

## BMS Access Support® Co-Pay Assistance Program Terms & Conditions for AUGTYRO™ (repotrectinib) and KRAZATI® (adagrasib).

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.

### Patient Eligibility:

- 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.

### Program Benefits:

- 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 and vary from patient to patient, 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.
- **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.

## Terms & Conditions for AUGTYRO™ (repotrectinib) and KRAZATI® (adagrasib) Free Trial Offer

### Eligibility Requirements:

- Patients must be new patients who have not previously received a sample or filled a prescription for AUGTYRO™ or KRAZATI® who have enrolled in the Program.
- Patients must have a valid prescription for AUGTYRO™ or KRAZATI® for an on-label indication.
- Patients are 18 years of age or older.
- Patients are residents of the United States or US Territories

### Terms of Use:

- Eligible patients with a valid prescription for AUGTYRO™ can receive up to a 29-day supply of AUGTYRO™. Eligible patients with a valid prescription for KRAZATI® can receive up to a 30-day supply of KRAZATI®. Patient is responsible for applicable taxes, if any.
- This offer is limited to one use per patient per lifetime and is non-transferrable. By redeeming this offer, you certify that you have not previously filled a prescription or received a free sample for AUGTYRO™ or KRAZATI®.
- This free trial 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 Free Trial of AUGTYRO™ or KRAZATI® from health insurance or any third party, including state or federally funded programs.
- Patients may not count the Free Trial of AUGTYRO™ or KRAZATI® 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.
- This free trial offer is not health insurance.

## Terms & Conditions for AUGTYRO™ (repotrectinib) and KRAZATI® (adagrasib) Bridge Program

### Eligibility Requirements:

- This offer is available to commercially insured patients being treated with AUGTYRO™ or KRAZATI® for an FDA-approved indication who have enrolled in the Program.
- 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.
- If a coverage determination is delayed for more than five (5) calendar days, the patient will be provided AUGTYRO™ or KRAZATI® at no cost until coverage is received, a prior authorization is denied and appealed, or for two months, whichever is earlier.
- An appeal of any prior authorization denial must be made within 10 days to remain in the Program.
- Program reserves the right to re-verify patient's insurance coverage at any point during the patient's participation in the Program.
- For patients whose insurance changes during Program participation and otherwise remain eligible, a new prior authorization needs to be submitted.

- 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.
- No claim for reimbursement for product dispensed pursuant to this offer may be made to any third-party payer.
- This offer is limited to one use per patient per lifetime and is non-transferrable.
- This offer is not conditioned on any past, present, or future purchase, including refills.
- Only valid in the United States and US Territories; this offer is void where restricted or prohibited by law.