

SOTYKTU ³⁶⁰ SUPPORT
(deucravacitinib) ^{6 mg} tablets



SUPPORT STARTS HERE.

Welcome to your new treatment path. Now that you and your specialist have decided on **SOTYKTU**, see inside for some steps you can take to get started.





READY TO GO? YOU CAN GET STARTED WITH THESE 3 STEPS:

- ✓ **STEP 1: Complete your enrollment form** to learn how you may be able to access therapy and affordability options for eligible patients, including the SOTYKTU Co-Pay Assistance Program
- ✓ **STEP 2: Answer the phone call** from your dedicated SOTYKTU Support Coordinator
- ✓ **STEP 3: Set up your first prescription shipment**

Read on for details, and reach out with questions.

1-888-SOTYKTU (768-9588)

M-F, 8 AM to 11 PM ET

[SOTYKTU360SUPPORT.com](https://www.sotyktu360support.com)

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STEP 1: COMPLETE YOUR ENROLLMENT

TO DO

Enroll in SOTYKTU 360 SUPPORT with your specialist and save our number to your phone.



Scan this code to add our number to your phone—that way you'll always know when it's your SOTYKTU Support Coordinator calling.

To do it manually, create a new “SOTYKTU 360 SUPPORT” contact on your phone with this number: **1-888-SOTYKTU (768-9588)**.



ADD TO CONTACTS



TO KNOW

- **Receive your prescription for SOTYKTU (deucravacitinib)**
- **Your specialist will let you know if you need to complete any tests before starting SOTYKTU**
- **Free trial**
First-time patients may be eligible to receive a free trial of SOTYKTU*
- **Determine prescription coverage**
We'll begin to figure out your insurance coverage for SOTYKTU†

*Please see terms and conditions on pages 7-9.

†Completion of any reimbursement- or coverage-related paperwork is the responsibility of the healthcare provider and the patient. Bristol Myers Squibb and its agents make no guarantee regarding reimbursement for any service or item.

TO DO

Answer the call from your SOTYKTU Support Coordinator and discuss how SOTYKTU 360 SUPPORT may help.



Your SOTYKTU Support Coordinator will call you after you enroll to welcome you to SOTYKTU 360 SUPPORT and answer any questions about access and affordability. Ask about the SOTYKTU Co-Pay Assistance Program to see if you're eligible or already registered.^{†‡} Scan this code or visit [SOTYKTUCoPayAssist.com](https://www.SOTYKTUCoPayAssist.com) to sign up.



CO-PAY REGISTRATION



If you don't receive a call, give your specialist's office a ring to make sure you were enrolled.

TO KNOW

Prescription coverage notification

Your SOTYKTU Support Coordinator can help you figure out your pharmacy benefit coverage

Know your benefits

Ask your SOTYKTU Support Coordinator about these offers:

- **The SOTYKTU Bridge Program could be your crossover to coverage**

If you're an eligible commercially insured patient and SOTYKTU isn't initially covered by your insurance, you may be able to receive SOTYKTU (deucravacitinib) free of charge for up to 3 years while you await a coverage decision.*

- **The SOTYKTU Co-Pay Assistance Program**

Eligible commercially insured patients may pay as little as \$0 a month for SOTYKTU. Learn more at [SOTYKTUCoPayAssist.com](https://www.SOTYKTUCoPayAssist.com)*

[†]Completion of any reimbursement- or coverage-related paperwork is the responsibility of the healthcare provider and the patient. Bristol Myers Squibb and its agents make no guarantee regarding reimbursement for any service or item.

[‡]While support team members can answer questions about SOTYKTU, they cannot provide medical advice.

*Please see terms and conditions on pages 7-9.



STEP 3: ARRANGE YOUR FIRST AT-HOME PRESCRIPTION SHIPMENT

TO DO

Set up your first prescription shipment



Your prescription will be mailed to you one of two ways:

- Directly from the SOTYKTU 360 SUPPORT Pharmacy via the Bridge Program
- From a specialty pharmacy, which is a mail-order pharmacy that carries many specialty medicines (like SOTYKTU) not typically carried by your local pharmacy

TO KNOW

Sign up for SOTYKTU 360 SUPPORT emails at [SOTYKTU360SUPPORT.com](https://www.SOTYKTU360SUPPORT.com), or call 1-888-SOTYKTU (768-9588)

Be better prepared to start treatment and find encouragement along the way with these helpful emails. Already enrolled? No need to sign up again if you received a confirmation email from SOTYKTU 360 SUPPORT

Keep taking SOTYKTU (deucravacitinib) as prescribed by your specialist

Find tips for taking SOTYKTU on the back of this brochure

Continue to set up shipments for refills, as long as you are prescribed SOTYKTU

Keep your scheduled follow-ups to continue on your path with SOTYKTU

TIPS FOR REMEMBERING SOTYKTU (deucravacitinib)

Here are a few ideas that may help make it easier to remember to take your SOTYKTU.



Develop a routine

Take SOTYKTU as part of your daily routine or as prescribed by your specialist.



Give yourself a reminder

Place a note on your bathroom mirror or an alert on your phone.



Keep it visible

Leave your medicine in a safe place that's easy to spot.



Try a pill box

A pill box labeled with days of the week can help you keep track.



Record each dose

Use a calendar to check off that you've taken SOTYKTU each day.



Bring extra when traveling

If you'll be traveling, bring extra medication with you in case your trip is unexpectedly extended.



