ZENBEXUS™
(iberdomide) capsules
0.75 mg 1 mg

Bristol Myers Squibb®
Access Support®

A REFERENCE GUIDE TO

Billing and Coding ZENBEXUS™ (iberdomide)

NOW APPROVED
August 13, 2026

ZENBEXUS is only available through a restricted distribution program, called the ZENBEXUS REMS program.

Please see Important Safety Information throughout and Full Prescribing Information for ZENBEXUS, including Boxed WARNINGS.

Indication

ZENBEXUS in combination with daratumumab and hyaluronidase-fihj and dexamethasone is indicated for the treatment of adult patients with multiple myeloma who have received at least 1 prior line of therapy including a proteasome inhibitor and an immunomodulatory agent.

This indication is approved under accelerated approval based on minimal residual disease (MRD)-negative complete response (CR) at any time. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

Important Safety Information

WARNING: EMBRYO-FETAL TOXICITY AND SERIOUS VENOUS AND ARTERIAL THROMBOEMBOLISM

EMBRYO-FETAL TOXICITY

ZENBEXUS is contraindicated in pregnancy. ZENBEXUS is embryo-fetal toxic in animals and can cause birth defects or embryo-fetal death in humans. In females of reproductive potential, obtain 2 negative pregnancy tests before starting ZENBEXUS treatment.

Females of reproductive potential must use 2 effective forms of contraception or continuously abstain from heterosexual sex during and for 4 weeks after last dose of ZENBEXUS treatment.

Because of the risk of embryo-fetal toxicity, ZENBEXUS is only available through a restricted distribution program called ZENBEXUS REMS.

SERIOUS VENOUS AND ARTERIAL THROMBOEMBOLISM

Increased risk of deep vein thrombosis (DVT), pulmonary embolism (PE), myocardial infarction, and stroke in patients with multiple myeloma receiving ZENBEXUS with daratumumab and hyaluronidase-fihj and dexamethasone. Anti-thrombotic prophylaxis is recommended.

At Bristol Myers Squibb, We Provide Support With Purpose

This brochure is designed to help appropriate patients gain access to their prescribed BMS medications by providing reimbursement information for healthcare offices. Healthcare benefits vary significantly; therefore, it is important that healthcare provider offices verify each patient's insurance coverage prior to initiating therapy.

Table of Contents

Healthcare providers should code healthcare claims based upon the service that is rendered, the patient's medical record, the coding requirements of each health insurer, and the best coding practices. The HCP and patient are responsible for the accurate completion of documents regarding reimbursement or coverage. Bristol Myers Squibb and its agents make no guarantee regarding reimbursement for any service or item.

NDC Information for ZENBEXUS

NDCs for ZENBEXUS[1]

0.75 mg capsules

Image does not reflect actual size of capsule.

One bottle containing 21 capsules
00003-5700-21

1 mg capsule

Image does not reflect actual size of capsule.

One bottle containing 21 capsules
00003-5710-21

The red zero (red text) converts the 10-digit NDC to the 11-digit NDC. Payer requirements regarding the use of NDCs may vary. Electronic data exchange generally requires the use of an 11-digit NDC.

The HCP and patient are responsible for the accurate completion of documents regarding reimbursement or coverage. Bristol Myers Squibb and its agents make no guarantee regarding reimbursement for any service or item.

Please see Important Safety Information throughout and Full Prescribing Information for ZENBEXUS, including Boxed WARNINGS.

Dosage and Administration for ZENBEXUS[1]

Recommended dosage for adult patients with multiple myeloma who have received at least 1 prior line of therapy.

STARTING DOSE

On Days 1-21 of each 28-day cycle

1 mg orally once daily, until disease progression or unacceptable toxicity, in combination with daratumumab and hyaluronidase-fihj and dexamethasone.*

- Females of reproductive potential must have negative pregnancy testing and use effective contraception methods before initiating ZENBEXUS
- ZENBEXUS is a hazardous drug. Follow applicable special handling and disposal procedures
- ZENBEXUS should be taken at approximately the same time each day with or without food
- Swallow ZENBEXUS capsules whole with water. Do not open, break, or chew the capsules. Direct contact with the capsule contents should be avoided. In case of capsule breakage, avoid raising dust during clean-up. If contact occurs, wash thoroughly with soap and water
- If a dose is missed and it has been less than 12 hours since the missed dose, take the missed dose as soon as possible. If it has been more than 12 hours since the missed dose, skip the missed dose. Do not double the next dose

Avoid concomitant use of ZENBEXUS with strong CYP3A4/5 inhibitors.

