

Welcome to Bristol Myers Squibb (BMS) Access Support® Program 2022



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About BMS Access Support®

Bristol Myers Squibb is committed to helping appropriate patients get access to our medications by providing access and reimbursement support services.

PROGRAM SERVICES

- Benefits reviews, prior authorization assistance, and appeals process support
- Information on financial support, including copay assistance* for eligible commercially insured patients
- Support from Patient Access Specialists and local Access and Reimbursement Managers
- Reimbursement and coding guides for BMS medications can be found at www.BMSAccessSupport.com

Benefits reviews are completed within approximately 24 hours¹

1. BMS Access Support Data—Benefits review. Accessed August 2022.

*Co-pay program eligibility requirements, and terms & conditions apply.

[CLICK HERE](#) for full Terms and Conditions for EMPLICITI®, OPDIVO®, OPDIVO® + YERVOY®, OPDUALAG®, and YERVOY®.

[CLICK HERE](#) for full Terms and Conditions for ABRAXANE® and REBLOZYL®.

[CLICK HERE](#) for full Terms and Conditions for IDHIFA®, INREBIC®, ONUREG®, POMALYST®, REVLIMID®, and THALOMID®.

[CLICK HERE](#) for full Terms and Conditions for SPRYCEL®.

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.

Patient and Caregiver Support

BMS Access Support® also offers resources for patients prescribed BMS medications and their caregivers, including:

- BMS Access Support Patient Information brochure
- Understanding Your Healthcare Benefits brochure
- Informational videos about health insurance
- Local support resources



For patient-specific resources, visit

www.BMSAccessSupport.BMSCustomerConnect.com/patient/additional-resources

How to Enroll Into BMS Access Support®

After you have prescribed a BMS oncology or hematology medication, enrollment into BMS Access Support begins when you and your patient successfully complete the enrollment form.

Options for enrolling include:

- Visit www.BMSAccessSupport.com and click the “Get Started” link under the Enrollment tab. Select the medication, download and complete the form, and then fax it to the fax number found on the form

Or

- For **select medications**, you can complete and submit the form online through www.MyBMSCases.com

Once the enrollment form has been submitted and a benefits review has been conducted, you will receive your patient’s summary of healthcare benefits.

Patients can sign the Patient Authorization and Agreement portion of the enrollment form electronically by visiting BMSAccessSupport.BMSCustomerConnect.com/sign

How to Complete the Enrollment Form

Please ensure you and your patient accurately complete the enrollment form with Patient Authorization and Agreement (PAA). Missed fields or signatures may cause a delay with processing.

Please pay special attention to the following frequently missed information:

Page 1

Fill in the Patient Name and Date of Birth on each page of the enrollment form.

Treatment Information

Be sure to complete the Treatment Information section including the Primary ICD-10 code and site of care. If the patient is prescribed an oral medication, please select "Other" and specify where the patient is taking the medication (i.e. home, assisted nursing facility, etc).

Page 2

Physician Information

Be sure to complete the Physician Information section including the site name, address, and suite number where the patient is being treated.

Physician Signature

Don't forget to have the physician or prescriber sign and date the Physician Certification. **The physician or prescriber signature must be a physical signature, no stamps.**

How to Complete the Enrollment Form (cont.)

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Personal Information

Patient Name (first and last name): Male Female Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____

Insurance Information

Do You Have Insurance Through: Private/Employer-based Insurance VA or Military State Assistance Program for Medication Medicaid

Medicare: Part A Part B Part D Medicare Advantage None

Primary Insurance Carrier: _____ Primary Insurance Policy #: _____
 Phone: _____ Group #: _____ Policy Holder: _____

Secondary Insurance Carrier: _____ Secondary Insurance Policy #: _____
 Phone: _____ Group #: _____ Policy Holder: _____

State, Veteran, or Other Prescription Coverage: _____ Prescription Policy #: _____
 Phone: _____ Group #: _____ Policy Holder: _____

Household income: yearly \$ _____ or Monthly \$ _____

Drug Allergies: Do you have any drug allergies? Yes No If yes, please specify _____

Medications: What medications are you currently taking? _____

Patient Personal Information

All fields of the Patient Personal Information section should be accurately completed.

Patient Insurance Information

Complete all the patient's insurance information including primary, secondary, and prescription insurance policy numbers. **Please include a photocopy of the front and back of the patient's insurance card.**

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PATIENT AUTHORIZATION AND AGREEMENT (cont.)

6. Patient certifications: I certify that the personal information that I provide to BMS and the Foundation is true and complete. I agree that, at any time during my participation in either or both programs, BMS (and the Foundation, if applicable) may request additional documentation to verify my personal information. If there is missing information or I do not respond to requests for additional documents, my participation may be delayed or I may no longer be able to participate. If I qualify for, and receive, co-pay assistance or free medication assistance from BMS, I agree to comply with BMS' program rules and I will not get reimbursed for the assistance I receive from anyone else, including from an insurance program, another charity, or from a health savings, flexible spending, or other health reimbursement account. I understand that assistance may be temporary and that I may be unable to receive free medication from the Foundation's program if I do not comply with the program rules and I will not get reimbursed for the assistance I receive from anyone else, including from an insurance program, another charity, or from a health savings, flexible spending, or other health reimbursement account. I understand that the BMS Access Support and the Foundation programs may be discontinued or the rules for participation may change at any time.

