

MyCAMZYOS (mavacamten) Echocardiogram Co-Pay Assistance Program

Reimbursement Guide for PATIENTS

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, or call 1-833-628-7367.



CAMZYOS® (mavacamten) Echocardiogram Co-Pay Assistance Program*

This guide is designed to help you understand the Camzyos Echocardiogram Co-Pay Assistance program and how to submit for reimbursement for your out-of-pocket costs for Risk Evaluation and Mitigation Strategy (REMS) required echocardiograms. The program includes a medical benefit offer for reimbursement of your out-of-pocket costs for required echocardiogram procedures where the full cost is not covered by your insurance.

You may pay as little as \$0 in out-of-pocket costs per each echocardiogram procedure, subject to an annual maximum benefit of \$2,500. You are responsible for any costs that exceed the maximum benefit.

The program does not reimburse for other associated costs such as supplies, office visits, or physician-related services including interpretation of echocardiograms.

You or your provider, on your behalf, can submit for reimbursement for your echocardiogram procedure out-of-pocket costs after insurance coverage has been applied.

*Please see Eligibility Requirements and full Terms and Conditions by [clicking here](#).



For more information about the program please call **855-CAMZYOS**, 8 AM to 8 PM ET, Monday through Friday.

The accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider and patient. Bristol Myers Squibb and its agents make no guarantee regarding reimbursement for any service or item.

Please see Important Safety Information throughout, and U.S. Full Prescribing Information and Medication Guide by [clicking here](#).

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CAMZYOS® (mavacamten) Echocardiogram Co-Pay Assistance Program Terms & Conditions

Eligibility Requirements

- Patients must have commercial (private) insurance and must be treated with CAMZYOS for an on-label indication
- Patients must be 18 years of age or older
- Patients must live in the United States or United States territories
- Patients are not eligible if they have medical insurance coverage through a state or federal healthcare program, including but not limited to Medicare, Medicaid, MediGap, CHAMPUS, TRICARE, Veterans Affairs (VA), or Department of Defense (DoD) programs; patients who move from commercial plans to state or federal healthcare programs will no longer be eligible
- Patients residing in Massachusetts, Minnesota, or Rhode Island are not eligible

Program Benefits

- The Program includes a medical benefit offer for reimbursement of patient's out-of-pocket costs for required echocardiogram procedures where the full cost is not covered by the patient's insurance; program does not reimburse for other associated costs such as supplies, office visits or physician related services including interpretation of echocardiograms
- Patients may pay as little as \$0 in out-of-pocket costs per echocardiogram procedure, subject to an annual maximum benefit of \$2,500. Patients are responsible for any costs that exceed the maximum benefit
- To receive the Program benefits, a claim must be submitted within 180 days from the date of the Explanation of Benefits (EOB)
- The program may apply retroactively to out-of-pocket costs for echocardiograms that occurred within 180 days prior to the date of enrollment
- All Program payments are for the benefit of the patient only

Program Timing

- Patients will be evaluated for ongoing eligibility and will continue enrollment in the program if all eligibility requirements are met

Additional Terms & Conditions

- Patients 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 and healthcare providers must report the receipt of co-pay assistance benefits if required by patient's insurance provider
- Offer valid only in the United States and United States Territories. Void where prohibited by law, taxed, or restricted
- The Program is not insurance, not transferable and not conditioned on any past, present, or future purchase
- No membership fees
- Bristol Myers Squibb reserves the right to rescind, revoke, or amend this offer at any time without notice

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Once Your Healthcare Provider Has Enrolled You Into the Program

You or your provider, on your behalf, can submit for reimbursement of your echocardiogram procedure out-of-pocket costs after insurance coverage has been applied.

Be sure to have your documentation ready to submit using the online reimbursement portal. You will need to upload copies or a picture of the documentation to your computer or have them ready on mobile device.

Required documentation includes:

- An Explanation of Benefits (EOB) from your insurance company with the following:
 - Date of service
 - CPT code or HCPCS code (echocardiogram procedure code)
 - Patient financial responsibility once insurance has been applied

Claims may be submitted one of three ways:

1. The online reimbursement portal at www.echocopyportal.com/patient
2. Fax to: **800-889-2243**
3. Mail to:
Echocardiogram Co-Pay Assistance Program
PO Box 2355
Morristown, NJ 07962

If submitting a claim by mail or fax, visit www.echocopyportal.com/patient and print the **Check Request Form** from the “**Resources**” tab. Account and login is not required to access the form. Send the completed form along with your EOB or itemized receipt to:

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Sample Explanation of Benefits (EOB) Form

EXPLANATION OF BENEFITS - THIS IS NOT A BILL				Please retain this copy for your records and tax purposes					
Member Name: John Sample Member ID #: 12345678-01		Group Name: ABC Company Provider: Smith, Robert			Group #: 123456 Group #: 9876543				
Dates of Service	Service Description	Billed Amount	Allowed Amount	Deductible Amount	Co-pay Amount	Co-insurance Amount	Paid Amount	Amount You Owe	Remark Code
10/14/22	Example Service 99205	\$493.28	\$109.13		\$35		\$74.13	\$35	R
10/5/22	Example Service 99214	\$198.00	\$98.66		\$35		\$63.66	\$35	
Totals		\$691.28	\$207.79		\$70		\$137.79	\$70	

NOTE: This is a sample form intended for illustrative purposes only.

