KRAZATI® (adagrasib) 200 mg TABLETS

Bristol Myers Squibb®
Access Support®

A REFERENCE GUIDE TO Billing and Coding FOR KRAZATI® (adagrasib)

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommends adagrasib (KRAZATI) as an NCCN Category 2A subsequent therapy option for the treatment of *KRAS* G12C advanced and metastatic NSCLC and NSCLC CNS metastases.[1,2]

The NCCN Guidelines® also recommend adagrasib as an NCCN Category 2A systemic therapy option with an epidermal growth factor inhibitor for patients with *KRAS* G12C-mutated advanced or metastatic colon and rectal cancer.[3,4]

CNS=central nervous system; NCCN=National Comprehensive Cancer Center; NSCLC=non-small cell lung cancer.

INDICATIONS

KRAZATI, as a single-agent, is indicated for the treatment of adult patients with *KRAS* G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC) as determined by an FDA-approved test, who have received at least one prior systemic therapy.

KRAZATI in combination with cetuximab is indicated for the treatment of adult patients with *KRAS* G12C-mutated locally advanced or metastatic colorectal cancer (CRC), as determined by an FDA-approved test, who have received prior treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy.

These indications are approved under accelerated approval based on objective response rate (ORR) and duration of response (DOR). Continued approval for these indications may be contingent upon verification and description of a clinical benefit in confirmatory trials.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Gastrointestinal Adverse Reactions

- KRAZATI can cause severe gastrointestinal adverse reactions
- Monitor and manage patients using supportive care, including antidiarrheals, antiemetics, or fluid replacement, as indicated. Withhold, reduce the dose, or permanently discontinue KRAZATI based on severity

Please see Important Safety Information on pages 8-9 and US full Prescribing Information for KRAZATI.

For reimbursement assistance, call BMS Access Support at **1-800-861-0048**, 8 AM to 8 PM ET, Monday – Friday, or visit **www.BMSAccessSupport.com**.

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.

INDICATIONS

KRAZATI, as a single-agent, is indicated for the treatment of adult patients with *KRAS* G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC) as determined by an FDA-approved test, who have received at least one prior systemic therapy.

KRAZATI in combination with cetuximab is indicated for the treatment of adult patients with *KRAS* G12C-mutated locally advanced or metastatic colorectal cancer (CRC), as determined by an FDA-approved test, who have received prior treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy.

These indications are approved under accelerated approval based on objective response rate (ORR) and duration of response (DOR). Continued approval for these indications may be contingent upon verification and description of a clinical benefit in confirmatory trials.

Table of Contents

IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS (CONTINUED)

QTc Interval Prolongation

- KRAZATI can cause QTc interval prolongation, which can increase the risk for ventricular tachyarrhythmias (eg, torsades de pointes) or sudden death
- Avoid concomitant use of KRAZATI with other products with a known potential to prolong the QTc interval. Avoid use of KRAZATI in patients with congenital long QT syndrome and in patients with concurrent QTc prolongation
- Monitor ECGs and electrolytes, particularly potassium and magnesium, prior to starting KRAZATI, during concomitant use, and as clinically indicated in patients with congestive heart failure, bradyarrhythmias, electrolyte abnormalities, and in patients who are unable to avoid concomitant medications that are known to prolong the QT interval. Correct electrolyte abnormalities. Withhold, reduce the dose, or permanently discontinue KRAZATI, depending on severity

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 healthcare provider 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.

CRC, colorectal; ICD-10-CM=International Classification of Disease, Tenth Revision, Clinical Modification; NDC=National Drug Code.

NDC Information

The following is the NDC for KRAZATI.

NDC for KRAZATI[5]

One bottle containing 180 tablets
080739-812-18

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 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 treatment.

NDC=National Drug Code.

Please see Important Safety Information on pages 8-9 and US full Prescribing Information for KRAZATI.

For reimbursement assistance, call BMS Access Support® at **1-800-861-0048**, 8 AM to 8 PM ET, Monday – Friday, or visit **www.BMSAccessSupport.com**.

ICD-10-CM Codes

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 KRAZATI 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.