These are my written instructions and my permission for:

- BMSPAF and its Administrators to obtain a consumer report on me. My consumer report, and information derived from public and other sources, will be used to estimate my income as part of the process to decide if I am eligible to receive free medicine from BMSPAF. Upon request, BMSPAF will provide me the name and address of the consumer reporting agency that provides the consumer report. I may call BMSPAF at 1-800-736-0003 for this information.

PATIENT INITIALS: _____ **Please initial here OR send in your income documentation.**
Initialing here will speed up processing time for your application and will not impact your credit score.

I HAVE READ THIS AUTHORIZATION AND AGREE TO ITS TERMS.

Print Name of Patient or Personal Representative: _____ Zip: _____

Description of Personal Representative's Authority: _____ Phone: _____

Preferred Email Address: _____ Date: _____

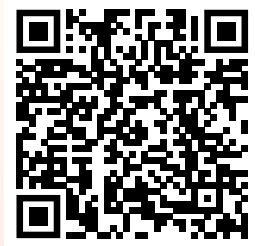
Patient Date of Birth: _____

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE _____
The patient or his/her personal representative must be provided with a copy of both pages of this form after it has been signed. Power of Attorney documentation is required if someone other than the patient signs. You may fax the documents to 1-888-776-2370 or call 1-800-861-0048 for further assistance.

Patient Initials and Signature*

After the patient reads the PAA, please make sure they initial and sign. Doing so will speed up the application process.

*Patients may complete the PAA electronically by visiting www.BMSAccessSupport.com/sign, or by scanning the QR code below with a phone or tablet. The patient or his/her personal representative must be provided with a copy of both pages of this form after it has been signed.



Scan for Patient e-Signature



Once completed, fax the enrollment form to the fax number listed on the form



Or complete and submit the form online (for select medications) through www.MyBMSCases.com



For any questions, please contact your Access & Reimbursement Manager, visit www.BMSAccessSupport.com, or call **1-800-861-0048** to speak with a regionally assigned specialist

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.



Medicare Sample Summary of Benefits

After enrollment is complete, BMS Access Support® will conduct a benefits review to determine patient coverage for BMS medications and will provide a summary of benefits.

Please see below for information that may be included in your patient's summary of benefits.

Page 1

Bristol Myers Squibb
Access Support >

Phone: 1-800-861-0048
Fax: 1-888-776-2370
www.bmsaccesssupport.com

Benefits Review Results Form

05/10/2022

PATIENT INFORMATION		
NAME: Test Oncology 2	DATE OF BIRTH: 06/23/1964	RECORD ID: PAT-4750097
PROVIDER INFORMATION		
PRESCRIBER: TESTYERKE TESTER, MD	TREATMENT INFORMATION	
SITE NAME: TARGET TESTING	ICD CODE(S): C61	PAYER-SUGGESTED CPT CODE(S): 96413
SITE OF SERVICE: Hospital (inpatient)	PAYER-SUGGESTED J CODE(S): J2299	
NETWORK STATUS: In Network		

PRIMARY INSURANCE INFORMATION		
PAYER NAME: MEDICARE NORTH CAROLINA (NC)	PAYER TYPE: Government	PAYER CONTACT:
PAYER PHONE: (789) 222-1234	PLAN NAME: Medicare Part A & B	PLAN TYPE: Medicare Part A/B
PRODUCT CO-PAY/CO-INSURANCE: 20%	GROUP #: 1	POLICY #: W24888033
OFFICE CO-PAY/CO-INSURANCE: 20.00%	POLICY RENEWAL DATE: 01/01/2023	POLICY EFFECTIVE DATE: 01/01/2022
ADMINISTRATION CO-PAY/CO-INSURANCE:	(OCP) MAX:	BENEFIT TYPE: Medical Benefits Profile
DEDUCTIBLE: \$233.00 (Amount Met \$233.00)	LIFETIME MAX:	<input type="checkbox"/> SELF-FUNDED <input checked="" type="checkbox"/> FULLY-FUNDED

<input checked="" type="checkbox"/> COVERED	<input type="checkbox"/> NOT COVERED	<input type="checkbox"/> PA REQUIRED	<input type="checkbox"/> PRE-DETERMINATION AVAILABLE
<input type="checkbox"/> PENDING PA	<input type="checkbox"/> UNDISCLOSED	<input checked="" type="checkbox"/> PA NOT REQUIRED	<input type="checkbox"/> UNDISCLOSED
<input type="checkbox"/> PENDING MEDICAL NECESSITY			

NOTES/DETAILS:
The benefits are covered based upon the information provided on the enrollment form in accordance with FDA and NCCN guidelines.

AUTHORIZATION INFORMATION:
Prior authorization is not required. Pre-Determination is not accepted.

PHONE: _____ FAX: _____ AUTH #: _____

PRODUCT ACQUISITION OPTIONS List of SPPs may not include all available options. If preferred SPP is not listed, check with payer.

