

# Understanding Your Healthcare Benefits 2024

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Useful information about  
how health insurance helps  
you pay for treatment

Please see Important Safety Information  
including **Boxed WARNING** on pages 12-14, and  
[U.S. Full Prescribing Information](#) and [Medication Guide](#).

**CAMZYOS**<sup>®</sup>  
(mavacamten)<sup>2.5, 5, 10, 15mg</sup>  
capsules



## Table of Contents

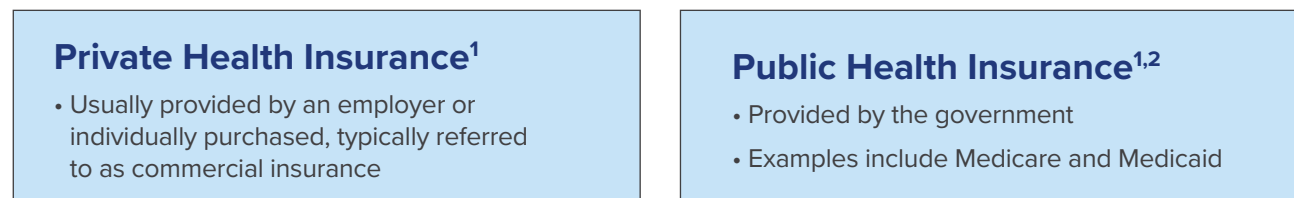
### Overview

### Coverage

Please see Important Safety Information including **Boxed WARNING** on pages 12-14, and **U.S. Full Prescribing Information** and **Medication Guide**.

## Health Insurance Basics

There are 2 types of healthcare plans:



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.

Both 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 <b>PREMIUMS</b> , typically you get more healthcare services and you may have less out-of-pocket costs.			
<b>Group Health Insurance</b> Employer-sponsored health plans		<b>Individually Purchased Insurance</b> You buy health insurance directly from an insurance company or healthcare exchange	
Public (Federal or State) Insurance		Medicare <sup>16,8</sup> covers people: <ul style="list-style-type: none"> <li>• Aged 65 or older</li> <li>• Under 65 years of age with certain disabilities</li> <li>• With end-stage renal (kidney) disease</li> </ul>	
<b>Medicare Part A</b> A medical benefit that covers hospital-related services, skilled nursing facilities, and certain other services and equipment	<b>Medicare Part B*</b> A medical benefit that covers medically necessary and preventive services, including doctor visits, echocardiograms, and drugs that must be given by a doctor	<b>Medicare Part C+</b> Medicare Advantage Plans—allow Medicare benefits through <b>MANAGED CARE</b> plans; these plans may include both medical and pharmacy benefits	<b>Medicare Part D</b> A pharmacy benefit that covers prescription drugs taken at home
<b>Medicaid<sup>1,8,9</sup></b> <ul style="list-style-type: none"> <li>• Covers millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities</li> <li>• Medicaid is partly funded by the federal government and administered by states, according to federal requirements</li> </ul>		<b>Veterans Health Administration/TRICARE DoD (Department of Defense)<sup>10,11</sup></b> Covers people who are or have been in the military, including: <ul style="list-style-type: none"> <li>• Veterans</li> <li>• Active-duty service members</li> <li>• National Guard and Reserve members</li> <li>• Retirees</li> <li>• Military families</li> </ul>	

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

<sup>†</sup>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>

Please see Important Safety Information including **Boxed WARNING** on pages 12-14, and **U.S. Full Prescribing Information** and **Medication Guide**.

