



**UCB is committed to helping your patients access BIMZELX through any Specialty Pharmacy**

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



**Office sends BIMZELX prescription to Specialty Pharmacy of choice**



**Commercial insurance approved**

**BIMZELX Navigate® Savings**



Eligible, 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 Navigate® Bridge**



Eligible, 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 or until insurance coverage is approved, whichever comes first.

Specialty Pharmacies can manage enrollment into **BIMZELX Navigate Bridge** by transferring a Bridge Prescription to **BIMZELX Navigate** or to one of the **BIMZELX Navigate Bridge Dispensing Specialty Pharmacies**

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

**Terms and Conditions for BIMZELX Navigate® Savings:** 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 copayments, 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.

**Terms and Conditions for BIMZELX Navigate® Bridge:** 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 (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.

# 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 Navigate Savings	Dispenses BIMZELX Navigate Bridge
Enhanced Specialty Pharmacy Network	AcariaHealth Specialty Pharmacy	1-800-511-5144	1-877-541-1503	✓	
	Accredo Health Group, Inc.	1-866-557-8231	1-888-302-1028	✓	
	altScripts Specialty Pharmacy	1-414-385-9500	1-414-385-7200	✓	✓
	Amber Specialty Pharmacy	1-888-370-1724	1-402-896-3774	✓	✓
	Ardon Health Specialty Pharmacy	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	1-866-326-9731	✓	✓
	Kroger Specialty Pharmacy	1-888-355-4191	1-888-355-4192	✓	✓
	Lumicera Specialty Pharmacy	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	✓	
	Polaris Specialty Rx	1-626-209-8169	1-855-817-9523	✓	✓
	Publix Specialty Pharmacy	1-855-797-8254	1-863-413-5723	✓	✓
	Senderra Specialty Pharmacy	1-855-460-7928	1-888-777-5645	✓	✓
Sterling Specialty Pharmacy	1-888-618-4126	1-866-588-0371	✓	✓	
Walgreens Specialty Pharmacy	1-888-347-3416	1-877-231-8302	✓		
	<b>All other Specialty Pharmacies</b>			✓	



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

ePrescribe BIMZELX to Careform Pharmacy (NPI# 1043762750) to enroll your patients into BIMZELX Navigate and make their treatment journey smooth from the start.

For more information, visit [BIMZELX.com/Navigate](https://www.bimzelx.com/Navigate) or reach out to your **Field Access Specialist**.

\*Additional specialty pharmacies may be added soon.

†Please note: Above links will take you to a site maintained by a third party, which is solely responsible for its content. UCB, Inc. does not control, influence, or endorse these third-party sites. UCB, Inc. is not responsible for the privacy policy of any third-party websites.

