactions, tinea infections, gastroenteritis, Herpes Simplex Infections, acne, folliculitis, other Candida infections, and fatigue.

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[Formulary director]

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Please contact me, [physician's name], at [physician's phone number] with any pending questions.

Sincerely,

[Physician's name and signature]   [Patient's name and signature]

[Physician's medical specialty]

[Physician's NPI #]

[Physician's practice name]

[Phone #]

[Fax #]

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