What are CPT and HCPCS codes and why are they being requested?

CPT and HCPCS codes are used by providers to identify a medical procedure for billing. A CPT code is a 5-digit numerical code that starts with the number 9. An HCPCS code is a 5-digit code that starts with a C followed by 4 numerical digits.



For additional assistance with the online portal or claims submissions, please contact the program at **800-830-1413**, 8 AM to 8 PM ET, Monday through Friday.

NOTE: If the EOB does not include this information, you may submit an itemized receipt of services that includes the information above. Claims should be itemized and should not be bundled.

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How to Submit a Claim for Reimbursement

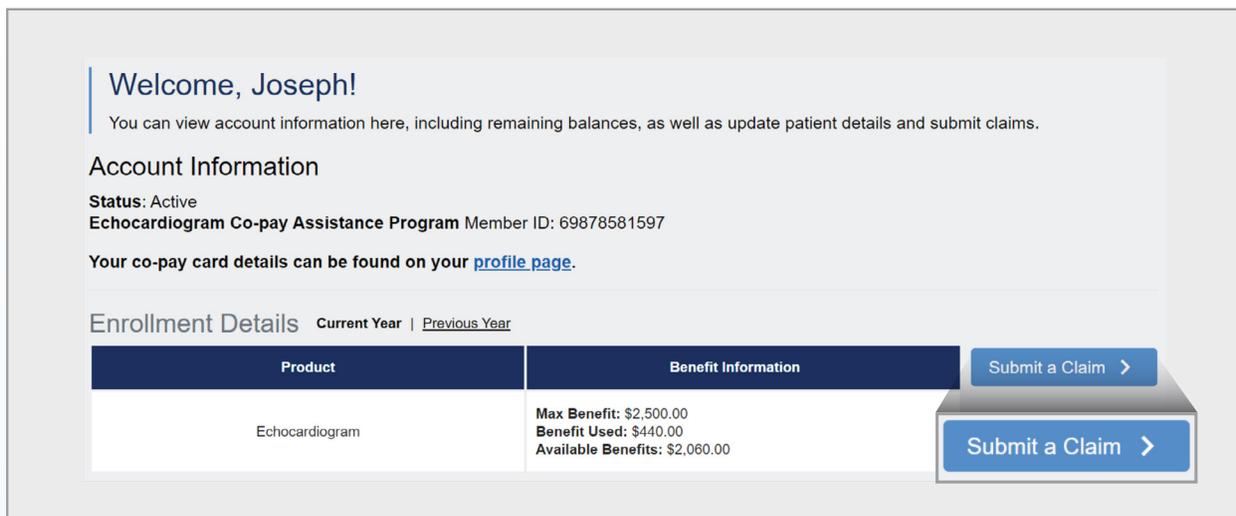
Step 1: Log into the echocardiogram reimbursement portal at www.echocopayportal.com/patient and click **“Create an Account”** to begin your claim submission.

Step 2: Enter your demographics or your Co-Pay Member ID and DOB to create your account, User ID, and password. Your Co-Pay Member ID can be found in your Enrollment letter or email that you should have received from the Program.

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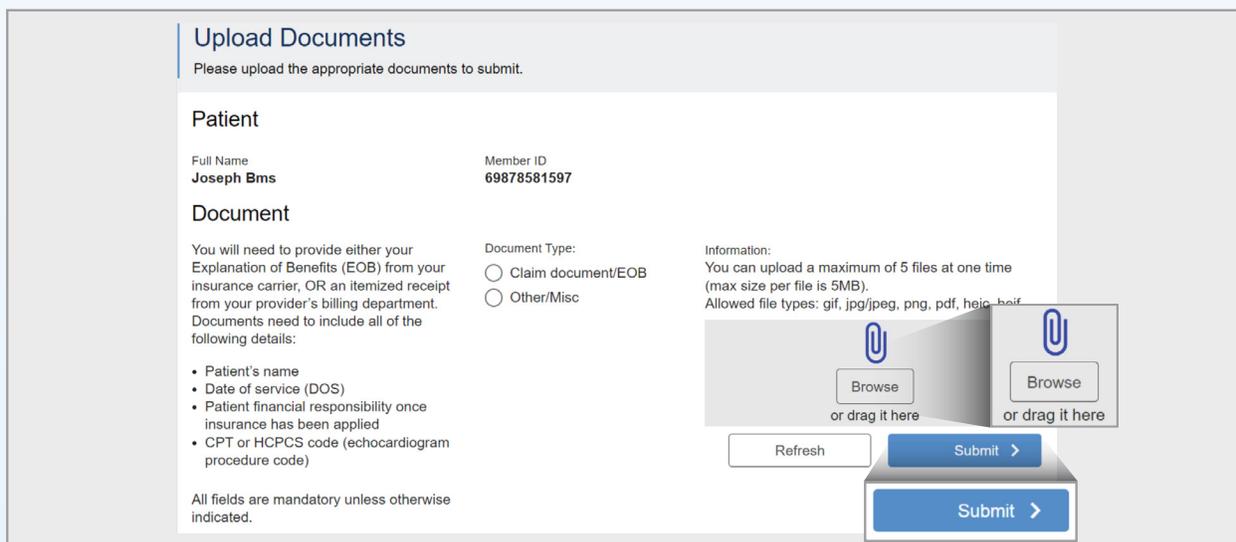
Step 3: Once you are logged in, you can submit a claim by clicking the **“Submit a Claim”** button.



