

## Terms and Conditions for the ORENCIA® (abatacept) Co-pay Program for Subcutaneous Use

- Patients must have commercial insurance that pays for ORENCIA but does not cover the full cost; that is, you must have a co-pay obligation. Co-pay assistance is not available if your out-of-pocket expenses are \$5 or less.
- Patients who have prescription insurance coverage through a state or federal healthcare program, including Medicare, Medicare Part D, Medicare Advantage, Medicaid, Tricare, Veterans Affairs (VA), or Department of Defense (DoD) programs are not eligible for this program; patients who move from commercial to federal health insurance will no longer be eligible.
- Patients who purchased their prescription drug insurance through a Health Insurance Exchange (also known as a Health Insurance Marketplace or Small Business Health Options Program (SHOP) Marketplace) are currently eligible.
- Patients or their guardian must be 18 years of age or older.
- The ORENCIA Co-pay Assistance Card must be presented at the pharmacy, along with a valid prescription for ORENCIA, at the time of purchase.
- For eligible commercially insured patients, the patient pays \$5 out-of-pocket drug cost per one-month supply and the program covers a maximum of \$15,000 in co-pays per calendar year (excluding certain dispensing costs).
- The Co-pay Assistance Card benefit includes 13 uses per calendar year, up to a maximum benefit of \$15,000.
- The Co-pay Card must be activated before use and expires at the end of the calendar year following activation. Upon expiration, eligible patients may re-enroll in the Co-pay Card Program using the same card.
- Program payments are for the benefit of the patient only.
- Patients, guardians, pharmacists, and healthcare prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer.
- Your acceptance of this offer confirms that this offer is consistent with your insurance and that you will report the value received as may be required by your insurance provider.
- Offer valid only in the United States and Puerto Rico; void where prohibited by law, taxed or restricted.
- The Co-pay Card is not transferable and is limited to 1 per patient. This offer may not be combined with any other rebate/coupon, free trial or similar offer.
- The Co-pay Card may not be sold, purchased, traded or counterfeited. Reproductions of the Co-pay Card are void.
- No membership fees.
- This offer is not conditioned on any past, present or future purchase, including refills.
- **The ORENCIA Co-pay Assistance Card is not insurance.**
- Bristol Myers Squibb reserves the right to rescind, revoke, or amend this offer at any time without notice.