

# CAMZYOS<sup>TM</sup>

(mavacamten) 2.5, 5, 10, 15mg capsules

## Understanding Your Healthcare Benefits 2025

Useful information about how health insurance helps you pay for treatment

### INDICATION

CAMZYOS® (mavacamten) is a prescription medicine used to treat adults with symptomatic obstructive hypertrophic cardiomyopathy (HCM). CAMZYOS may improve your symptoms and your ability to be active. It is not known if CAMZYOS is safe and effective in children.

### IMPORTANT SAFETY INFORMATION

**CAMZYOS (mavacamten) may cause serious side effects, including:**

**Heart failure, a condition where the heart cannot pump with enough force.** Heart failure is a serious condition that can lead to death. You must have echocardiograms before you take your first dose and during your treatment with CAMZYOS to help your healthcare provider understand how your heart is responding to CAMZYOS. People who develop a serious infection or irregular heartbeat have a greater risk of heart failure during treatment with CAMZYOS. Tell your healthcare provider or get medical help right away if you develop new or worsening shortness of breath, chest pain, fatigue, swelling in your legs, a racing sensation in your heart (palpitations), or rapid weight gain.

**The risk of heart failure is also increased when CAMZYOS is taken with certain other medications.** Tell your healthcare provider about the medicines you take, both prescribed and obtained over-the-counter, before and during treatment with CAMZYOS.

**Because of the serious risk of heart failure, CAMZYOS is only available through a restricted program called the CAMZYOS Risk Evaluation and Mitigation Strategy (REMS) Program.**

- Your healthcare provider must be enrolled in the CAMZYOS REMS Program in order for you to be prescribed CAMZYOS.
- Before you take CAMZYOS, you must enroll in the CAMZYOS REMS Program. Talk to your healthcare provider about how to enroll in the CAMZYOS REMS Program. You will be given information about the program when you enroll.
- Before you take CAMZYOS, your healthcare provider and pharmacist will make sure you understand how to take CAMZYOS safely, which will include returning for echocardiograms when advised by your healthcare provider.
- CAMZYOS can only be dispensed by a certified pharmacy that participates in the CAMZYOS REMS Program. Your healthcare provider can give you information on how to find a certified pharmacy. You will not be able to get CAMZYOS at a local pharmacy.
- If you have questions about the CAMZYOS REMS Program, ask your healthcare provider, visit [www.CAMZYOSREMS.com](http://www.CAMZYOSREMS.com), or call 1-833-628-7367.

Please see additional Important Safety Information, including **Boxed WARNING** throughout and [US Full Prescribing Information](#) and [Medication Guide](#) for CAMZYOS.



## Table of Contents

### Overview

Health Insurance Basics .....	3-4
What You Will Be Asked to Pay for Treatment.....	5-6
Treatment Approval Process.....	7
Understanding Your Explanation of Benefits (EOB) and Medicare Summary Notice (MSN) .....	7

### Coverage

Coverage for Oral Drugs.....	8-9
Low-Income Subsidy (LIS), Also Referred to as “Extra Help” .....	9-10

Important Safety Information .....	11
------------------------------------	----

References.....	12
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# Health Insurance Basics

There are 2 types of healthcare plans:

## Private Health Insurance<sup>1</sup>

- Usually provided by an employer or individually purchased, typically referred to as commercial insurance

## Public Health Insurance<sup>1,2</sup>

- Provided by the government (eg, Medicare, Medicaid)

NOTE: How much you pay for healthcare and the amount of coverage you have depend on the type of insurance and the plan within that insurance.

Private and public healthcare plans typically provide 2 types of healthcare benefits—medical and pharmacy—and they each cover different items.