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Patient Coverage & Financial Responsibility

Outlines whether or not a product will be covered by the patient's insurance, potential co-pay/co-insurance, and whether or not the patient's deductible has been met.

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Bristol Myers Squibb
Access Support >

Phone: 1-800-861-0048
Fax: 1-888-776-2370
www.bmsaccesssupport.com

PATIENT INFORMATION		
NAME: Test Oncology 2	DATE OF BIRTH: 06/23/1964	RECORD ID: PAT-4750097
<input type="checkbox"/> UNDISCLOSED	OPTION 1	OPTION 2
<input checked="" type="checkbox"/> BUY AND BILL	NAME:	NAME:
<input type="checkbox"/> SPECIALTY PHARMACY OPTIONAL	PHONE:	PHONE:
<input type="checkbox"/> SPECIALTY PHARMACY REQUIRED	NOTES/DETAILS:	

SECONDARY INSURANCE INFORMATION		
PAYER NAME: ANTHEM BLUE CROSS AND BLUE SHIELD	PAYER TYPE: Government	PAYER CONTACT:
PAYER PHONE: 800-123-4567	PLAN NAME: Standard Supplement Plan F	PLAN TYPE: Standard Supplement Plan F
PRODUCT CO-PAY/CO-INSURANCE:	GROUP #: 12345	POLICY #: XY2123456789
OFFICE CO-PAY/CO-INSURANCE:	POLICY RENEWAL DATE: 01/01/2023	POLICY EFFECTIVE DATE: 01/01/2022
ADMINISTRATION CO-PAY/CO-INSURANCE:	(OCP) MAX:	BENEFIT TYPE: Medical Benefits Profile
DEDUCTIBLE:	LIFETIME MAX:	<input type="checkbox"/> SELF-FUNDED <input checked="" type="checkbox"/> FULLY-FUNDED

<input checked="" type="checkbox"/> COVERED	<input type="checkbox"/> NOT COVERED	<input type="checkbox"/> PA REQUIRED	<input type="checkbox"/> PRE-DETERMINATION AVAILABLE
<input type="checkbox"/> PENDING PA	<input type="checkbox"/> UNDISCLOSED	<input checked="" type="checkbox"/> PA NOT REQUIRED	<input type="checkbox"/> UNDISCLOSED
<input type="checkbox"/> PENDING MEDICAL NECESSITY			

NOTES/DETAILS:
The benefits are covered based upon the information provided on the enrollment form in accordance with FDA and NCCN guidelines.

AUTHORIZATION INFORMATION:
Prior authorization is not required. Pre-Determination is not accepted.

PHONE: _____ FAX: _____ AUTH #: _____

PRODUCT ACQUISITION OPTIONS List of SPPs may not include all available options. If preferred SPP is not listed, check with payer.


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Product Procurement Options

Describes how a product must be procured (eg, buy & bill, specialty pharmacy, etc) and options for procurement (eg, specialty pharmacies or distributors).

Medicare Sample Summary of Benefits (cont.)

Page 3

 Phone: 1-800-861-0048
Access Support > Fax: 1-888-776-2370
www.bmsaccesssupport.com

Benefits Review Results Form

PATIENT INFORMATION		
NAME: Test Oncology 2	DATE OF BIRTH: 06/23/1964	RECORD ID: PAT-47500097
<input type="checkbox"/> UNDISCLOSED	OPTION 1	OPTION 2
<input checked="" type="checkbox"/> BUY AND BILL	NAME:	NAME:
<input type="checkbox"/> SPECIALTY PHARMACY OPTIONAL	PHONE:	PHONE:
<input type="checkbox"/> SPECIALTY PHARMACY REQUIRED	NOTES/DETAILS:	

ADDITIONAL COMMENTS

Primary: Benefits reviewed for Opdivo J9299. Benefits subject to a \$233 deductible (\$233 met) and 20% co-insurance for the administration and cost of Opdivo.
Secondary: This is a Medicare Supplement Plan B and it covers the Medicare Part B coinsurance. This plan does not cover the Medicare Part B deductible. This plan follows Medicare guidelines and Claims will crossover for coordination.

Claims address:
Palmetto CBA
Medicare Part B Claims
P.O. Box 100306
Charlotte, NC 28277

LIST OF THIRD PARTY CHARITABLE FOUNDATIONS The foundation(s) listed are independent from Bristol-Myers Squibb Company and have their eligibility criteria and evaluation process. Bristol-Myers Squibb cannot guarantee that a patient will receive assistance.

This document is provided for informational purposes only and is not intended to provide reimbursement or legal advice. Benefits reviews completed by BMS Access Support do not guarantee payment/reimbursement of product treatment and administration. BMS Access Support makes no representations or warranties, expressed or implied, as to the accuracy or completeness of the information.

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Prior Authorization Requirements

Provides details of product coverage and whether or not a prior authorization/medical exception is required.