TERMS AND CONDITIONS

SOTYKTU Free Trial Offer

Eligibility Requirements:

To be eligible for the SOTYKTU Free Trial Offer for SOTYKTU:

- Patients must be new patients who have not previously received a sample or filled a prescription for SOTYKTU
- Patients must have a valid 30-day prescription for SOTYKTU for an on-label indication
- Patients are 18 years of age or older
- Patients are residents of the United States or a US Territory

Terms of use

- Eligible patients with a valid 30-day prescription for SOTYKTU can receive a free 30-day supply of SOTYKTU. Patient is responsible for applicable taxes, if any. This offer may not be redeemed on prescriptions written for longer than 30 days.
- This offer is limited to one use per patient per lifetime and is non-transferable. By redeeming this offer, patients certify that you have not previously filled a prescription for SOTYKTU.
- The SOTYKTU Free Trial Offer for the specified prescription cannot be combined with any other rebate/coupon, free trial or similar offer. No substitutions are permitted.
- Patients, pharmacists, and prescribers cannot seek reimbursement for the SOTYKTU Free Trial Offer of SOTYKTU from health insurance or any third party, including state or federally funded programs.
- Patients may not count the SOTYKTU Free Trial Offer of SOTYKTU as an expense incurred for purposes of determining out-of-pocket costs for any plan, including true out-of-pocket costs (TrOOP), for purposes of calculating the out-of-pocket threshold for Medicare Part D plans.
- Only valid in the United States and US Territories; this offer is void where restricted or prohibited by law.
- Bristol Myers Squibb reserves the right to rescind, revoke, or amend this offer at any time without notice.
- This offer is not conditioned on any past, present, or future purchase, including refills.
- The SOTYKTU Free Trial Offer is not health insurance.

BY REDEEMING THIS OFFER, PATIENT AND PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

SOTYKTU Co-Pay Assistance Program

Eligibility Requirements and Program Benefits

- Patients must have commercial (private) insurance, but their coverage does not cover the full cost of the prescription. Co-pay assistance is not valid where the entire cost of the prescription is reimbursed by insurance
- Patients are not eligible if they have prescription 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 to state or federal healthcare program insurance will no longer be eligible
- Cash-paying patients are not eligible for co-pay assistance
- Patients must be 18 years of age or older
- Patients must live in the United States or United States territories
- Eligible patients with an activated co-pay card and a valid prescription may pay as little as \$0 per 30-day supply; monthly and annual maximum program benefits apply and may vary from patient to patient, depending on the terms of a patient's prescription drug plan and based on factors determined solely by Bristol-Myers Squibb

Program Timing

- The enrollment period is for the first 2 years and then re-enrollment is required each calendar year thereafter

Additional Terms & Conditions

- Patients, pharmacists, 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, pharmacists, and healthcare providers must report the receipt of co-pay assistance benefits if required by patient's insurance provider
- All Program payments are for the benefit of the patient only
- Offer valid only in the United States and United States territories
- Void where prohibited by law, taxed, or restricted
- The Program is not insurance
- The Program benefits are not transferable and is limited to one (1) per patient. This offer cannot be combined with any other offer, rebate, coupon, or free trial
- This Program is not conditioned on any past, present, or future purchase, including additional doses
- No membership fees
- Bristol Myers Squibb reserves the right to rescind, revoke, or amend this offer at any time without notice

SOTYKTU Bridge Program

Eligibility Requirements:

To be eligible for the SOTYKTU Bridge Program for SOTYKTU:

1. A SOTYKTU prescription for an FDA-approved use
2. Commercial insurance with coverage
3. Submitting a Prior Authorization (PA) within 90 days of SOTYKTU Bridge Program enrollment
4. Submitting an Appeal/Exception/Letter of Medical Necessity (LMN) to challenge PA payer outcome within 90 days or per payer guidelines of PA outcome if coverage is denied
5. Program requires a periodic check of your insurance coverage status to confirm your continued eligibility, including, but not limited to the annual reverification process. Program is available until your commercial insurance covers your medication for up to 36 months (dispensed in 30-day prescriptions). Up to 12 months coverage for residents in Massachusetts, Minnesota, and Rhode Island
6. A signed Patient Authorization and Agreement (PAA) is on file
7. US residents only
8. SOTYKTU Bridge Program is not available to patients who have prescription insurance coverage through Medicare, Medicaid, or any other federal or state program

Bridge to commercial coverage offer:

The SOTYKTU Bridge Program is available at no cost for eligible, commercially insured, on-label diagnosed patients and whose prior authorization is denied or delayed, and is not contingent on any purchase requirement, for up to 36 months (dispensed in 30-day prescriptions). The prescriber has certified that therapy with SOTYKTU is medically necessary for this patient and will be supervising the patient's treatment accordingly. The SOTYKTU Bridge Program is not available to patients who have prescription insurance coverage through Medicare, Medicaid, or any other federal or state program, and is available for no more than 12 months to patients in MA, MN, and RI. Appeal of any prior authorization denial must be made within 90 days or as per payer guidelines, to remain in the Program. Eligibility will be re-verified on a rolling 12-month basis from the patient's first shipment date, and may be re-verified at other times during Program participation. Offer is not health insurance, and may be modified or discontinued at any time without notice. Once coverage is approved by the patient's commercial insurance plan, the patient will no longer be eligible. Other limitations may apply. Bristol Myers Squibb reserves the right to rescind, revoke, or amend the Program at any time without notice.

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Assistance is a call away

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