### The medical benefit

typically covers physician and hospital services for things like visits to the doctor, drugs administered by doctors, hospital services and supplies, echocardiograms, and some home health services.<sup>3</sup>



### The pharmacy benefit

typically covers prescription drugs taken by mouth and self-administered injectable prescription drugs that are used at home.<sup>3</sup>

## Two more things to know:

1. Your healthcare plan pays a portion of your medical bills.<sup>1,2,4</sup> You usually have to pay part of the other costs for your healthcare. These are called **COINSURANCE**, **CO-PAYS/CO-PAYMENTS**, and **DEDUCTIBLES**.<sup>5</sup>
2. Insurance companies have different ways of paying for medical services and drugs. Because of differences between plans, it is important to know which medical and pharmacy services are covered by your plan.<sup>1</sup> For example, a lower-cost healthcare plan may require you to use a network of providers who have agreed to charge less for services, while a higher-cost fee-for-service plan might allow you to get treatment from any healthcare provider.<sup>2,6</sup>

**Coinsurance:** A type of cost-sharing after you meet your annual deductible in some health plans. You pay a certain percentage of the cost of a covered service, plus any deductibles that you owe, and your plan pays the remaining amount.<sup>7</sup>

**Co-pays/Co-payments:** Another type of cost-sharing in some health plans. You pay a fixed amount (\$20, for example) for a covered healthcare service or drug after you've paid your deductible. Co-pays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.<sup>7</sup>

**Deductibles:** After you pay your insurance premium, the deductible is the amount you pay for healthcare services each year before the health plan starts to pay its share. Each health plan may have a different deductible amount. After you pay your deductible, you usually pay either a co-pay or coinsurance for covered services. Your insurance company pays the rest.<sup>7</sup>

## Health Insurance Basics (cont.)

### Private (Commercial) Insurance<sup>1-3</sup>

Refers to any health insurance plan you do not get from the government. You can buy health insurance directly from an insurance company or healthcare exchange.<sup>4</sup> With commercial insurance healthcare plans, if you pay higher **PREMIUMS**, typically you get more healthcare services and you may have lower out-of-pocket costs.

#### Group Health Insurance

Employer-sponsored health plans

#### Individually Purchased Insurance

You buy health insurance directly from an insurance company or healthcare exchange

### Public (Federal or State) Insurance

#### Medicare<sup>1,6,8</sup> covers people:

- Aged 65 or older
- Under 65 years of age with certain disabilities
- With end-stage renal (kidney) disease

#### Medicaid<sup>1,8,9</sup>

- Covers millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities
- Medicaid is partly funded by the federal government and administered by states, according to federal requirements

#### Medicare Part A

A medical benefit that covers hospital-related services, skilled nursing facilities, and certain other services and equipment

#### Medicare Part B\*

A medical benefit that covers medically necessary and preventive services, including doctor visits, echocardiograms, and drugs that must be given by a doctor

#### Veterans Health Administration/TRICARE DoD (Department of Defense)<sup>10,11</sup>

Covers people who are or have been in the military, including:

- Veterans
- Active-duty service members
- National Guard and Reserve members
- Retirees
- Military families

#### Medicare Part C<sup>†</sup>

Medicare Advantage Plans—allow Medicare benefits through **MANAGED CARE PLANS**; these plans may include both medical and pharmacy benefits

#### Medicare Part D

A pharmacy benefit that covers prescription drugs taken at home

\*Medicare-eligible patients must enroll in Part B to receive Part B benefits.

†Public health insurance is run by the government. However, some private companies contract with Medicare to provide all of your Part A and Part B benefits, with many of them also providing prescription drug coverage. These are called Medicare Advantage plans. Medicare Advantage plans are run by private insurance companies but abide by Medicare rules. However, you won't be covered by original Medicare if you opt for a Medicare Advantage plan.<sup>8</sup>

These charts include the most common types of insurance; they do not include all types.