Commercial Sample Summary of Benefits Specialty Pharmacy

BMS Access Support® will help to determine product procurement options, including information about procurement requirements for HCP-administered products and health plan specialty pharmacy requirements for oral and HCP-administered products. **Please see below for information that may be included in your patient's summary of benefits.**

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Access Support > Phone: 1-800-861-0048
Fax: 1-888-776-2370
www.bmsaccesssupport.com

Benefits Review Results Form

05/06/2022

PATIENT INFORMATION		
NAME: Test Oncology 2	DATE OF BIRTH: 06/23/1964	RECORD ID: PAT-47500097
PROVIDER INFORMATION		
PROCESOR: TESTONE TESTER, MD	TREATMENT INFORMATION	
SITE NAME: TARGET TESTING	ICD CODE(S): C481	PAYER-SUGGESTED CPT CODE(S): 96413
SITE OF SERVICE:	PAYER-SUGGESTED J CODE(S): 9299	
NETWORK STATUS:		
PRIMARY INSURANCE INFORMATION		
PAYER NAME: UNITED HEALTHCARE	PAYER TYPE: Commercial Insurance	PAYER CONTACT:
PAYER PHONE:	PLAN NAME: United Healthcare Choice Plus POS	PLAN TYPE: POS
PRODUCT CO-PAID/CO-INSURANCE: 55351	GROUP #:	POLICY #: 54684354
OFFICE CO-PAID/CO-INSURANCE:	POLICY RENEWAL DATE:	POLICY EFFECTIVE DATE:
ADMINISTRATION CO-PAID/CO-INSURANCE:	COPI MAX: \$5500.00 (Amount Met: \$917.72)	BENEFIT TYPE: Pharmacy Benefits Profile
DEDUCTIBLE: NO	LIFETIME MAX:	<input type="checkbox"/> SELF-FUNDED <input type="checkbox"/> FULLY-FUNDED
COVERAGE/PRIOR AUTHORIZATION INFORMATION All claims subject to insurer review and approval.		
PRODUCT(S) NAME: OPDIVO®		
COVERAGE		
<input checked="" type="checkbox"/> COVERED	<input type="checkbox"/> NOT COVERED	PA REQUIREMENTS
<input type="checkbox"/> PENDING PA	<input type="checkbox"/> UNDISCLOSED	<input checked="" type="checkbox"/> PA REQUIRED <input type="checkbox"/> PRE-DETERMINATION AVAILABLE
<input type="checkbox"/> PENDING MEDICAL NECESSITY		<input type="checkbox"/> PA NOT REQUIRED <input type="checkbox"/> UNDISCLOSED
NOTES/DETAILS		
<p>These benefits are covered based upon the information provided on the enrollment form in accordance with the ACA, ACA Competes, and/or payer policy. Specialty Pharmacy restriction applies, please contact the payer for additional information, and please reference the Notes.</p> <p>AUTHORIZATION INFORMATION: Prior Authorization/ Pre-determination - Benefits are subject to prior authorization/ approval, which has been approved for Opdivo, Diagnosis Code C48.1. Approved from 5/1/2022-5/1/2023. PA Ref 541683164.</p> <p>PHONE: (891) 898-9898 FAX: AUTH #: 541683164</p>		
PRODUCT ACQUISITION OPTIONS List of SPs may not include all available options. If preferred SP is not listed, check with payer.		

Page 2

Access Support > Phone: 1-800-861-0048
Fax: 1-888-776-2370
www.bmsaccesssupport.com

PATIENT INFORMATION		
NAME: Test Oncology 2	DATE OF BIRTH: 06/23/1964	RECORD ID: PAT-47500097
<input type="checkbox"/> UNDISCLOSED	OPTION 1	OPTION 2
<input type="checkbox"/> BUY AND BILL	NAME: OPTUMRX, INC	NAME:
<input type="checkbox"/> SPECIALTY PHARMACY OPTIONAL	PHONE: 7608042222	PHONE:
<input checked="" type="checkbox"/> SPECIALTY PHARMACY REQUIRED	NOTES/DETAILS:	
ADDITIONAL COMMENTS		
<p>Benefits reviewed coverage for Opdivo, J4299. Patient will be responsible for \$5,351.18 Copay up to a \$5500 OOP maximum (\$917.72 met). Once met, Opdivo will be covered at 100% for the remainder of the calendar year.</p> <p>Specialty Pharmacy restriction apply. It is required the provider go through OptumRx Specialty Pharmacy. Please have the provider call OptumRx at 760-804-2222 for additional information.</p> <p>LIST OF THIRD PARTY CHARITABLE FOUNDATIONS: The foundation(s) listed are independent from Bristol Myers Squibb Company and have their eligibility criteria and evaluation process. Bristol Myers Squibb cannot guarantee that a patient will receive assistance.</p> <p><small>This document is provided for information purposes only and is not intended to provide reimbursement or legal advice. Benefits reviews completed by BMS Access Support do not guarantee payer reimbursement for product treatment and administration. BMS Access Support makes no representations or warranties, expressed or implied, as to the accuracy or completeness of the information.</small></p> <p><small>©2022 Bristol Myers Squibb Company. All rights reserved. Access Support is a registered trademark of Bristol Myers Squibb Company. MD-US-200023 05/22 Page 2 of 2</small></p>		

Specialty Pharmacy & Procurement Requirements

Outlines whether a payer requires that an IV product be procured via specialty pharmacy rather than buy & bill and notes if a specific specialty pharmacy is required for procurement of oral and HCP-administered products.