Step 4: Click the radio button for the documentation (Claim document/EOB or Other/Misc) that you are uploading. Claim submission will not be delayed or rejected if the incorrect button is selected.

Step 5: Upload the required documents by clicking the **“Browse”** button to locate your file.

Step 6: Once all documents are uploaded, click the **“Submit”** button.



NOTE: This page provides important information about the documentation required for your claim to be successfully submitted.

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What happens after a claim is submitted?

If you or your provider submits the claim and it is approved, the party that submitted will receive a check in 7-10 business days and the other party will receive an approval notice to keep you both informed. If you or your provider submits the claim and it is not approved, you will both receive a letter informing you of the reason why. You may also receive a call from the program to obtain any missing information to reprocess the claim. You may submit the additional documentation via the portal. If you need assistance at any time, please call 800-830-1413.

Additional Features of the Portal

- Claims History
- Messages from the program
- Doctor and Patient profiles
- FAQs about the program
- Resources - Check Request form for mailed/ faxed claims and a sample EOB

Claims History

- From your Dashboard, view the status of your processed claims within the “Claims” tab
- You will see if your claim was approved and the amount to be paid, or rejected with the reason for rejection

Patient Claims History

View your claim here or search for a specific claim using the filters below:

Date of Service (MM/DD/YYYY)
 Claim Status
 Payment Status

Product

Product	Claim ID	Claim Type	Date of Service	Amount Paid	Claim Status	Payment Type	Payee
Echocardiogram	71	Medical	08/17/2023	-	Rejected		Bms Test Danbury Townhall Danbury, CA 77777
Echocardiogram	70	Medical	08/17/2023	-	Rejected		Bms Test Danbury Townhall Danbury, CA 77777

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Message History

Within the **“Messages”** tab, you can view communications with important program and claims information that were previously sent to you via email or mail.

Patient Messages History

View your message history here or search for a specific message using the filters below.

Date Range (Select Range)

📅

Clear
Search

Communication Type	Recipient	Date
Claim Denial	Chandra Bradshaw Fax#: XXX-XXX-XXXX	10/17/2022
Enrollment Denial	Birky John 208 Charleston St. Apt. 3 Malvern, CA 17900	06/21/2022
Enrollment Approval	Laura Edmund 10012 Passaic Ave. Fairfield, NJ 07625	03/06/2022

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Patient Profile

Within the “Patient Profile” tab, you will be able to make updates to your address, phone number, and insurance information.

Co-Pay Card Details				Print card details
Co-Pay Member ID 19878399659	BIN 000000	PCN 00	Group Number EX75017001	
Patient Profile Details				Update patient details
Full Name Patient At Bms Program	Date of Birth 12/12/2022	Patient Email call@email.com		
Address 10 Address Line Address Two New City Program, NV 50505	Phone Number (555) 555-5555			
Primary Medical Insurance Information				Update insurance information
Company Name Horizon BCBS	Plan Type payerPlanName	Group Number GRP123		
Member Number 1000000001	Effective Date	BIN	PCN	
Pharmacy Insurance Information				
No pharmacy insurance information found.				



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IMPORTANT SAFETY INFORMATION (cont.)

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.

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.

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capsules



IMPORTANT SAFETY INFORMATION (cont.)

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 (mavacamten)



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



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

If you would like to sign up by phone or have any general questions about CAMZYOS, call 855-CAMZYOS (855-226-9967) 8 AM to 8 PM ET, Monday through Friday.

You may also sign up online at [MyCAMZYOS.com](https://www.mycamzyos.com)

Ask your doctor about enrolling you in MyCAMZYOS.

*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 Eligibility Requirements and full Terms and Conditions by [clicking here](#).

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