Indication:
ZEPOSIA is a sphingosine 1-phosphate receptor modulator indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

Please see Important Safety Information on pages 5–8 and full Prescribing Information and Medication Guide at www.ZEPOSIAhcp.com.
ZEPOSIA 360 Support™ Program Overview

### Patient Pre-Initiation Support
- Pre-Initiation Testing Assistance* (Includes Baseline Testing)
- ZEPOSIA® (ozanimod) Starter Kit

### Patient Access Support
- ZEPOSIA Bridge Program†
- Benefits Investigation, Prior Authorization, and Appeals Assistance

### Patient Financial Support
- Co-Pay Assistance Program‡ (Pharmacy Benefits and Initiation Costs)
- Suggestions for Independent Third-Party Foundations That May Be Able to Assist With Treatment Costs

### Ongoing Support
- Payer Policy Research
- Ongoing Reverification
- Shipment Coordination/Tracking

### Your ZEPOSIA 360 Support™ Team
- **Field Reimbursement Manager:** Your contact for questions regarding patient access and information about the assistance provided by ZEPOSIA 360 Support™
- **Support Coordinator:** Your contact for all ZEPOSIA 360 Support™ services
- **Dedicated Nurse Navigator:** Your patient’s dedicated contact for appointments/scheduling reminders for pre-initiation assessments, patient education materials, adherence/compliance support, and networking support for MS events

*Available for eligible on-label commercially insured patients only. This offer is not valid for residents of MA, MI, MN, and RI. Please see ZEPOSIAhcp.com for complete terms, conditions, and eligibility criteria.
†Available for eligible commercially insured, on-label diagnosed patients. This offer is not valid for residents of MA or MI and state restrictions apply for residents of MN and RI. Please see ZEPOSIAhcp.com for complete terms, conditions, and eligibility criteria.
‡Available for eligible on-label commercially insured patients only. Medical co-pay benefit not available for residents of MA, MI, MN, and RI. Terms, conditions, and eligibility criteria apply. See ZEPOSIAhcp.com for details.

Note: Patients are responsible for any costs that exceed the maximum amounts.

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iAssist Helps Remove the Hurdles to Therapy Initiation

A Cloud-Based Solution for Getting

of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome,

ZEPOSIA is a sphingosine 1-phosphate receptor modulator indicated for the treatment

of relapsing-remitting disease, and active secondary progressive disease, in adults.

conditions should have an ophthalmic evaluation of the fundus, including the macula, prior to treatment

Your patient’s individual insurance company may determine the specialty pharmacy from which they can obtain their specialty medications.

US Bioservices
Humana
Diplomat
BioPlus
Ardon Health
AcariaHealth

In your patient's home in conjunction with Signify Health

First-Dose Observation Required

Since support services can vary from pharmacy to pharmacy, HCPs

Are encouraged to use ZEPOSIA 360 Support™ in conjunction with

Obtain a

ECG

X

Z

First-Dose Observation Required

Based on the full Prescribing Information,

1

Obtain a

2

Evaluation

3

Evaluation

4

Obtain a

AV conduction delays may occur1

as a transient decrease in heart rate and

should be

An up-titration schedule

from the start

Once a Day,

Once a Day,

Single maintenance dose

Single maintenance dose

For your convenience, the ZEPOSIA Portal comes with a Case Status Report feature—

Electronic Patient Enrollment and Prior Authorization

▶

▶

▶

▶

A Different S1P That Lets Patients Start as Soon as Today

Challenges to Therapy Initiation

Easing the Pathway to Treatment

An online resource that

onboards providers and patients

through the start of therapy and

offers a range of services

A customizable online resource that enables healthcare

providers and their office

staff to assist with enrolling

patients, tracking prescriptions,

verifying benefits, managing

cases, and more

Please see Important Safety Information on

pages 5–8 and full Prescribing Information

Enroll in ZEPOSIA 360 Support™

Enroll online at www.ZEPOSIAportal.com

Call us at 1-833-ZEPOSIA (1-833-937-6742) (translation services available)
Monday – Friday, 8 AM – 8 PM ET