- If concomitant use of strong CYP3A inhibitors is unavoidable, reduce ZENBEXUS dose to 1 mg every other day on Days 1 to 21 of a 28-day cycle
- If concomitant use with moderate CYP3A inhibitors is unavoidable, reduce ZENBEXUS dose to 0.75 mg once daily on Days 1 to 21 of a 28-day cycle. If dose modification is needed due to adverse events, reduce ZENBEXUS dose to 1 mg every other day on Days 1 to 21 of a 28-day cycle

In patients with eGFR greater than 30 mL/min/1.73 m^2 or eGFR less than 30 mL/min/1.73 m^2 receiving intermittent hemodialysis, no dose adjustment is recommended.

- In patients with eGFR less than 30 mL/min/1.73 m^2 not receiving dialysis, reduce ZENBEXUS dose to 0.75 mg once daily on Days 1 to 21 of a 28-day cycle. If dose modification is needed due to adverse events, reduce ZENBEXUS dose to 1 mg every other day on Days 1 to 21 of a 28-day cycle

*Refer to daratumumab and hyaluronidase-fihj and dexamethasone Prescribing Information for information about dosage modifications for daratumumab and hyaluronidase-fihj and dexamethasone.

Dosage and Administration for ZENBEXUS (cont'd)

Recommended Dosage Modifications for Adverse Reactions[1]

Adverse Reaction	Severity*	Dosage Modification†
Neutropenia (Absolute neutrophil count [ANC] <500 cells/mcL)	Grade 4	• Interrupt ZENBEXUS • Consider initiating granulocyte colony-stimulating factor (GCSF), as appropriate • Follow complete blood count (CBC) at least weekly • ANC must return to ≥1,000 cells/mcL before restarting • The dose of ZENBEXUS may be maintained if neutropenia was the only ZENBEXUS-related toxicity requiring a dose modification and GCSF treatments are continued • If a dose reduction is clinically appropriate, decrease ZENBEXUS to 0.75 mg once daily when restarting treatment
Febrile Neutropenia (ANC <1,000 cells/mcL with a single temperature of >38.3°C [101°F] or with a sustained temperature of ≥38°C [100.4°F] for more than 1 hour)	Grade 3	
Thrombocytopenia (platelet count <25,000/mcL)	Grade 4	• Withhold ZENBEXUS for the remainder of the cycle • Platelet count must return to ≥50,000/mcL before restarting • Decrease ZENBEXUS to 0.75 mg once daily when restarting treatment
Thrombocytopenia with bleeding or any requirement for a platelet transfusion	Grade 3	
Thromboembolism	≥Grade 3	• Interrupt ZENBEXUS • Initiate anticoagulant therapy • Restart treatment at a decreased ZENBEXUS dose to 0.75 mg once daily when acute symptoms of thrombosis/embolism have been resolved, at the discretion of the treating physician
Other ZENBEXUS-related adverse reactions	≥Grade 3	• Interrupt ZENBEXUS • Restart ZENBEXUS when adverse event has resolved or improved to ≤Grade 2 • If a dose reduction is clinically appropriate, decrease ZENBEXUS to 0.75 mg once daily when restarting treatment

*Based on National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE), Version 5.0.

†Refer to daratumumab and hyaluronidase-fihj and dexamethasone Prescribing Information for information about dosage modifications for daratumumab and hyaluronidase-fihj and dexamethasone.

Please see Section 2, DOSAGE AND ADMINISTRATION, of the US Full Prescribing Information for additional information.

Please see Important Safety Information throughout and Full Prescribing Information for ZENBEXUS, including Boxed WARNINGS.

Effective August 13

Specialty Pharmacies

The following specialty pharmacies are authorized to sell ZENBEXUS and are able to service qualified accounts.