Commercial Sample Summary of Benefits Site of Care

BMS Access Support® will help to determine product administration options, including information on whether a specific site of care is required for product administration under the patient's insurance coverage.

Please see below for information that may be included in your patient's summary of benefits.

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Bristol Myers Squibb
Access Support >

Phone: 1-800-861-0048
Fax: 1-888-776-2370
www.bmsaccesssupport.com

Benefits Review Results Form

05/06/2022

PATIENT INFORMATION		
NAME: Oncology Test	DATE OF BIRTH: 01/16/1940	RECORD ID: PAT-Rtr30m70
PROVIDER INFORMATION		
PRESCRIBER: TESTOSRE TESTIN, MD	ED CODE(S): C403	
SITE NAME: TARGET TESTING	PAYER-SUGGESTED CPT CODE(S):	
SITE OF SERVICE: Hospital (Outpatient)	PAYER-SUGGESTED J CODE(S):	
NETWORK STATUS: In Network		
PRIMARY INSURANCE INFORMATION		
PAYER NAME: BCBS TENNESSEE	PAYER TYPE: Commercial Insurance	PAYER CONTACT:
PAYER PHONE: (877) 222-1322	PLAN NAME: BCBS TENNESSEE PPO (TN)	PLAN TYPE: PPO
PRODUCT CO-PAY/CO-INSURANCE:	GROUP #: 122135	POLICY #: WJ4552698142
OFFICE CO-PAY/CO-INSURANCE:	POLICY RENEWAL DATE: 01/01/2022	POLICY EFFECTIVE DATE: 01/01/2019
ADMINISTRATION CO-PAY/CO-INSURANCE:	COPI MAX:	BENEFIT TYPE: Medical Benefits Profile
DEDUCTIBLE:	LIFETIME MAX:	<input type="checkbox"/> SELF-FUNDED <input checked="" type="checkbox"/> FULLY-FUNDED
COVERAGE/PRIOR AUTHORIZATION INFORMATION All claims subject to insurer review and approval.		
PRODUCT(S) NAME: OPDIVO® (pitolimab) + YERVOY® (ipilimumab)		
COVERAGE	PA REQUIREMENTS	
<input type="checkbox"/> COVERED	<input checked="" type="checkbox"/> NOT COVERED	<input checked="" type="checkbox"/> PA REQUIRED <input type="checkbox"/> PRE-DETERMINATION AVAILABLE
<input type="checkbox"/> PENDING PA	<input type="checkbox"/> UNDISCLOSED	<input type="checkbox"/> PA NOT REQUIRED <input type="checkbox"/> UNDISCLOSED
<input type="checkbox"/> INDIV. MEDICAL NECESSITY		
NOTES/DETAILS:	AUTHORIZATION INFORMATION:	
	Benefits are subject to prior authorization approval, which has been denied for Opdivo therapy. Diagnosis Code C40.32. Denied as of 03/28/2022 due to the hospital based setting. No coverage is available for Opdivo therapy. To request appeal please provide clinical notes and treatment regimen as well as the patient name and policy # and contact provider assistance at (888) 999-7777.	
	PHONE: (888) 999-7777	FAX: (888) 999-7777
		JUTH ID:
PRODUCT ACQUISITION OPTIONS List of SPs may not include all available options. If preferred SP is not listed, check with payer.		

Page 2

Bristol Myers Squibb
Access Support >

Phone: 1-800-861-0048
Fax: 1-888-776-2370
www.bmsaccesssupport.com

Benefits Review Results Form

PATIENT INFORMATION		
NAME: Test Oncology 2	DATE OF BIRTH: 06/23/1964	RECORD ID: PAT-4750097
<input type="checkbox"/> UNDISCLOSED	OPTION 1	OPTION 2
<input checked="" type="checkbox"/> SELF AND BILL	NAME:	NAME:
<input type="checkbox"/> SPECIALTY PHARMACY OPTIONAL	PHONE:	PHONE:
<input type="checkbox"/> SPECIALTY PHARMACY REQUIRED	NOTES/DETAILS:	

ADDITIONAL COMMENTS

Benefits reviewed for Opdivo J9299. Administration and Opdivo are subject to a \$375 deductible (\$375 met), 20% co-insurance and a \$2100 out of pocket max (\$2100 met). Once met, coverage increases to 100% of the contracted rate. Deductible does not apply to the out-of-pocket max. If an office visit (OVI) is billed, the co-pay is \$40 and will not apply to OOP max and will not be waived once OOP max is met.

Claims address:
UMR
PO Box 30541
SLC, UT 84130

LIST OF THIRD PARTY CHARITABLE FOUNDATIONS

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Site of Care Requirements

Outlines whether the product must be administered at a specific site of care (eg, hospital, office) as well as diagnosis codes and other details for billing purposes.