**Premium:** The amount you pay for your health insurance every month.<sup>7</sup>

**Managed Care:** Managed care is a healthcare delivery system organized to manage cost, utilization, and quality by forming contract arrangements and setting prices for services.<sup>12</sup>

## What You Will Be Asked to Pay for Treatment

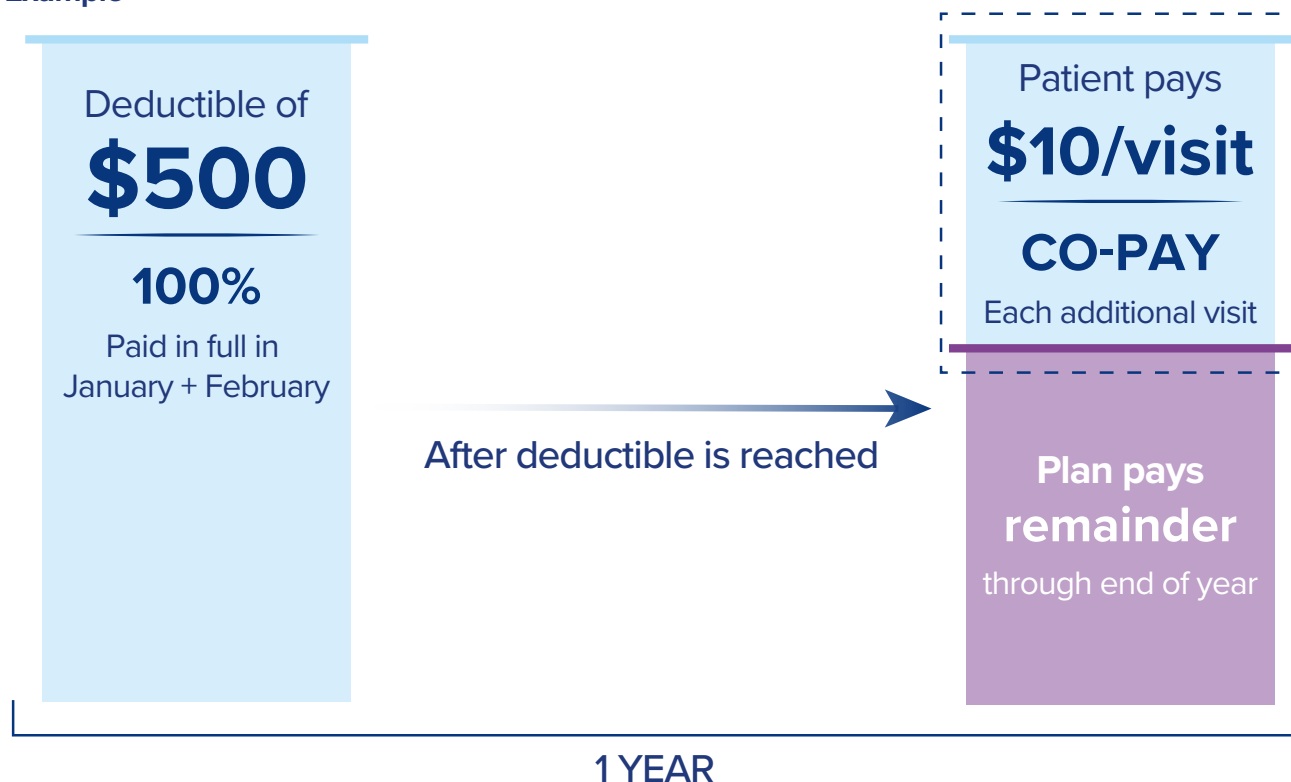
### The amount you will pay for your treatment depends on your healthcare plan

The first thing you will pay for is your monthly premium, which we covered earlier. In addition to your monthly premium, plans usually have an annual deductible. A deductible is the amount of money you have to pay each year for covered services and treatments before your insurance company starts to pay for them. You may have a separate deductible for your pharmacy benefit and medical benefit.<sup>7</sup>

In addition, you may have to pay a certain amount up front for each doctor visit or drug. This payment, called a co-pay, is a type of cost-sharing in some health plans.<sup>7</sup> You pay a fixed amount (\$10, for example) for a covered healthcare service or drug after you've paid your deductible. Co-pays can vary for different services within the same plan, like drugs, lab tests, echocardiograms, and visits to specialists.

The following example shows a patient with a \$500 deductible and a \$10 co-pay. The \$500 deductible in this example is paid in full during the first 2 months of the year. Once the deductible is met, the patient only pays the \$10 co-pay for each additional visit.