Specialty Pharmacies	Phone	Fax
AcariaHealth, Inc.	866-458-9246	866-458-9245
Accredo Health Group, Inc.	877-732-3431	800-590-1021
Amber Enterprises, Inc.	888-370-1724	877-645-7514
Ardon	855-425-4085	855-452-4096
Biologics, Inc.	800-850-4306	800-823-4506
BioMatrix Specialty Pharmacy, LLC	855-359-9679	610-545-6030
BioPlus Specialty Pharmacy, LLC	888-292-0744	800-269-5493
Birdi	877-437-9012	877-309-0687
Caremark, L.L.C.	800-237-2767	800-323-2445
CenterWell	800-486-2668	877-405-7940
CoverMyMeds Pharmacy (VA Dispensing)	855-637-9433	855-637-9446
Lumicera	855-847-3553	855-847-3558
Meijer	855-263-4537	734-391-2365
OncoMed Specialty, LLC dba Onco360	877-662-6633	877-662-6355
Optum Pharmacy, LLC	877-445-6874	877-342-4596
Polaris	855-797-0857	800-781-3364
Prime Therapeutics Pharmacy, LLC	866-554-2673	866-364-2673
Senderra	877-513-3107	855-662-6779
SortPak	877-570-7787	877-475-2382
Upstate Pharmacy LTC	800-314-4655	800-314-7756
Walgreens Specialty Pharmacy	800-516-9180	877-231-8302
Walmart Specialty Pharmacy	877-453-4566	866-537-0877
Puerto Rico Specialty Pharmacies		
Absolute Pharmacy, Inc.	787-892-8700	787-264-5800
Alivia	787-925-1989 ext. 8191	787-925-1015
CVS Specialty	787-759-4162	855-297-1270
Farmacia Doral, Inc, a BioPlus company	844-355-4191	800-546-2163
Farmacia San Rafael Santurce, Inc.	787-724-3333	787-721-4165 787-721-3399
MedPlus	787-523-3888	787-777-1580
Special Care Pharmacy Services, LLC	787-781-4585	787-783-2951
SPS	787-704-2025	787-704-2027
Walgreens Specialty Pharmacy	787-777-1120	787-777-1124 787-758-3730

ZENBEXUS™ (iberdomide) is available through a limited REMS-Pharmacy Network that includes specialty pharmacy dispensing and in-office dispensing community practices and hospitals that are contracted to fill prescriptions for restricted distribution programs for Bristol Myers Squibb. Prescribers and pharmacies must be certified with the CELMoD REMS program by enrolling and complying with the REMS requirements; pharmacies must only dispense to patients who are authorized to receive ZENBEXUS.

To support both patient and provider choice, all Specialty Pharmacies within the Limited Dispensing Network are authorized to dispense ZENBEXUS. ZENBEXUS must not be subject to any restrictions that limit fulfillment to one specific Specialty Pharmacy. Participating pharmacies have agreed not to enter into any arrangements that direct, require, or otherwise restrict dispensing through a particular pharmacy. If there are concerns that patient or provider choice is not being maintained in practice, please send notice to BMS at **BMS_PharmacySupport@bms.com**.

Please see Important Safety Information throughout and Full Prescribing Information for ZENBEXUS, including Boxed WARNINGS.

Effective August 13

Authorized Distributors

The following authorized distributors are authorized to sell ZENBEXUS and are able to service qualified accounts.

Specialty Distributors*	Phone	Fax	URL
Physician Offices			
Biocare SD	800-304-3064	NA	https://store.biocaresd.com/biocare/en/USD/login
Cardinal Health Specialty Pharmaceutical Distribution	877-453-3972	614-553-6301	https://specialtyonline.cardinalhealth.com
CuraScript Specialty Distribution	877-599-7748	NA	https://www.curascriptsd.com
McKesson Specialty Health	800-482-6700	NA	https://mscs.mckesson.com
Morris & Dickson Specialty	800-710-6100	318-524-3096	https://www.mdspecialtydist.com
Oncology Supply	800-633-7555	NA	https://www.oncologysupply.com
Optum Specialty Distribution	855-427-4682	866-867-6080	https://www.business.optum.com/en/specialty-distribution.html
Hospitals/Infusion Centers			
Cardinal Health Specialty Pharmaceutical Distribution	866-677-4844	614-553-6301	https://orderexpress.cardinalhealth.com
ASD Healthcare	800-746-6273	800-547-9413	https://www.asdhealthcare.com
McKesson Plasma & Biologics	877-625-2566	888-752-7626	https://connect.mckesson.com
Morris & Dickson Specialty	800-710-6100	318-524-3096	https://www.mdspecialtydist.com
Puerto Rico Hospitals/Clinics			
AmerisourceBergen Puerto Rico	844-222-2273	NA	https://abcorder.amerisourcebergen.com
Cardinal Puerto Rico	787-625-4200	NA	https://cardinalhealth.pr
Cesar Castillo, Inc.	787-641-5242 (Hospitals) 787-641-5082 (Specialty Pharmacy)	787-999-1614	https://facilfarmaciacci.com

ZENBEXUS can also be procured by the practice directly from one of the authorized distributors in the list above.