Commercial Sample Summary of Benefits Prior Authorization

BMS Access Support® will help to determine product coverage and prior authorization requirements, including whether a prior authorization is required for product coverage and/or if pre-determination is an option. **Please see below for information that may be included in your patient's summary of benefits.**

Page 1

Bristol Myers Squibb
Access Support >

Phone: 1-800-861-0048
Fax: 1-888-776-2370
www.bmsaccesssupport.com

Benefits Review Results Form

05/10/2022

PATIENT INFORMATION		
NAME: Test Oncology 2	DATE OF BIRTH: 06/23/1964	RECORD ID: PAT-4750097

PROVIDER INFORMATION	TREATMENT INFORMATION
PRESCRIBER: TESTERBIE TESTER, MD	ICD CODE(S): C411
SITE NAME: TARGET TESTING	PAYER-SUGGESTED CPT CODE(S): 96413
SITE OF SERVICE: Physician Office	PAYER-SUGGESTED J CODE(S): J029
NETWORK STATUS: In Network	

PRIMARY INSURANCE INFORMATION		
PAYER NAME: UNITED HEALTHCARE	PAYER TYPE: Commercial Insurance	PAYER CONTACT: Saly ref #: 20220505
PAYER PHONE: (888) 440-7342	PLAN NAME: Commercial PPO	PLAN TYPE: PPO
PRODUCT CO-PAY/CO-INSURANCE: 20%	GROUP #: 123456	POLICY #: 123456789
OFFICE CO-PAY/CO-INSURANCE: \$40.00	POLICY RENEWAL DATE: 01/01/2023	POLICY EFFECTIVE DATE: 01/01/2022
ADMINISTRATION CO-PAY/CO-INSURANCE: 20.00%	(OOP) MAX: \$2100.00 (Amount Met: \$2100.00)	BENEFIT TYPE: Medical Benefits Profile
DEDUCTIBLE: \$375.00 (Amount Met: \$375.00)	LIFETIME MAX:	<input checked="" type="checkbox"/> SELF-FUNDED <input type="checkbox"/> FULLY-FUNDED

COVERAGE/PRIOR AUTHORIZATION INFORMATION All claims subject to insurer review and approval.

PRODUCT(S) NAME: OPDIVO

COVERAGE: COVERED NOT COVERED PA REQUIRED PRE-DETERMINATION AVAILABLE

NOTES/DETAILS:
These benefits are covered based upon the information provided on the enrollment form in accordance with FDA, NCCN Compendia, and/or payer policy.

AUTHORIZATION INFORMATION:
These benefits are covered pending the HCP obtaining a PA prior to the infusion of drug. Contacted Care Management at 800-808-4424. Prior Authorization is required and is pending a determination for Opdivo, #9299. Processing time is up to 7 days. Notification method is via phone/mail. The reference number for the pending authorization request is 20220505.

PHONE: (800) 808-4424 FAX: AUTH #:

PRODUCT ACQUISITION OPTIONS List of SPPs may not include all available options. If preferred SPP is not listed, check with payer.

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Prior Authorization Requirements

Provides details on whether or not a prior authorization is required before coverage and details about processing time, contact information, etc.

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Bristol Myers Squibb
Access Support >

Phone: 1-800-861-0048
Fax: 1-888-776-2370
www.bmsaccesssupport.com

Benefits Review Results Form

PATIENT INFORMATION		
NAME: Oncology Test	DATE OF BIRTH: 01/16/1940	RECORD ID: PAT-R6r30m70

OPTION 1	OPTION 2
<input type="checkbox"/> UNDISCLOSED	<input type="checkbox"/> UNDISCLOSED
<input checked="" type="checkbox"/> REV AND BILL	<input type="checkbox"/> REV AND BILL
<input type="checkbox"/> SPECIALTY PHARMACY OPTIONAL	<input type="checkbox"/> SPECIALTY PHARMACY OPTIONAL
<input type="checkbox"/> SPECIALTY PHARMACY REQUIRED	<input type="checkbox"/> SPECIALTY PHARMACY REQUIRED

ADDITIONAL COMMENTS

Coverage reviewed for Opdivo-Yervoy. When Opdivo-Yervoy is billed in a Hospital Outpatient setting, benefits will be as follows: Opdivo-Yervoy is not covered as there is a denial on file for Opdivo-Yervoy, Diagnosis code C41.32. Coverage for this medicine is not approved to be given in a hospital based setting.

If approved benefits are as follows:
Benefits reviewed for Opdivo #9299. When Opdivo-Yervoy is billed in a Hospital Outpatient setting, the patient's cost share will be the following: \$150 deductible (\$150 met), 20% co-insurance which includes administration and the cost of Opdivo-Yervoy for the remainder of the year. The Hospital Outpatient Facility is in of network with this patient's plan.

Claims Address:
PO BOX 30794 Salt Lake City, UT 84130

LIST OF THIRD PARTY CHARITABLE FOUNDATIONS The foundation(s) listed are independent from Bristol Myers Squibb Company and have their eligibility criteria and evaluation process. Bristol Myers Squibb cannot guarantee that a patient will receive assistance.

BMS Patient Assistance Foundation - (800) 736-0003

This document is provided for information purposes only and is not intended to provide reimbursement or legal advice. Benefits reviews completed by BMS Access Support do not guarantee appropriate reimbursement for product treatment and administration. BMS Access Support makes no representations or warranties, expressed or implied, as to the accuracy or completeness of the information.

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Commercial Sample Summary of Benefits Pending Determination

BMS Access Support® will sometimes provide coverage details with a “pending determination” notice in order to caveat that benefits are only applicable once approval has been granted.