ICD-10-CM Codes for *KRAS* G12C NSCLC[6]	
C34	**Malignant neoplasm of bronchus and lung**
C34.0	**Malignant neoplasm of main bronchus**
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.1	**Malignant neoplasm of upper lobe, bronchus or lung**
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	**Malignant neoplasm of middle lobe, bronchus or lung**
C34.3	**Malignant neoplasm of lower lobe, bronchus or lung**
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung

Continued on next page.

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 treatment.

ICD-10-CM Codes for *KRAS* G12C NSCLC[6] (CONT'D)	
C34.8	**Malignant neoplasm of overlapping sites of bronchus and lung**
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.9	**Malignant neoplasm of unspecified part of bronchus or lung**
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C39	**Malignant neoplasm of other and ill-defined sites in the respiratory system and intrathoracic organs**
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified

ICD-10-CM Codes for *KRAS* G12C CRC[6]	
C18	**Malignant neoplasm of colon**
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	**Malignant neoplasm of rectosigmoid junction**
C20	**Malignant neoplasm of rectum**
C21	**Malignant neoplasm of anus and anal canal**
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
D37	**Neoplasm of uncertain behavior of oral cavity and digestive organs**
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum

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 treatment.

CRC=colorectal cancer; ICD-10-CM=International Classification of Disease, Tenth Revision, Clinical Modification; NSCLC=non-small cell lung cancer.

Please see Important Safety Information on pages 8-9 and US full Prescribing Information for KRAZATI.

For reimbursement assistance, call BMS Access Support® at **1-800-861-0048**, 8 AM to 8 PM ET, Monday – Friday, or visit **www.BMSAccessSupport.com**.

Dosing for KRAZATI

KRAZATI is available as 200 mg immediate-release tablets.[5] Dosing is the same for all patients, regardless of cancer indication.[5]

The recommended dose of KRAZATI is 600 mg, taken as 3 tablets orally, twice daily.

2×

AM Take (3) 200 mg tablets by mouth in the morning

PM Take (3) 200 mg tablets by mouth at night

Actual size 1.5 cm

- Advise patients to take KRAZATI at the same time every day with or without food
- KRAZATI tablets should be swallowed whole (not chewed, crushed, or split)
- If a patient misses a dose by more than 4 hours or if vomiting occurs, do not take an additional dose. They should resume dosing at the next scheduled time

Recommended Dosage Reductions for Adverse Reactions[5]

1

FIRST DOSE REDUCTION:
400 mg twice daily
(2) 200 mg tablets

2

SECOND DOSE REDUCTION:
600 mg once daily
(3) 200 mg tablets

If adverse reactions occur, a maximum of 2 dose reductions are permitted. Permanently discontinue KRAZATI in patients who are unable to tolerate 600 mg once daily.

If you determine that a dose reduction is necessary, your patient can continue therapy at the next lower dose without immediately requiring a new prescription.

Please see Section 2, DOSAGE AND ADMINISTRATION, of the US full Prescribing Information for additional information on dose modifications for nausea, vomiting, or diarrhea despite supportive care; QTc interval prolongation; hepatotoxicity; interstitial lung disease/pneumonitis, and other clinically relevant adverse reactions.

QTc=heart rate–corrected QT interval.

Please see Important Safety Information on pages 8-9 and US full Prescribing Information for KRAZATI.

For reimbursement assistance, call BMS Access Support® at **1-800-861-0048**, 8 AM to 8 PM ET, Monday – Friday, or visit **www.BMSAccessSupport.com**.

Specialty Pharmacies and Distributors

KRAZATI has a limited distribution network. KRAZATI is only available via in-office dispensing or at two specialty pharmacies, Biologics by McKesson and Onco360. Contact one of these authorized in-network specialty pharmacies or distributors for access to KRAZATI.

Specialty Pharmacies	Phone	Fax	URL or Email
Biologics by McKesson	800-850-4306	800-823-4506	https://biologics.mckesson.com
Onco360 Oncology Pharmacy	877-662-6633	877-662-6355	https://www.onco360.com
Specialty Distributors	**Phone**	**Fax**	**URL or Email**
Institutions/Hospitals			
ASD Specialty Healthcare	800-746-6273	800-547-9413	service@asdhealthcare.com
Cardinal Health Specialty	866-677-4844	614-553-5919	GMB-SPD-CSOrderEntry@cardinalhealth.com
McKesson Plasma & Biologics	877-625-2566	888-752-7626	mpborders@mckesson.com
Physician Dispensing Offices			
Cardinal Health Specialty	866-677-4844	614-553-5919	GMB-SPD-CSOrderEntry@cardinalhealth.com
McKesson Specialty Health	800-482-6700	855-824-9489	oncologycustomersupport@mckesson.com
Oncology Supply	800-633-7555	800-248-8205	service@oncologysupply.com

KRAZATI can also be procured by the practice directly from one of the authorized distributors in the list above. Please ensure your practice has the durable medical equipment (DME) license in place to bill the appropriate DME Medicare Administrative Contractor (DME MAC).