Fax us at 1-833-727-7702

Visit www.ZEPOSIAhcp.com

Please see Important Safety Information on pages 5–8 and full Prescribing Information and Medication Guide at www.ZEPOSIAhcp.com.
**INDICATION**

ZEPOSIA is indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

**IMPORTANT SAFETY INFORMATION**

**Contraindications:**
- Patients who in the last 6 months, experienced myocardial infarction, unstable angina, stroke, transient ischemic attack (TIA), decompensated heart failure requiring hospitalization, or Class III/IV heart failure or have a presence of Mobitz type II second or third-degree atrioventricular (AV) block, sick sinus syndrome, or sino-atrial, unless the patient has a functioning pacemaker
- Patients with severe untreated sleep apnea
- Patients taking a monoamine oxidase (MAO) inhibitor

**Infections:** ZEPOSIA may increase the susceptibility to infections. Life-threatening and rare fatal infections have occurred in patients receiving ZEPOSIA. Obtain a recent (i.e., within 6 months or after discontinuation of prior MS therapy) complete blood count (CBC) including lymphocyte count before initiation of ZEPOSIA. Delay initiation of ZEPOSIA in patients with an active infection until the infection is resolved. Consider interruption of treatment with ZEPOSIA if a patient develops a serious infection. Continue monitoring for infections up to 3 months after discontinuing ZEPOSIA
- Herpes zoster was reported as an adverse reaction in ZEPOSIA-treated patients. Herpes simplex encephalitis and varicella zoster meningitis have been reported with sphingosine 1-phosphate (S1P) receptor modulators. Patients without a healthcare professional-confirmed history of varicella (chickenpox), or without documentation of a full course of vaccination against varicella zoster virus (VZV), should be tested for antibodies to VZV before initiating ZEPOSIA. A full course of vaccination for antibody-negative patients with varicella vaccine is recommended prior to commencing treatment with ZEPOSIA
- Cases of fatal cryptococcal meningitis (CM) were reported in patients treated with another S1P receptor modulator. If CM is suspected, ZEPOSIA should be suspended until cryptococcal infection has been excluded. If CM is diagnosed, appropriate treatment should be initiated.
Infections (cont.):

- Progressive Multifocal Leukoencephalopathy (PML) is an opportunistic viral infection of the brain that typically occurs in patients who are immunocompromised, and that usually leads to death or severe disability. No cases of PML were identified in active-controlled MS clinical trials with ZEPOSIA. PML has been reported in patients treated with S1P receptor modulators and other MS therapies and has been associated with some risk factors. If PML is suspected, withhold ZEPOSIA and perform an appropriate diagnostic evaluation. If confirmed, treatment with ZEPOSIA should be discontinued.

- In clinical studies, patients who received ZEPOSIA were not to receive concomitant treatment with antineoplastic, non-corticosteroid immunosuppressive, or immune-modulating therapies used for treatment of MS. Concomitant use of ZEPOSIA with any of these therapies would be expected to increase the risk of immunosuppression. When switching to ZEPOSIA from immunosuppressive medications, consider the duration of their effects and their mode of action to avoid unintended additive immunosuppressive effects.

- Use of live attenuated vaccines should be avoided during and for 3 months after treatment with ZEPOSIA. If live attenuated vaccine immunizations are required, administer at least 1 month prior to initiation of ZEPOSIA.