*For offices that prefer to use the services of a specialty pharmacy, REMS approved specialty pharmacies can obtain ZENBEXUS from the distributors above.

Please see Important Safety Information throughout and Full Prescribing Information for ZENBEXUS, including Boxed WARNINGS.

ICD-10-CM Code Overview[2]

ICD-10-CM codes are used to identify a patient's diagnosis.

- The ICD-10-CM diagnosis codes contain **categories**, **subcategories**, and **codes**. Characters for categories, subcategories, and codes may be letters or numerals
- **All categories** are 3 characters
- **Subcategories** are either 4 or 5 characters
- **Codes** may be 3, 4, 5, 6, or 7 characters

The ICD-10-CM codes for the labeled indication for ZENBEXUS are provided by Bristol Myers Squibb and should be verified with the payer.

Some health plan and Medicare insurers may specify which codes are covered under their policies. Please code to the level of specificity documented in the medical record. For additional coding questions, call BMS Access Support® at **1-800-861-0048** or visit **www.BMSAccessSupport.com**.

This guide does not contain a comprehensive list of all possible ICD-10-CM codes. Please visit **icd10cmtool.cdc.gov** to search for applicable codes.

ICD-10-CM Codes for Multiple Myeloma[2]	
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma in relapse

Indication and Important Safety Information

INDICATION

ZENBEXUS (iberdomide) in combination with daratumumab and hyaluronidase-fihj and dexamethasone is indicated for the treatment of adult patients with multiple myeloma who have received at least 1 prior line of therapy including a proteasome inhibitor and an immunomodulatory agent.

This indication is approved under accelerated approval based on minimal residual disease (MRD)-negative complete response (CR) at any time. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

IMPORTANT SAFETY INFORMATION

WARNING: EMBRYO-FETAL TOXICITY AND SERIOUS VENOUS AND ARTERIAL THROMBOEMBOLISM
EMBRYO-FETAL TOXICITY

ZENBEXUS is contraindicated in pregnancy. ZENBEXUS is embryo-fetal toxic in animals and can cause birth defects or embryo-fetal death in humans. In females of reproductive potential, obtain 2 negative pregnancy tests before starting ZENBEXUS treatment.

Females of reproductive potential must use 2 effective forms of contraception or continuously abstain from heterosexual sex during and for 4 weeks after last dose of ZENBEXUS treatment.

Because of the risk of embryo-fetal toxicity, ZENBEXUS is only available through a restricted distribution program called ZENBEXUS REMS.

SERIOUS VENOUS AND ARTERIAL THROMBOEMBOLISM

Increased risk of deep vein thrombosis (DVT), pulmonary embolism (PE), myocardial infarction, and stroke in patients with multiple myeloma receiving ZENBEXUS with daratumumab and hyaluronidase-fihj and dexamethasone. Anti-thrombotic prophylaxis is recommended.

CONTRAINDICATIONS

Based on the mechanism of action and findings in animal studies, ZENBEXUS can cause birth defects or embryo-fetal death in humans. ZENBEXUS is contraindicated in females who are pregnant. If this drug is used during pregnancy or if the patient becomes pregnant while taking this drug, the patient should be informed of the potential hazard to a fetus.

WARNINGS AND PRECAUTIONS

Embryo-Fetal Toxicity

Females of Reproductive Potential: Must avoid pregnancy while taking ZENBEXUS and for at least 4 weeks after completing therapy. Advise females of reproductive potential of the potential risk to a fetus and to use 2 methods of effective contraception for at least 4 weeks before beginning ZENBEXUS therapy, during therapy, during dose interruptions and for at least 4 weeks after the last dose of ZENBEXUS therapy. Refer patients who can become pregnant to a qualified provider of contraceptive methods, if needed.

Two negative pregnancy tests with a sensitivity of at least 25 mIU/mL must be obtained prior to initiating therapy. Pregnancy testing should be performed weekly during the first 4 weeks of treatment. Thereafter, testing should occur every 4 weeks in patients with regular menstrual cycles, or every 2 weeks in patients with irregular menstrual cycles.

Females of reproductive potential taking ZENBEXUS must not donate eggs during treatment and for 4 weeks after completion.

Males: ZENBEXUS may pass into human semen. Advise patients who can impregnate partners to use effective contraception during treatment and for 4 weeks following the discontinuation of ZENBEXUS therapy. Male patients taking ZENBEXUS must not donate sperm during treatment and for 4 weeks after completion.