Please see below for information that may be included in your patient’s summary of benefits.

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Benefits Review Results Form

05/06/2022

PATIENT INFORMATION		
NAME: Test Oncology 2	DATE OF BIRTH: 06/23/1964	RECORD ID: PAT-4750097
PROVIDER INFORMATION		TREATMENT INFORMATION
PRESCRIBER: TEST10386 TESTER, MD	ICD CODE(S): C411	PAYER-SUGGESTED CPT CODE(S): 96413
SITE NAME: TARGET TESTING	PAYER-SUGGESTED J CODE(S): J999	
SITE OF SERVICE: Hospital (Outpatient)		
NETWORK STATUS: In Network		
PRIMARY INSURANCE INFORMATION		
PAYER NAME: UNITED HEALTHCARE	PAYER TYPE: Commercial Insurance	PAYER CONTACT:
PAYER PHONE:	PLAN NAME: Commercial PPO	PLAN TYPE: PPO
PRODUCT CO-PAY/CO-INSURANCE:	GROUP #:	POLICY #: S461843454
OFFICE CO-PAY/CO-INSURANCE:	POLICY RENEWAL DATE:	POLICY EFFECTIVE DATE:
ADMINISTRATION CO-PAY/CO-INSURANCE:	(OOP) MAX: \$5000.00 (Amount Max \$3116.27)	BENEFIT TYPE: Medical, Benefits Profile
DEDUCTIBLE NO	LIFETIME MAX:	<input type="checkbox"/> SELF-FUNDED <input type="checkbox"/> FULLY-FUNDED
COVERAGE/PRIOR AUTHORIZATION INFORMATION All claims subject to insurer review and approval.		
PRODUCT(S) NAME: OPDIVO®		
COVERAGE	PA REQUIREMENTS	
<input checked="" type="checkbox"/> COVERED	<input type="checkbox"/> NOT COVERED	<input checked="" type="checkbox"/> PA REQUIRED <input type="checkbox"/> PRE-DETERMINATION AVAILABLE
<input checked="" type="checkbox"/> PENDING PA	<input type="checkbox"/> UNDISCLOSED	<input type="checkbox"/> PA NOT REQUIRED <input type="checkbox"/> UNDISCLOSED
NOTES/DETAILS:		
These benefits are covered based upon the information provided on the enrollment form in accordance with FDA, NCCN Compendia, and/or payer policy.		
AUTHORIZATION INFORMATION:		
Contacted Optum PA department at (888)397-8129. Prior Authorization is required and is pending a determination for Opdivo J9299. The reference number for the pending authorization request is A154244597.		
PHONE: (888) 397-8129		
FAX: AUTH #:		
PRODUCT ACQUISITION OPTIONS List of SPPs may not include all available options. If preferred SPP is not listed, check with payer.		

Pending Determination Notice

Notes that the outlined benefits included in this summary are only applicable after a prior authorization has been completed and approved by a provider.

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Bristol Myers Squibb
Access Support >

Phone: 1-800-861-0048
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PATIENT INFORMATION		
NAME: Test Oncology 2	DATE OF BIRTH: 06/23/1964	RECORD ID: PAT-4750097
<input type="checkbox"/> UNDISCLOSED	OPTION 1	OPTION 2
<input checked="" type="checkbox"/> BUY AND BILL	NAME:	NAME:
<input type="checkbox"/> SPECIALTY PHARMACY OPTIONAL	PHONE:	PHONE:
<input type="checkbox"/> SPECIALTY PHARMACY REQUIRED	NOTES/DETAILS:	
ADDITIONAL COMMENTS		
These benefits are covered pending the HCP obtaining a PA/Pre-determination prior to infusion/dispense of drug.		
Coverage reviewed for Opdivo J9299. When Opdivo is billed in a Hospital Outpatient setting, the patient's cost share will be the following: \$3,000 deductible (\$3,116.27 met) after which patient is covered at 100% and a \$5,000 out of pocket maximum (\$3,116.27 met) which includes administration and the cost of Opdivo. Once met, coverage increases to 100% of the contracted rate. Deductible does apply to the out of pocket maximum. The Hospital Outpatient Facility is in network with this patient's plan. No Facility Copy applies and No Co-insurance applies.		
Claims Address: P.O. BOX 30555 SALT LAKE CITY, UT, 84130-0555		
LIST OF THIRD PARTY CHARITABLE FOUNDATIONS The foundation(s) listed are independent from Bristol Myers Squibb Company and have their eligibility criteria and evaluation process. Bristol Myers Squibb cannot guarantee that a patient will receive assistance.		

Prior Authorization/ Pre-Determination

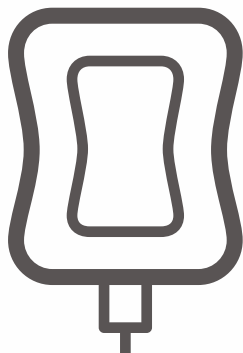
Provides coverage details for a product with the understanding that benefits are pending approval of a prior authorization /pre-determination.



