

## BMS Access Support® Co-Pay Assistance Program Terms & Conditions

[Program for AUGTYRO™ (repotrectinib), IDHIFA® (enasidenib), INREBIC® (fedratinib), KRAZATI® (adagrasib), ONUREG® (azacitidine) tablets, POMALYST® (pomalidomide), REVLIMID® (lenalidomide), SPRYCEL® (dasatinib), & THALOMID® (thalidomide)]

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

### 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, CHAMPVA, 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 or their guardian must be 18 years of age or older.
- Patients must live in the United States or US Territories.
- Eligible patients with an activated co-pay card and a valid prescription may pay as little as \$0 per one-month supply; monthly, annual, and/or per-claim maximum program benefits may apply; max benefits and co-pay redemption methods may vary from patient to patient and over time, depending on the terms of a patient's prescription drug plan and to ensure that the funds are used for the benefit of the patient, based on factors determined solely by Bristol Myers Squibb.
- Some prescription drug plans have established programs referred to as "co-pay maximizer" programs. A co-pay maximizer program is one in which the amount of the patient's out-of-pocket costs is adjusted to reflect the availability of support offered by a co-pay support program. Patients enrolled in co-pay maximizer programs may receive program benefits that vary over time to ensure the program funds are used for the benefit of the patient.

### Program Timing

- Patients will be evaluated for ongoing eligibility to continue enrollment in the program. In the event patients experience a change in insurance coverage or BMS makes changes to the copay assistance program, patients may be required to re-enroll into the program and provide updated insurance information to determine eligibility.

### Additional Terms and Conditions of Program

- 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 as may be 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 US Territories. Void where prohibited by law, taxed, or restricted. For **REVLIMID® (lenalidomide)** and **SPRYCEL® (dasatinib)**, offer not available to or valid for Massachusetts residents or California residents unless the California resident has completed step therapy or prior authorization as required by the individual's health insurance.
- **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. Other limitations may apply.
- 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.

**BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.**