

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

[Program for IDHIFA® (enasidenib), INREBIC® (fedratinib), ONUREG® (azacitidine) tablets, POMALYST® (pomalidomide), REVLIMID® (lenalidomide), & 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 Puerto Rico.
- Eligible patients with an activated co-pay card and a valid prescription may pay as little as \$0 per one-month supply, subject to a maximum benefit of \$15,000 per calendar year (excluding certain dispensing costs).

Program Timing

- The enrollment period is one calendar year.

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 Puerto Rico. Void where prohibited by law, taxed, or restricted. For REVLIMID® (lenalidomide), 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.
- 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.