Important Safety Information (cont'd)

Blood Donation: Patients must not donate blood during treatment with ZENBEXUS and for 4 weeks following discontinuation of ZENBEXUS therapy.

ZENBEXUS REMS

ZENBEXUS is available only through a restricted program called ZENBEXUS REMS, because of the risk of embryo-fetal toxicity. Prescribers must be certified with, and patients must be enrolled in the ZENBEXUS REMS Program and comply with ongoing monitoring and contraception requirements. Further information about ZENBEXUS REMS, including information for pharmacies, wholesalers, and distributors, is available at www.ZENBEXUSREMS.com or by telephone at 1-888-423-5436.

Serious Venous and Arterial Thromboembolism

ZENBEXUS can cause serious and life-threatening venous thromboembolic events (DVT and PE) and arterial thromboembolic events (myocardial infarction and stroke). In the EXCALIBER-RRMM study (N=204), venous thromboembolic events occurred in 6.4% of patients treated with ZENBEXUS combined with daratumumab and hyaluronidase-fihj and dexamethasone (IberDd) despite mandatory thromboembolism prophylaxis. The incidence of DVT was 3.4% and the incidence of PE was 1.5%.

Arterial thromboembolic events occurred in 3.4% of patients. The incidence of myocardial infarction was 2.0%, and the incidence of stroke (CVA) was 1.5%.

Monitor patients for signs and symptoms of thromboembolic events during treatment with ZENBEXUS. Patients with known risk factors, including prior thrombosis, may be at greater risk, and actions should be taken to try to minimize all modifiable factors (e.g., hyperlipidemia, hypertension, smoking). Thromboprophylaxis is recommended, and the choice of regimen should be based on assessment of the patient's underlying risk factors. In patients who develop a thromboembolism, interrupt ZENBEXUS and initiate anticoagulant therapy according to guidelines.

Neutropenia

ZENBEXUS can cause severe neutropenia. In the EXCALIBER-RRMM study, all-grade neutropenia was reported in 90.2%, Grade 3 in 30.9%, and Grade 4 in 53.4% of patients in the IberDd arm. Febrile neutropenia occurred in 5.4% of patients.

Monitor complete blood count throughout treatment with ZENBEXUS. Interrupt, reduce dosage, or discontinue ZENBEXUS, as necessary. Initiate granulocyte colony-stimulating factor (GCSF) as appropriate per guidelines.

Infections

ZENBEXUS can cause serious infections, including life-threatening or fatal infections. Patients with active or uncontrolled infection should not start ZENBEXUS treatment until the infection is controlled. In the EXCALIBER-RRMM study, infections, including opportunistic infections, were reported in 78.9%, Grade 3 in 35.8%, Grade 4 in 3.4%, and fatal infections in 2% of patients receiving IberDd. Serious infections occurred in 40% of patients. Discontinuations due to infections occurred in 1.5% of patients.

Monitor patients for signs and symptoms of infection prior to and during treatment with ZENBEXUS and treat appropriately. Withhold or reduce the dose based on severity.

Consider prophylactic anti-infective medications according to current practice guidelines.

Second Primary Malignancies

In the EXCALIBER-RRMM study, at a median follow-up time of 16 months, second primary malignancies (SPM) occurred in 6.9% of patients in the IberDd arm and 4.9% of patients in the daratumumab and hyaluronidase-fihj, bortezomib, and dexamethasone (DVd) arm.

Monitor patients for the development of SPM.

Important Safety Information (cont'd)

ADVERSE REACTIONS

Serious adverse reactions occurred in 58.3% of patients receiving ZENBEXUS. Serious adverse reactions in ≥2% of patients included pneumonia (26%), upper respiratory tract infection (6.4%), SPM (5.9%), neutropenia (4.9%), febrile neutropenia (3.9%), COVID-19 (4.4%), and sepsis (2.9%). Fatal adverse reactions occurred in 10 patients (4.9%) who received ZENBEXUS. Sepsis (1.5%) was the only fatal drug reaction that occurred in more than 1 patient. The following fatal adverse reactions occurred in 1 patient each: listeria encephalitis, influenza, lung adenocarcinoma, cardiac arrest, large intestine perforation, metabolic acidosis, and respiratory failure.

The most common adverse reactions (≥20%) in the IberDd arm and DVd arm, respectively, were upper respiratory tract infection (54% and 52%), fatigue (36% and 33%), musculoskeletal pain (35% and 33%), pneumonia (34% and 17%), diarrhea (33% and 36%), motor dysfunction (26% and 17%), rash (26% and 15%), sleep disorder (25% and 28%), hypogammaglobulinemia (24% and 12%), COVID-19 (23% and 16%), and constipation (20% and 22%).