Important Safety Information

WARNINGS AND PRECAUTIONS

Gastrointestinal Adverse Reactions

- KRAZATI can cause severe gastrointestinal adverse reactions
- Monitor and manage patients using supportive care, including antidiarrheals, antiemetics, or fluid replacement, as indicated. Withhold, reduce the dose, or permanently discontinue KRAZATI based on severity

QTc Interval Prolongation

- KRAZATI can cause QTc interval prolongation, which can increase the risk for ventricular tachyarrhythmias (eg, torsades de pointes) or sudden death
- Avoid concomitant use of KRAZATI with other products with a known potential to prolong the QTc interval. Avoid use of KRAZATI in patients with congenital long QT syndrome and in patients with concurrent QTc prolongation
- Monitor ECGs and electrolytes, particularly potassium and magnesium, prior to starting KRAZATI, during concomitant use, and as clinically indicated in patients with congestive heart failure, bradyarrhythmias, electrolyte abnormalities, and in patients who are unable to avoid concomitant medications that are known to prolong the QT interval. Correct electrolyte abnormalities. Withhold, reduce the dose, or permanently discontinue KRAZATI, depending on severity

Hepatotoxicity

- KRAZATI can cause hepatotoxicity, which may lead to drug-induced liver injury and hepatitis
- Monitor liver laboratory tests (AST, ALT, alkaline phosphatase, and total bilirubin) prior to the start of KRAZATI, and monthly for 3 months or as clinically indicated, with more frequent testing in patients who develop transaminase elevations. Reduce the dose, withhold, or permanently discontinue KRAZATI based on severity

Interstitial Lung Disease/Pneumonitis

- KRAZATI can cause interstitial lung disease (ILD)/pneumonitis, which can be fatal
- Monitor patients for new or worsening respiratory symptoms indicative of ILD/pneumonitis (eg, dyspnea, cough, fever) during treatment with KRAZATI. Withhold KRAZATI in patients with suspected ILD/pneumonitis and permanently discontinue KRAZATI if no other potential causes of ILD/pneumonitis are identified

ADVERSE REACTIONS

- Serious adverse reactions occurred in 57% of 116 patients who received adagrasib in NSCLC patients. The most common adverse reactions in NSCLC patients (≥20%) were diarrhea, nausea, fatigue, vomiting, musculoskeletal pain, hepatotoxicity, renal impairment, dyspnea, edema, decreased appetite, cough, pneumonia, dizziness, constipation, abdominal pain, and QTc interval prolongation
- Serious adverse reactions occurred in 30% of 94 patients who received adagrasib in combination with cetuximab. The most common adverse reactions in CRC patients (≥20%) were rash, nausea, diarrhea, vomiting, fatigue, musculoskeletal pain, hepatotoxicity, headache, dry skin, abdominal pain, decreased appetite, edema, anemia, dizziness, cough, constipation, and peripheral neuropathy

DRUG INTERACTIONS

- Strong CYP3A4 Inducers: Avoid concomitant use.
- Strong CYP3A4 Inhibitors: Avoid concomitant use until adagrasib concentrations have reached steady state (after ~8 days).
- Sensitive CYP3A4 Substrates: Avoid concomitant use with sensitive CYP3A4 substrates.

Important Safety Information (cont'd)

DRUG INTERACTIONS (cont'd)

- Sensitive CYP2C9 or CYP2D6 Substrates or P-gp Substrates: Avoid concomitant use with sensitive CYP2C9 or CYP2D6 substrates or P-gp substrates where minimal concentration changes may lead to serious adverse reactions.
- Drugs That Prolong QT Interval: Avoid concomitant use with KRAZATI.