#### Example

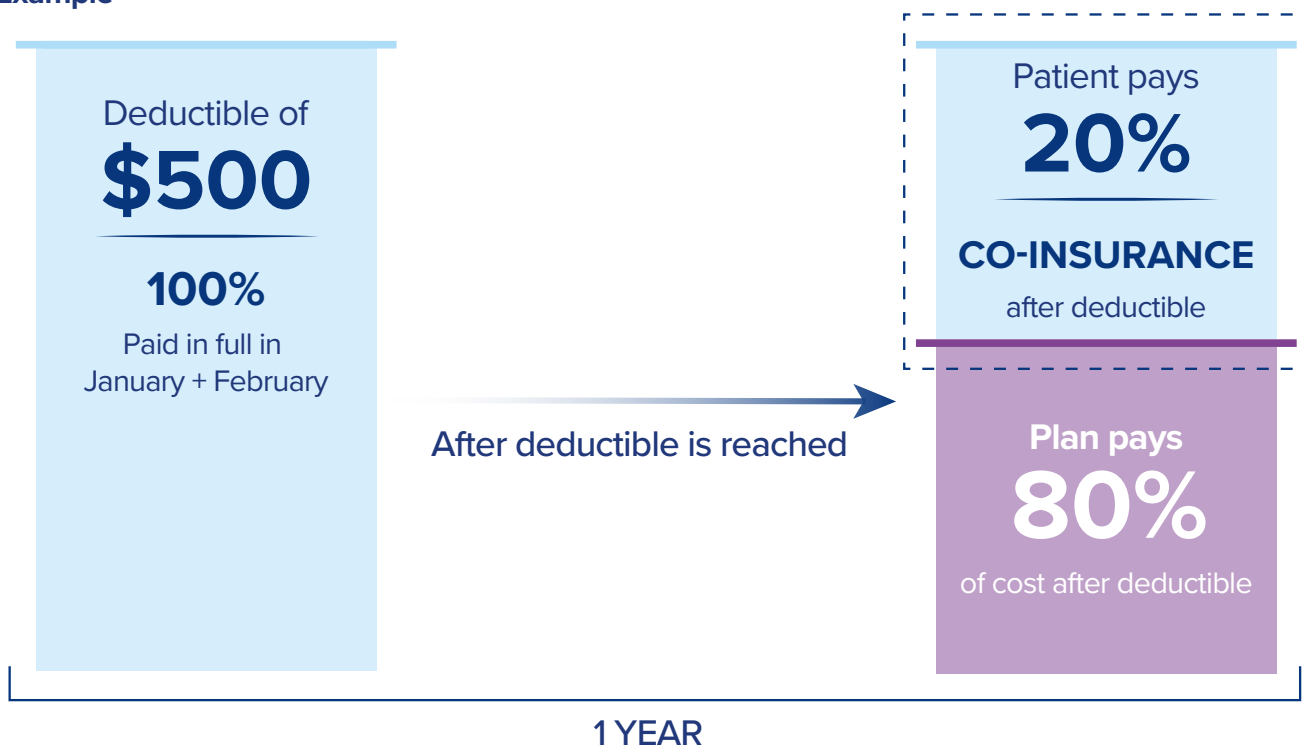


## What You Will Be Asked to Pay for Treatment (cont.)

Instead of a co-pay, some health plans will only pay a certain amount of money for a claim (a bill for treatment) once your deductible is met. Some health plans limit the percentage of money that they have to pay for a service; usually to 80%. You would pay the other 20%. This is called coinsurance.<sup>7</sup>

The following example shows a patient with a \$500 deductible and a 20% coinsurance. The \$500 deductible in this example is paid in full during the first 2 months of the year. Once the deductible is met, the patient only pays 20% of the cost for each additional visit. The insurance plan pays the remaining 80%. So if the healthcare provider charges \$100 for the visit, the patient will pay \$20 and the insurance plan pays the remaining \$80.

