

TERMS AND CONDITIONS FOR THE ORENCIA[®] (abatacept) COPAY PROGRAM FOR SELF-INJECTION

Eligibility, Terms, and Conditions

- Eligible patients must be appropriate adult patients (18 years of age or older) for the treatment of moderate to severely active RA.
- Eligible patients must have commercial insurance that pays for ORENCIA[®] (abatacept). Savings are not applicable to out-of-pocket expenses of \$5 or less.
- 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.
- Patients enrolled in Medicare, Medicare Part D, Medicare Advantage, Medicaid, Tricare, Veterans Affairs (VA), Department of Defense (DoD), other state- or federally-funded programs, or where otherwise prohibited by law are not eligible for this program.
- Patients who move from commercial to federally-funded insurance will no longer be eligible for the program.
- Federally-funded commercial insurance plans are NOT eligible.
- The ORENCIA Copay Assistance Card is not insurance. The card must be presented at the pharmacy along with a valid prescription for ORENCIA for self-injection, at the time of purchase.
- Patient pays \$5 out-of-pocket drug cost per one month supply with no monthly benefit limit.
- Copay Assistance Card benefit includes 12 uses per calendar year, up to a maximum benefit of \$8,000.
- This offer is valid in the United States, excluding where it is prohibited by law.
- BMS reserves the right to modify or terminate this offer, or the program in its entirety, at any time.
- Other restrictions and exclusions may apply; please refer to THE ORENCIA[®] (abatacept) COPAY PROGRAM brochure for self-injection for Terms and Conditions.

REIMBURSEMENT OPTION

If your pharmacy does not accept your ORENCIA[®] (abatacept) Copay Assistance Card, you can still receive the same benefits using the provided rebate form.

- Complete the reimbursement form provided in your Copay Assistance Card package.
- Enclose the original pharmacy receipt. *(A valid receipt should include your name, the name of the medicine you purchased, the date, and the amount you paid.)* Be sure to circle:
 - ORENCIA[®] (abatacept)
 - date of purchase
 - amount you paid
 - medication quantity
- Include a photocopy of your Copay Assistance Card.
- Enclose the original receipt and photocopy of your Copay Assistance Card in the pre-paid reimbursement form, seal all 3 sides and place in the mail.

ORENCIA[®] (abatacept) FOR INITIAL IV INFUSION REIMBURSEMENT OPTION

Eligible patients can also get help with their out-of-pocket drug costs for the initial intravenous dose of ORENCIA[®] (abatacept) for infusion.

- The purpose of this program is to assist patients with out-of-pocket drug cost for the initial infusion of ORENCIA[®] (abatacept). Only the drug cost of the ORENCIA copay is eligible for reimbursement, NOT the cost of the infusion.
- Eligible patients must be appropriate adult patients for the treatment of moderate to severely active rheumatoid arthritis.
- Eligible patients must have commercial insurance that pays for ORENCIA. Savings are not applicable to out-of-pocket expenses of \$5 or less.
- 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.
- Patients enrolled in Medicare, Medicare Part D, Medicare Advantage, Medicaid, Tricare, Veterans Affairs (VA), Department of Defense (DoD), other state- or federally-funded programs, or where otherwise prohibited by law are not eligible for this program.
- Federally-funded commercial insurance plans are NOT eligible.
- Patients who move from commercial to federally-funded insurance will no longer be eligible for the program.
- Program benefit is limited to a single date of service.
- All coverage requirements mandated by the insurance company of the eligible patient must be satisfied in order for the program to take effect.
- Proof required for reimbursement must be a valid Explanation of Benefits (EOB) with ORENCIA J Code specific information.
- EOB must be submitted regardless of assigned J Code value.
- EOB must be submitted within 90 days post-infusion to receive benefit.
- This offer is valid in the United States, excluding where it is prohibited by law.
- BMS reserves the right to modify or terminate this offer, or the program in its entirety, at any time.
- Other restrictions and exclusions may apply; please refer to THE ORENCIA[®] (abatacept) COPAY PROGRAM brochure for self-injection for Terms and Conditions.