Bradyarrhythmia and Atrioventricular Conduction Delays: Since initiation of ZEPOSIA may result in a transient decrease in heart rate and atrioventricular conduction delays, dose titration is recommended to help reduce cardiac effects. Initiation of ZEPOSIA without dose escalation may result in greater decreases in heart rate. If treatment with ZEPOSIA is considered, advice from a cardiologist should be sought for those individuals:

- with significant QT prolongation
- with arrhythmias requiring treatment with Class 1a or III anti-arrhythmic drugs
- with ischemic heart disease, heart failure, history of cardiac arrest or myocardial infarction, cerebrovascular disease, and uncontrolled hypertension
- with a history of Mobitz type II second-degree or higher AV block, sick-sinus syndrome, or sinoatrial heart block

Liver Injury: Elevations of aminotransferases may occur in patients receiving ZEPOSIA. Obtain liver function tests, if not recently available (i.e., within 6 months), before initiation of ZEPOSIA. Patients who develop symptoms suggestive of hepatic dysfunction should have hepatic enzymes checked and ZEPOSIA should be discontinued if significant liver injury is confirmed. Caution should be exercised when using ZEPOSIA in patients with history of significant liver disease.
**Fetal Risk:** There are no adequate and well-controlled studies in pregnant women. Based on animal studies, ZEPOSIA may cause fetal harm. Women of childbearing potential should use effective contraception to avoid pregnancy during treatment and for 3 months after stopping ZEPOSIA.

**Increased Blood Pressure:** Increase in systolic pressure was observed after about 3 months of treatment and persisted throughout treatment. Blood pressure should be monitored during treatment and managed appropriately. Certain foods that may contain very high amounts of tyramine could cause severe hypertension in patients taking ZEPOSIA. Patients should be advised to avoid foods containing a very large amount of tyramine while taking ZEPOSIA.

**Respiratory Effects:** ZEPOSIA may cause a decline in pulmonary function. Spirometric evaluation of respiratory function should be performed during therapy, if clinically indicated.

**Macular edema:** S1P modulators have been associated with an increased risk of macular edema. Patients with a history of uveitis or diabetes mellitus are at increased risk. Patients with a history of these conditions should have an ophthalmic evaluation of the fundus, including the macula, prior to treatment initiation and regular follow-up examinations. An ophthalmic evaluation is recommended in all patients at any time if there is a change in vision. Continued use of ZEPOSIA in patients with macular edema has not been evaluated; potential benefits and risks for the individual patient should be considered if deciding whether ZEPOSIA should be discontinued.

**Posterior Reversible Encephalopathy Syndrome (PRES):** Rare cases of PRES have been reported in patients receiving a S1P receptor modulator. If a ZEPOSIA-treated patient develops unexpected neurological or psychiatric symptoms or any symptom/sign suggestive of an increase in intracranial pressure, a complete physical and neurological examination should be conducted. Symptoms of PRES are usually reversible but may evolve into ischemic stroke or cerebral hemorrhage. Delay in diagnosis and treatment may lead to permanent neurological sequelae. If PRES is suspected, treatment with ZEPOSIA should be discontinued.

**Unintended Additive Immunosuppressive Effects From Prior Immunosuppressive or Immune-Modulating Drugs:** When switching from drugs with prolonged immune effects, the half-life and mode of action of these drugs must be considered to avoid unintended additive immunosuppressive effects while at the same time minimizing risk of disease reactivation. Initiating treatment with ZEPOSIA after treatment with alemtuzumab is not recommended.
Important Safety Information for ZEPOSIA® (ozanimod) (cont.)

**Severe Increase in Disability After Stopping ZEPOSIA:** Severe exacerbation of disease, including disease rebound, has been rarely reported after discontinuation of a S1P receptor modulator. The possibility of severe exacerbation of disease should be considered after stopping ZEPOSIA treatment so patients should be monitored upon discontinuation.

**Immune System Effects After Stopping ZEPOSIA:** After discontinuing ZEPOSIA, the median time for lymphocyte counts to return to the normal range was 30 days with approximately 90% of patients in the normal range within 3 months. Use of immunosuppressants within this period may lead to an additive effect on the immune system, therefore caution should be applied when initiating other drugs 4 weeks after the last dose of ZEPOSIA.

**Most common Adverse Reactions (≥ 4%):** upper respiratory infection, hepatic transaminase elevation, orthostatic hypotension, urinary tract infection, back pain, and hypertension.

For additional safety information, please see the full Prescribing Information and Medication Guide, available at www.ZEPOSIAhcp.com.