### Example



Your summary of benefits will tell you exactly what you need to pay for: your premium, what your annual deductible is, your co-pays, and your annual maximum out-of-pocket cost. Your maximum out-of-pocket cost is the most you will pay for covered services in a plan year before your health plan pays 100% of the costs of covered benefits.

# Treatment Approval Process

Many health plans require you to go through an approval process before starting treatment and throughout your treatment. There are 2 common approval processes, known as precertification and prior authorization (PA). Your doctor's office staff can help you with both of these approval processes.

## Precertification

This is a notification for non-urgent services, sent to a payer, informing the payer that the patient wants to have a service completed. This does not involve the patient's medical records.<sup>13</sup>

## Prior Authorization

Your health insurance or plan may require a PA for certain services before you receive them, except in cases of an emergency. If required, your doctor's office staff provides the health plan with your medical history, diagnosis, and treatment plan to show that the treatment they chose for you is medically necessary and the health plan will determine if this treatment will be covered.<sup>7,13</sup> If you have more than one health plan, the staff at your doctor's office will need to determine which plan will pay first (primary health insurance) and which will pay second (secondary health insurance).

## In the Event of a Coverage Denial

- If you have private insurance, your doctor's office can write a letter of medical necessity in an attempt to appeal the decision
- If you have Medicare, you or your doctor may ask for a coverage determination, which is a written explanation of your coverage benefits<sup>14</sup>
- In either instance, you or the doctor who prescribed the medication can ask for an exception if:
  - You need a drug that is not on your plan's list of covered\* medications
  - You can't take any of the less expensive drugs for the same condition<sup>14</sup>

## Understanding Your Explanation of Benefits (EOB) and Medicare Summary Notice (MSN)

After you receive treatment, your health plan will send you an EOB or MSN. The MSN is a summary of Medicare Part A— and Part B—covered services.<sup>8</sup> These statements are not bills.<sup>15</sup> They are records of the services you received. They will tell you how much your treatment or care costs, how much your plan will pay toward those costs, and how much you may need to pay. Your EOB or MSN will also tell you if services aren't covered by your health plan.

The EOB or MSN is an important document to use if you disagree with your plan's decision on your claim. If your plan denies coverage, usually your doctor's office staff will file an appeal for you.

\*An example regarding medication coverage is shown on the following page.



# Coverage for Oral Drugs

If you are prescribed an oral drug, you will take this drug by mouth. No doctor's appointment is necessary to take this medication. Certain oral drugs may need to be provided through a specialty pharmacy.

## What will you pay for each oral drug?<sup>8</sup>

Private and public insurance plans generally cover oral drugs under the the pharmacy benefit instead of the medical benefit.

Original Medicare covers oral drugs under Medicare Part D.

If you have Medicare (Parts A and B only), Medicaid, or another government-funded health plan, you may be eligible for assistance from third-party foundations. If you are prescribed oral drugs and you have a Medicare Part D plan, you will pay part of the cost of covered oral drugs and Part D will pay part of the cost. These amounts will change over the year depending on which phase of your drug benefit you are in.

## A Guide to 2025 Medicare Part D Coverage for Specialty Drugs

### New in 2025<sup>16,17</sup>

The coverage gap phase (also known as the donut hole) has been eliminated and the annual out-of-pocket (OOP) cap has decreased to \$2000. See below for an overview of the 2025 Medicare Part D standard benefit design.

### The 3 Phases of Specialty Medicare Part D Coverage

LEGEND:



Patient



Medicare Part D Plan



Manufacturer



Government (Medicare)

PHASE 1

#### Deductible<sup>18,19</sup>

A deductible is a set dollar amount that a health plan requires you to spend before it will provide coverage and help with the cost of your prescriptions.

Your deductible depends on the Medicare Part D plan in which you are enrolled but will not exceed \$590 in 2025.\*

During this phase, you pay 100% for your prescriptions.<sup>19</sup>



100%

PHASE 2

#### Initial coverage<sup>18,19</sup>

Once you have met your deductible, you now pay only a portion of the prescription costs.