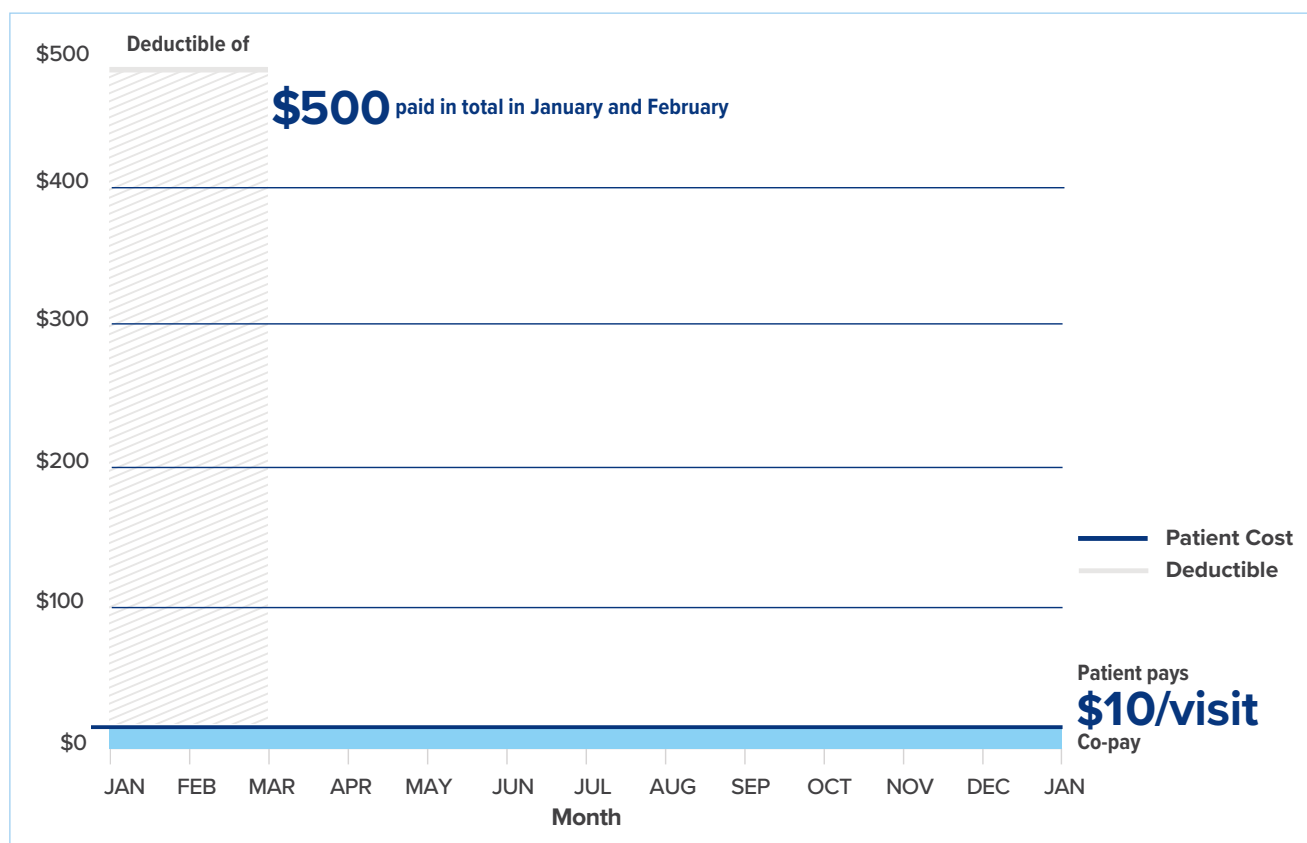
## What You Will Be Asked to Pay for Treatment

### 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, called a co-pay, which 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.

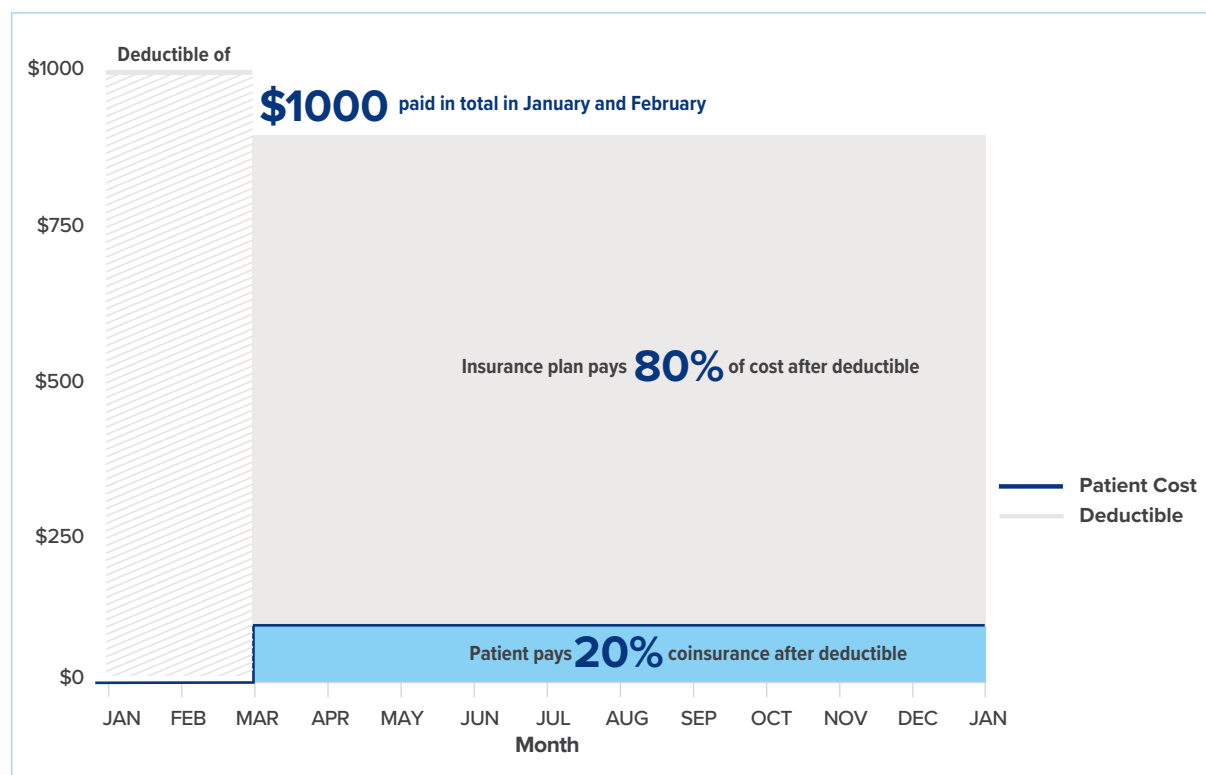
The following example shows a patient with a \$500 deductible and a \$10 co-pay. The \$500 deductible in this example is paid in full during the first 2 months of the year. Once their deductible is met, the patient only pays the \$10 co-pay for each additional visit.



