



UCB is committed to helping your patients with quick access to therapy through any Specialty Pharmacy

Your Specialty Pharmacy can help to facilitate a successful start to the treatment process for your patients



Office sends BIMZELX prescription to Specialty Pharmacy of choice



Commercial insurance approved

BIMZELX Savings



Commercially insured patients may be eligible to receive BIMZELX for as little as **\$5 per dose[†]**

Specialty Pharmacies can enroll patients into BIMZELX Savings at **UCBSavings.com**



Commercial insurance delayed/denied

BIMZELX Bridge*



Commercially insured patients whose prescription is initially **denied or delayed by insurance** may be eligible to receive BIMZELX at **\$15 per dose** for up to 2 years[‡]

Specialty Pharmacies can manage enrollment into **BIMZELX Bridge[‡]** by transferring Bridge Prescription to **BIMZELX Navigate™** or to one of the BIMZELX Bridge-dispensing Specialty Pharmacies

Select Specialty Pharmacies within the enhanced network are contracted to dispense BIMZELX on behalf of the BIMZELX Bridge program directly to patients. Please see next page for the enhanced Specialty Pharmacy Network.

***To facilitate enrollment into BIMZELX Bridge, two (2) prescriptions are requested when prescribing to non-Bridge-dispensing Specialty Pharmacy; alternatively, submit BIMZELX Patient Enrollment Form.**

***BIMZELX Savings:** Eligible patients may pay \$5 per dose. Available to individuals 18 years of age or older with commercial insurance coverage with a valid prescription consistent with FDA-approved product labeling for BIMZELX® (bimekizumab-bkzx). Not valid (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 (ie, 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 reserves the right to amend or end this program at any time without notice.

***BIMZELX Bridge:** Eligible patients must be 18 years of age or older with commercial insurance and a valid prescription consistent with FDA-approved product labeling for BIMZELX® (bimekizumab-bkzx). Eligible patients 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 for the drug, whichever comes first. 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 health care 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 reserves the right to end or amend this program without notice.

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 must be submitted every six (6) months thereafter or documentation as may otherwise be required by the payer.

SPECIALTY PHARMACY PROVIDERS

All Specialty Pharmacies can dispense and ship BIMZELX® (bimekizumab-bkzx). UCB has an enhanced network of Specialty Pharmacies that provide additional product-specific patient support

Specialty Pharmacy*	Phone Number	Fax Number	Dispenses using BIMZELX Savings	Dispenses BIMZELX for Bridge
AcariaHealth	1-800-511-5144	1-877-541-1503	✓	
Accredo Health Group, Inc.	1-866-557-8231	1-888-302-1028	✓	
AllianceRx Walgreens Pharmacy	1-888-347-3416	1-877-231-8302	✓	
altScripts Specialty Pharmacy	1-414-385-9500	1-414-385-7200	✓	✓
Amber Specialty Pharmacy	1-888-370-1724	1-402-896-3774	✓	✓
Apex Specialty Pharmacy	1-855-257-2584	1-866-680-3539	✓	✓
Ardon Health	1-855-425-4085	1-855-425-4096	✓	✓
BioPlus Specialty Pharmacy	1-888-292-0744	1-800-269-5493	✓	✓
Blue Sky Specialty Pharmacy	1-843-352-7662	1-833-898-3992	✓	✓
CenterWell Specialty Pharmacy	1-800-486-2668	1-877-405-7940	✓	
CVS Specialty Pharmacy	1-800-237-2767	1-800-323-2445	✓	
Encore Pharmacy	1-817-335-5712	1-205-943-1900	✓	✓
Kroger Specialty Pharmacy	1-888-355-4191	1-888-355-4192	✓	✓
Lumicera	1-855-847-3553	1-855-847-3558	✓	
Meijer Specialty Pharmacy	1-855-263-4537	1-734-391-2365	✓	✓
Optum Specialty Pharmacy	1-855-427-4682	1-877-342-4596	✓	
Owl Specialty Pharmacy	1-626-209-8169	1-626-209-8171	✓	✓
Publix Specialty Pharmacy	1-855-797-8254	1-863-413-5723	✓	✓
Senderra Rx	1-855-460-7928	1-888-777-5645	✓	✓
Sterling Specialty Pharmacy	1-888-618-4126	1-866-588-0371	✓	✓
All other Specialty Pharmacies			✓	

Enhanced Specialty Pharmacy Network

To facilitate enrollment into BIMZELX Bridge, two (2) prescriptions are requested when prescribing to non-Bridge-dispensing Specialty Pharmacy; alternatively, submit BIMZELX Patient Enrollment Form.



Did you know you can enroll patients into the BIMZELX Navigate™ Hub without leaving your EHR workflow?

ePrescribe BIMZELX to Careform Pharmacy to enroll patients into **BIMZELX Navigate** and make the treatment journey smooth from the start for your patients with access, affordability, and support.

For more information, visit BIMZELXHCP.com or reach out to your **Field Access Specialist**.

*This is subject to change.



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