These payments can be either:

- **Co-pay:** A set dollar amount that you pay per prescription
- **Coinsurance:** A percentage of a prescription's cost that you pay per prescription

What you pay toward your deductible, co-pays, and/or coinsurance are defined as **OOP payments**.

During this phase, you pay for your prescriptions through a co-pay or coinsurance. Most patients will pay up to 25% of the cost of their prescriptions.<sup>19†</sup> For branded drugs, the cost breakdown is:



~25%

~65%

~10%<sup>†</sup>

PHASE 3

#### Catastrophic coverage<sup>18,19</sup>

Once you have reached \$2000 in total for your deductible, co-pays, and/or coinsurance (combined), you enter the catastrophic coverage phase. In this phase, you do not owe any co-pays or coinsurance.

You now pay no co-pays or coinsurance for your prescriptions through the end of the year.<sup>18</sup> For branded drugs, the cost breakdown is:



60%

20%<sup>†</sup>

20%

<sup>†</sup>Only applies to branded drugs. For generic drugs, this cost is absorbed by the Part D plan in Phase 2 and Medicare in Phase 3.



## Medicare Prescription Payment Plan (M3P)<sup>17</sup>

The M3P, also known as OOP smoothing, is a new program under which Part D plans must provide enrollees the option to pay OOP prescription drug costs in the form of monthly payments over the course of the plan year instead of all at once at the pharmacy.

If you opt into an M3P, any OOP costs you incur would be billed monthly by your Part D plan, such that your OOP cost at the pharmacy may be \$0. You can opt into an M3P at any point during the plan year by contacting your Part D plan.

## Low-Income Subsidy (LIS), Also Referred to as Extra Help

The LIS may help eligible people with Medicare pay for prescription drugs and can lower the costs of Medicare prescription drug coverage. People who qualify may be able to pay less than \$13 per month for certain drugs.<sup>20</sup>

### To qualify for LIS, you must:

- Be enrolled in a Medicare prescription drug plan<sup>21</sup>
- Live in one of the 50 states or the District of Columbia<sup>21</sup>
- Have limited income and resources<sup>22,23\*</sup>

If you have Medicare and Medicaid (dual eligible), receive Supplemental Security Income (SSI), or belong to an eligible Medicare Savings Program, you automatically qualify for Extra Help, regardless of whether you meet the other requirements.<sup>24</sup>

## Parameters of the Medicare Part D 2025 LIS<sup>20</sup>

Similar to 2024, Extra Help will only have a full subsidy level, which has specific eligibility requirements.<sup>20</sup>

	Full Subsidy
Resource Limits <sup>†</sup>	<\$17,220 (single) <sup>‡</sup> <\$34,360 (married) <sup>‡</sup>
Premium Subsidy	100% covered
Deductible	\$0.00
Co-payment up to Out-Of-Pocket Threshold	≤\$4.90 generic / ≤\$12.15 brand
Co-payment Above Out-Of-Pocket Threshold	N/A

\*To view the most recent federal poverty level (FPL), as well as calculations of the income limits used to determine eligibility for Extra Help, visit [aspe.hhs.gov/poverty](https://aspe.hhs.gov/poverty)

†When identifying countable resources to determine eligibility for Extra Help, the Social Security Administration (SSA) excludes \$1500 from an applicant's countable resources if the applicant states that they expect to use a portion of their resources for burial or funeral expenses. All resource limits in this chart include the \$1500 per person burial exclusion.<sup>20</sup>

‡FPL table rates are published in the Federal Register by the Department of Health and Human Services (HHS) generally in January.<sup>21</sup>

N/A=not applicable.

Please see Important Safety Information including **Boxed WARNING** on page 11 and [US Full Prescribing Information](#) and [Medication Guide](#) for CAMZYOS.