## 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 \$1000 deductible and a 20% coinsurance. The \$1000 deductible in this example is paid in full during the first 2 months of the year. Once their 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.



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 costs. 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.<sup>8</sup>

## 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. 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 (PA)

Your health insurance or plan may require a prior authorization 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 attempt to appeal the decision
- If you have Medicare, your doctor or you 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>

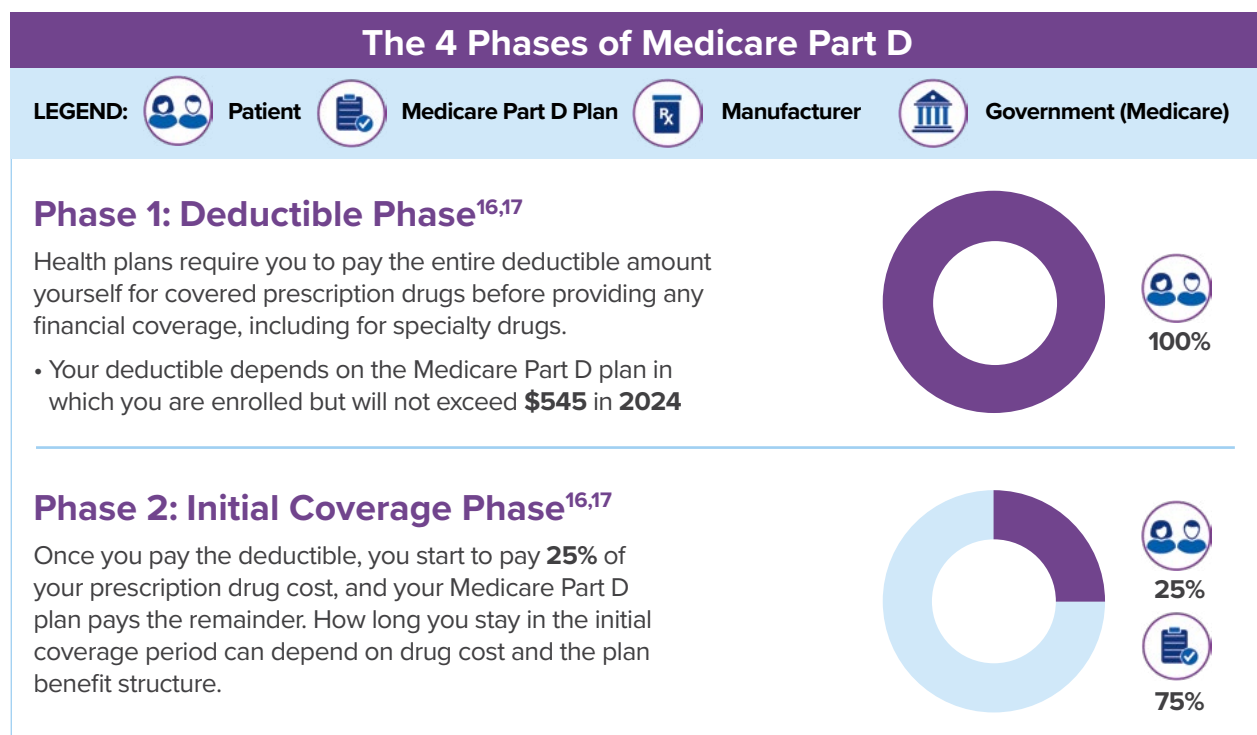
Coverage for oral drugs is usually included in a health plan's pharmacy benefits instead of medical benefits. Private insurance may be similar to public insurance, depending on the type of health plan you have—unless you have original Medicare, in which case they will be covered under Medicare Part D. 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.