Please see Drug Interactions Section of the Full Prescribing Information for additional information.

USE IN SPECIFIC POPULATIONS

Females and Males of Reproductive Potential

- Infertility: Based on findings from animal studies, KRAZATI may impair fertility in females and males of reproductive potential

Lactation

- Advise not to breastfeed

Please see US full Prescribing Information for KRAZATI here.

For reimbursement assistance, call BMS Access Support® at **1-800-861-0048**, 8 AM to 8 PM ET, Monday – Friday, or visit **www.BMSAccessSupport.com**.

BMS Access Support® Co-Pay Assistance Program Terms & Conditions for KRAZATI® (adagrasib)

The BMS Co-Pay Assistance Program is designed to assist eligible commercially insured patients who have been prescribed select BMS medications with out-of-pocket deductibles, co-pays, or co-insurance requirements.

Patient Eligibility:

- Patients must have commercial (private) insurance, but their coverage does not cover the full cost of the prescription. Co-pay assistance is not valid where the entire cost of the prescription is reimbursed by insurance.
- Patients are not eligible if they have prescription insurance coverage through a state or federal healthcare program, including but not limited to Medicare, Medicaid, MediGap, CHAMPVA, TRICARE, Veterans Affairs (VA), or Department of Defense (DoD) programs; patients who move from commercial to state or federal healthcare program insurance will no longer be eligible.
- Cash-paying patients are not eligible for co-pay assistance.
- Patients or their guardian must be 18 years of age or older.
- Patients must live in the United States or US Territories.

Program Benefits:

- Eligible patients with an activated co-pay card and a valid prescription may pay as little as $0 per one-month supply; monthly, annual, and/or per-claim maximum program benefits may apply and vary from patient to patient, depending on the terms of a patient's prescription drug plan and to ensure that the funds are used for the benefit of the patient, based on factors determined solely by Bristol-Myers Squibb.
- Some prescription drug plans have established programs referred to as 'co-pay maximizer' programs. A co-pay maximizer program is one in which the amount of the patient's out-of-pocket costs is adjusted to reflect the availability of support offered by a co-pay support program. Patients enrolled in co-pay maximizer programs may receive program benefits that vary over time to ensure the program funds are used for the benefit of the patient.

Program Timing:

- Patients will be evaluated for ongoing eligibility to continue enrollment in the program. In the event patients experience a change in insurance coverage or BMS makes changes to the copay assistance program, patients may be required to re-enroll into the program and provide updated insurance information to determine eligibility.

Additional Terms and Conditions of Program:

- Patients, pharmacists, and prescribers may not seek reimbursement from health insurance, health savings or flexible spending accounts, or any third party, for any part of the benefit received by the patient through this offer.
- Acceptance of this offer confirms that this offer is consistent with patient's insurance. Patients, pharmacists, and healthcare providers must report the receipt of co-pay assistance benefits as may be required by patient's insurance provider.
- All Program payments are for the benefit of the patient only.
- Offer valid only in the United States and US Territories. Void where prohibited by law, taxed, or restricted.
- The Program is not insurance.
- The Program benefits are not transferable and is limited to one (1) per patient. This offer cannot be combined with any other offer, rebate, coupon, or free trial. Other limitations may apply.
- This Program is not conditioned on any past, present, or future purchase, including additional doses.
- No membership fees.
- Bristol Myers Squibb reserves the right to rescind, revoke, or amend this offer at any time without notice.

Terms & Conditions for KRAZATI® (adagrasib) Free Trial Offer

Eligibility Requirements:

- Patients must be new patients who have not previously received a sample or filled a prescription for AUGTYRO™ or KRAZATI® who have enrolled in the Program.
- Patients must have a valid prescription for AUGTYRO™ or KRAZATI® for an on-label indication.
- Patients are 18 years of age or older.
- Patients are residents of the United States or US Territories

Terms of Use:

- Eligible patients with a valid prescription for AUGTYRO™ can receive up to a 29-day supply of AUGTYRO™. Eligible patients with a valid prescription for KRAZATI® can receive up to a 30-day supply of KRAZATI®. Patient is responsible for applicable taxes, if any.
- This offer is limited to one use per patient per lifetime and is nontransferrable. By redeeming this offer, you certify that you have not previously filled a prescription or received a free sample for AUGTYRO™ or KRAZATI .
- This free trial for the specified prescription cannot be combined with any other rebate/coupon, free trial, or similar offer. No substitutions are permitted.
- Patients, pharmacists, and prescribers cannot seek reimbursement for the Free Trial of AUGTYRO™ or KRAZATI® from health insurance or any third party, including state or federally funded programs.
- Patients may not count the Free Trial of AUGTYRO™ or KRAZATI® as an expense incurred for purposes of determining out-of-pocket costs for any plan, including true out-of-pocket costs (TrOOP), for purposes of calculating the out-of-pocket threshold for Medicare Part D plans.
- Only valid in the United States and US Territories; this offer is void where restricted or prohibited by law.
- Bristol Myers Squibb reserves the right to rescind, revoke or amend this offer at any time without notice.
- This offer is not conditioned on any past, present, or future purchase, including refills.
- This free trial offer is not health insurance.

Terms & Conditions for KRAZATI® (adagrasib) Bridge Program

Eligibility Requirements:

- This offer is available to commercially insured patients being treated with AUGTYRO™ or KRAZATI® for an FDA-approved indication who have enrolled in the Program.
- Patients are not eligible if they have prescription insurance coverage through a state or federal healthcare program, including but not limited to Medicare, Medicaid, MediGap, CHAMPVA, TRICARE, Veterans Affairs (VA), or Department of Defense (DoD) programs; patients who move from commercial to state or federal healthcare program insurance will no longer be eligible.
- If a coverage determination is delayed for more than five (5) calendar days, the patient will be provided AUGTYRO™ or KRAZATI® at no cost until coverage is received, a prior authorization is denied and appealed, or for two months, whichever is earlier.
- An appeal of any prior authorization denial must be made within 10 days to remain in the Program.
- Program reserves the right to re-verify patient's insurance coverage at any point during the patient's participation in the Program.
- For patients whose insurance changes during Program participation and otherwise remain eligible, a new prior authorization needs to be submitted.
- Offer is not health insurance and may be modified or discontinued at any time without notice.
- Once coverage is approved by the patient's commercial insurance plan, the patient will no longer be eligible.
- Other limitations may apply.
- Bristol-Myers Squibb reserves the right to rescind, revoke, or amend the Program at any time without notice.
- No claim for reimbursement for product dispensed pursuant to this offer may be made to any third-party payer.
- This offer is limited to one use per patient per lifetime and is non-transferrable.
- This offer is not conditioned on any past, present, or future purchase, including refills.
- Only valid in the United States and US Territories; this offer is void where restricted or prohibited by law.

References: **1.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer V.7.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed June 26, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **2.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Central Nervous System Cancers V.2.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 30, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org. **3.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Rectal Cancer V.3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 3, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org. **4.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Colon Cancer V.4.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 3, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org. **5.** KRAZATI. Prescribing information. Mirati Therapeutics; 2024. **6.** Centers for Medicare & Medicaid Services. ICD-10-CM tabular list of diseases and injuries. April 1, 2023. Accessed May 15, 2023. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2022/icd10cm-tabular-2022-April-1.pdf

For reimbursement assistance, call BMS Access Support® at **1-800-861-0048**, 8 AM to 8 PM ET, Monday – Friday, or visit **www.BMSAccessSupport.com**.

Bristol Myers Squibb®
Access Support®

At Bristol Myers Squibb, We Provide Support With Purpose

The BMS Access Support program is dedicated to helping patients access their prescribed BMS medications. When patients are prescribed KRAZATI® (adagrasib) and enroll in BMS Access Support, they will have access to:

Coverage Assistance

BMS Access Support may offer benefits investigations, prior authorization assistance, and appeal process support.* In the event of a coverage delay or denial, commercially insured patients may be eligible for a bridge program.†

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 Support

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 KRAZATI.

Looking for support? 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** to enroll your patient online

Schedule a meeting with a BMS Access and Reimbursement Manager on the BMS Access Support website

*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 treatment.

†Restrictions apply. Please click here for full Terms and Conditions, including complete eligibility requirements.

‡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.

Please see additional Important Safety Information on pages 8-9 and US full Prescribing Information for KRAZATI.

1914-US-2400411 07/24

Bristol Myers Squibb®