Co-Pay Assistance Program

HCP-Administered Medications

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

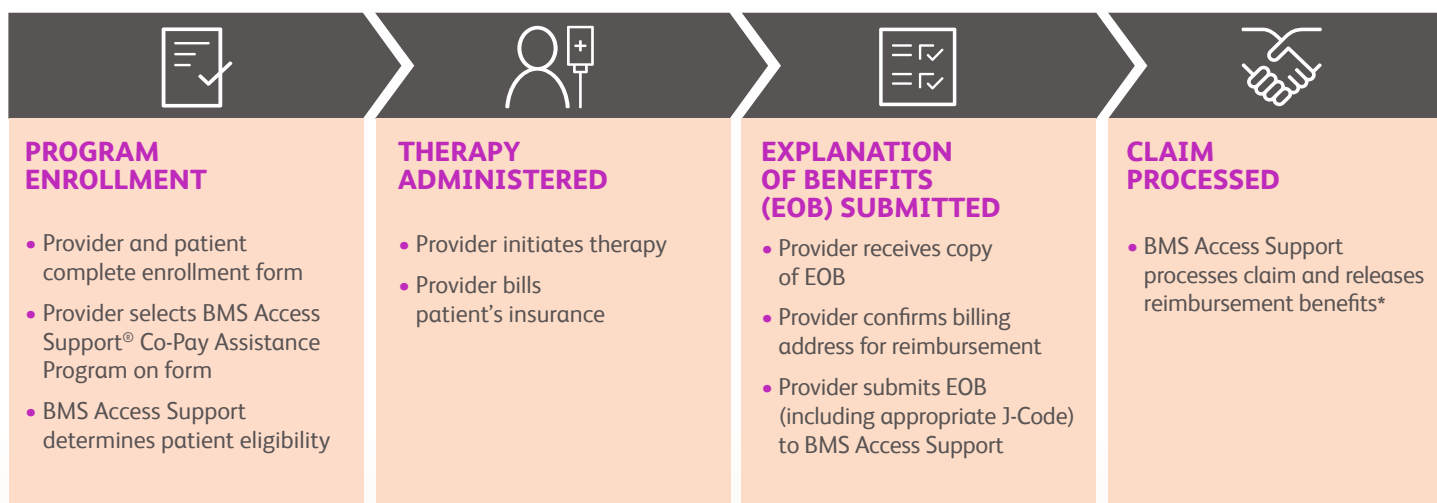


Co-Pay Assistance for Select HCP-Administered Medications

Co-pay*:
\$0-\$25
 per dose[†]

Annual maximum benefit:
\$10K-\$25K
 per calendar year

How the Co-Pay Program Works for Buy & Bill Medications:



Note: If you would like to utilize electronic funds transfer (EFT), please contact your Access & Reimbursement Manager.

Call BMS Access Support at 1-800-861-0048 for additional questions

*Other restrictions apply. Final determination of Program eligibility is based on a review of a completed application.

[†]For combination treatments, \$0-\$25 co-pay per infusion per product.

Please note: The Program will cover the out-of-pocket expenses for BMS products only. It does not cover the costs of any other healthcare provider charges, or any other treatment costs. Patients may be responsible for non-drug-related out-of-pocket costs, depending on their specific healthcare benefits. For ABRAXANE®, offer not available for (1) California residents who have not completed their insurance step therapy or prior authorization requirements and (2) Massachusetts residents.

[CLICK HERE](#) for full Terms and Conditions for EMLICITI®, OPDIVO®, OPDIVO® + YERVOY®, OPDUALAG®, and YERVOY®.

[CLICK HERE](#) for full Terms and Conditions for ABRAXANE® and REBLOZYL®.

Co-Pay Assistance Program

Oral Medications

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



Co-Pay Assistance for Select Oral Medications

Co-pay*:
\$0
per one-month
supply

Annual
maximum benefit:
\$15K per calendar year

How the Co-Pay Program Works for Oral Medications:



Call BMS Access Support at 1-800-861-0048 for additional questions

*Other restrictions apply. Final determination of Program eligibility is based on a review of a completed application.

Please note: The Program will cover the out-of-pocket expenses for BMS products only. The Program does not cover the costs of any other healthcare provider charges or treatment costs. For REVLIMID®, offer not available for (1) California residents who have not completed their insurance step therapy or prior authorization requirements and (2) Massachusetts residents.

[CLICK HERE](#) for full Terms and Conditions for IDHIFA®, INREBIC®, ONUREG®, POMALYST®, REVLIMID®, and THALOMID®.

[CLICK HERE](#) for full Terms and Conditions for SPRYCEL®.

BMS Access Support® Can Help With Patient Access and Reimbursement Assistance

Ways to Get Support



Contact your **Access and Reimbursement Manager** for general assistance or to schedule an office visit



Call BMS Access Support at **1-800-861-0048**, 8 AM to 8 PM ET, Monday–Friday, to speak with a regionally assigned specialist



Visit **www.BMSAccessSupport.com** for information and resources including the enrollment form to help you and your patients with access to Bristol Myers Squibb products



Visit **www.MyBMSCases.com** for real-time reimbursement management for patients enrolled in BMS Access Support who have been prescribed select medications

Bristol Myers Squibb is committed to helping appropriate patients get access to our medications by providing access and reimbursement support services.

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.