**Oral Drug:** A medicine taken by mouth, usually a tablet or capsule (pill) or a liquid.

## A Guide to 2024 Medicare Part D Coverage for Specialty Drugs

### New in 2024<sup>16</sup>

In phase 4, the Medicare Part D plan and Medicare cover 100% of the cost; patients no longer have any out-of-pocket responsibility in this phase. See below for an overview of the 2024 Medicare Part D standard benefit design.





## Coverage for Oral Drugs (cont)

### A Guide to 2024 Medicare Part D Coverage for Specialty Drugs (cont)

#### The 4 Phases of Medicare Part D

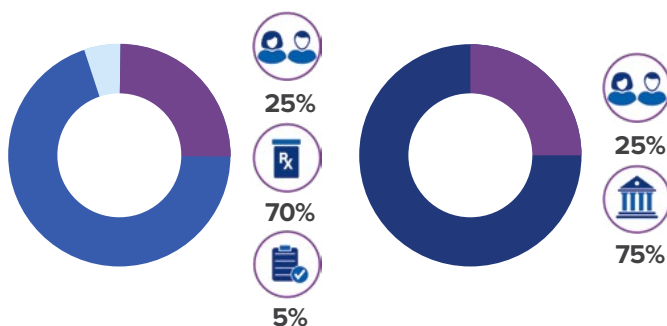
LEGEND:  Patient  Medicare Part D Plan  Manufacturer  Government (Medicare)

For brand-name drugs:

For generic drugs:

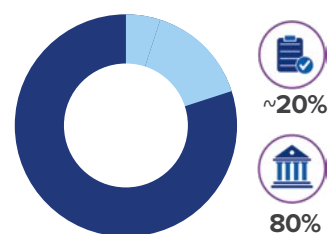
#### Phase 3: Coverage Gap Phase (also called the Donut Hole)<sup>16-18</sup>

When you and your Medicare Part D plan jointly spend **\$5030** on prescription drugs, not including your Part D premium, you enter the Coverage Gap Phase but continue to pay no more than **25%** of your prescription drug cost.



#### Phase 4: Catastrophic Coverage Phase<sup>16,17</sup>

The coverage gap ends once you reach the Catastrophic Coverage Phase, when you and the manufacturer jointly spend **\$8000** on prescription drugs, not including your Part D premium. Patients no longer have any out-of-pocket responsibility in this phase in **2024**.





## 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 \$12 per month for certain drugs.<sup>19</sup>

### To Qualify for LIS, you must:

- Be enrolled in a Medicare prescription drug plan<sup>20</sup>
- Live in one of the 50 states or the District of Columbia<sup>20</sup>
- Have limited income and resources<sup>21,22\*</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>23</sup>

## Parameters of the Medicare Part D 2024 LIS<sup>24,25</sup>

Starting in 2024, Extra Help will only have a full subsidy level, which has specific eligibility requirements.<sup>24</sup>

	Full Subsidy
Resource Limits <sup>‡</sup>	<\$15,510 (single) <\$30,950 (married)
Premium Subsidy	100% covered
Deductible	\$0.00
Co-payment Up to Out-Of-Pocket Threshold with income of >100% FPL	≤\$4.50 generic / ≤\$11.20 brand
Co-payment Above Out-Of-Pocket Threshold with income of ≤100% FPL	≤\$1.55 generic / ≤\$4.60 brand

\*To view the most recent 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)

†FPL table rates are published in the Federal Register by the Department of Health and Human Services (HHS) generally in January.<sup>23</sup>

‡When identifying countable resources to determine eligibility for **Extra Help**, the Social Security Administration 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>24</sup>

## 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



### If You Have Public Health Insurance

- BMS-sponsored co-pay assistance programs are not available if you have public health insurance
- However, MyCAMZYOS can help provide information about an independent foundation that may offer support
- It is important to note that each foundation has its own eligibility criteria and evaluation process



### If You Do Not Have Prescription Drug Coverage

- BMS Access Support can provide information regarding independent charitable foundations, including The Bristol Myers Squibb Patient Assistance Foundation (BMSPAF) that may be able to provide assistance
- It is important to note that these charitable foundations are independent from Bristol-Myers Squibb Company. Each foundation, including BMSPAF, has its own eligibility criteria and evaluation process
- Bristol Myers Squibb cannot guarantee that you will receive assistance; for more information, call **MyCAMZYOS Patient Support at 1-855-CAMZYOS.**



## 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 Important Safety Information including **Boxed WARNING** on pages 12-14, and **U.S. Full Prescribing Information** and **Medication Guide**.



## 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](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 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.

Please see Important Safety Information including **Boxed WARNING** on pages 12-14, and **U.S. Full Prescribing Information** and **Medication Guide**.



## **IMPORTANT SAFETY INFORMATION (cont)**

### **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

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 11 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.

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