The most common Grade 3 to 4 laboratory abnormalities (≥30%) in the IberDd arm and DVd arm, respectively, were neutropenia (77% and 11%), leukopenia (69% and 18%), and lymphopenia (62% and 51%).

DRUG INTERACTIONS

Effects of Other Drugs on ZENBEXUS

Strong or Moderate CYP3A Inhibitors: Coadministration of ZENBEXUS with strong or moderate CYP3A inhibitors should be avoided. If a strong or moderate CYP3A inhibitor must be used in combination with ZENBEXUS, reduce the ZENBEXUS dose. Concomitant use with strong or moderate CYP3A inhibitors may increase the risk of adverse reactions.

Strong or Moderate CYP3A Inducers: Coadministration of ZENBEXUS with strong or moderate CYP3A inducers should be avoided. Concomitant use with a strong or moderate CYP3A inducer may decrease the efficacy of ZENBEXUS.

SPECIFIC POPULATIONS

Pregnancy (See Boxed WARNINGS)

There is a pregnancy exposure registry that monitors outcomes in patients exposed to ZENBEXUS during pregnancy. **See the ZENBEXUS REMS WARNINGS AND PRECAUTIONS section.**

Lactation

Advise women not to breastfeed during treatment with ZENBEXUS. Refer to the Prescribing Information for daratumumab and hyaluronidase-fihj or dexamethasone for additional information.

Females and Males of Reproductive Potential

ZENBEXUS can cause fetal harm when administered during pregnancy.

Pregnancy Testing, Females of Reproductive Potential, and Males: **See the Embryo-Fetal Toxicity WARNINGS AND PRECAUTIONS section.**

Geriatric Use

In patients treated with IberDd, the incidence of serious adverse reactions was 53%, 56%, and 74% in adult patients younger than 65 years of age, 65 years of age to younger than 75 years of age, and 75 years of age and older, respectively.

Renal Impairment

Reduce the ZENBEXUS dose in patients with estimated glomerular filtration rate (eGFR) less than 30 mL/min/1.73 m^2 not on dialysis. If dose modification is needed due to adverse events, reduce the ZENBEXUS dose to 1 mg every other day on Days 1 to 21 of a 28-day cycle.

References

1. ZENBEXUS. Prescribing information. Princeton, NJ: Bristol-Myers Squibb Company; 2026.

2. American Medical Association. ICD-10-CM Expert 2026. American Medical Association; 2025.

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Bristol Myers Squibb®
Access Support®

At Bristol Myers Squibb, We Provide Support With Purpose

Patients are the reason behind what we do. BMS Access Support is dedicated to helping patients access their prescribed BMS medications. If your patient has been prescribed ZENBEXUS and enrolls in BMS Access Support, the program may be able to provide:

Coverage Assistance

BMS Access Support may offer benefits investigations, prior authorization assistance, and appeal process support.* On our website, we provide product-specific billing and diagnosis codes, reimbursement guides, and product distribution information.

In the event of a coverage delay or denial, commercially-insured patients may be eligible for a bridge program for ZENBEXUS.†

Financial Support

Eligible commercially-insured patients may pay as little as $0 per one-month supply.†

For patients insured through a government program or who do not have insurance, BMS Access Support can provide information regarding independent charitable foundations.‡

Educational Resources

A library of office support resources provides information about patient access, payer policy details, product distribution, coding, billing, and reimbursement. Patients also have access to educational materials to help them understand their insurance coverage.

A Free Trial Offer† may be available for patients newly prescribed ZENBEXUS.

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*The accurate completion and submission of reimbursement and coverage-related documentation to the patient's insurance plan is the responsibility of the provider and patient. Bristol Myers Squibb and its agents cannot guarantee coverage for any medication or treatment.

†Restrictions apply. Please see full Terms and Conditions, including complete eligibility requirements by clicking here for oral medications.

‡It is important to note that charitable foundations are independent from Bristol-Myers Squibb Company and have their own eligibility criteria and evaluation process. Bristol Myers Squibb cannot guarantee that a patient will receive assistance.

We're here for you.

Patient access support, reimbursement resources, and financial support options may be available through **BMS Access Support®**

Call a Patient Access Specialist at 1-800-861-0048, 8 AM to 8 PM ET, Monday–Friday

Visit www.BMSAccessSupport.com

Schedule a meeting with an Access & Reimbursement Manager via the BMS Access Support website

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