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capsules

## You Can Apply for Extra Help in Any of the Following Ways:



Online at  
[ssa.gov/extrahelp](https://ssa.gov/extrahelp)



By phone at  
**800-772-1213 (TTY 800-325-0778)**



At your  
**local SSA office**

## IMPORTANT SAFETY INFORMATION

**Before you take CAMZYOS, tell your healthcare provider about all of your medical conditions, including if you:**

- are pregnant or plan to become pregnant. CAMZYOS may harm your unborn baby. Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with CAMZYOS. You may also report your pregnancy by calling Bristol Myers Squibb at 1-800-721-5072 or [www.bms.com](http://www.bms.com).

**If you are a female and able to become pregnant:**

- Your healthcare provider will do a pregnancy test before you start treatment with CAMZYOS.
- You should use effective birth control (contraception) during treatment with CAMZYOS and for 4 months after your last dose of CAMZYOS.
- CAMZYOS may reduce how well some hormonal birth control works. Talk to your healthcare provider about the use of effective forms of birth control during treatment with CAMZYOS.
- are breastfeeding or plan to breastfeed. It is not known if CAMZYOS passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you take CAMZYOS.

**Before and during CAMZYOS treatment, tell your healthcare provider about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements. Taking CAMZYOS with certain medicines or grapefruit juice may cause heart failure.

**Do not stop or change the dose of a medicine or start a new medicine without telling your healthcare provider**

**Especially tell your healthcare provider if you:**

- Take over-the-counter medications such as omeprazole (for example, Prilosec), esomeprazole (for example, Nexium), or cimetidine (for example, Tagamet).
- Take other medications to treat your obstructive HCM disease.
- Develop an infection.

## How should I take CAMZYOS?

- Take CAMZYOS exactly as your healthcare provider tells you to take it.
- Do not change your dose of CAMZYOS without talking to your healthcare provider first.
- Take CAMZYOS 1 time a day.
- Swallow the capsule whole. Do not break, open, or chew the capsule.
- If you miss a dose of CAMZYOS, take it as soon as possible and take your next dose at your regularly scheduled time the next day. Do not take 2 doses on the same day to make up for a missed dose.
- Your healthcare provider may change your dose, temporarily stop, or permanently stop your treatment with CAMZYOS if you have certain side effects.
- If you take too much CAMZYOS, call your healthcare provider or go to the nearest hospital emergency room right away.

## Possible side effects of CAMZYOS

**CAMZYOS may cause serious side effects, including heart failure (a condition where the heart cannot pump with enough force).**

**The most common side effects of CAMZYOS include dizziness and fainting (syncope).**

These are not all of the possible side effects of CAMZYOS. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. You may also report side effects to Bristol Myers Squibb at 1-800-721-5072.

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## MyCAMZYOS is here to help support you and answer questions during your treatment with CAMZYOS



### MyNurse Navigator

Once your doctor prescribes CAMZYOS, and if you enroll in the MyCAMZYOS program, you'll be assigned a dedicated Nurse Navigator\* who will guide you through the services listed below:



Providing important information as you start treatment, getting to know your specific needs, and answering questions about CAMZYOS†



Helping you **organize and stay on track for key appointments** when you get started on CAMZYOS



Supplying information about other resources that may be available to you



### MyAccess Specialist

Once your doctor and you enroll in MyCAMZYOS, the Patient Access Specialists will start working with your insurance company to:

- Determine your coverage for CAMZYOS
- Learn more about resources that may be available for you, such as:
- Help you understand any out-of-pocket costs



A free trial offer to help you get started on treatment. You may be eligible for your first month's prescription free



Financial resources including:

- **Co-pay program:** Commercially insured patients may pay as little as \$10 per month
- **Echocardiogram co-pay program:** Commercially insured patients may be eligible for co-pay assistance for their required echocardiograms

\*Available from 8 AM to 11 PM ET, Monday through Friday. At all other times, nurses will usually return your calls the following business day. Response times may vary in Puerto Rico.

†Nurse Navigators can provide general information about CAMZYOS but cannot provide medical advice. Your doctor is the best source of information about your health.

Please see additional Important Safety Information, including **Boxed WARNING** throughout and [US Full Prescribing Information](#) and [Medication Guide](#) for CAMZYOS.



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