

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

[Program only available for EMLICITI® (elotuzumab), OPDIVO® (nivolumab), OPDIVO® (nivolumab) + YERVOY® (ipilimumab), Opdualag™ (nivolumab and relatlimab-rmbw), YERVOY® (ipilimumab)], ABRAXANE® for Injectable Suspension (paclitaxel protein-bound particles for injectable suspension) (albumin-bound) & REBLOZYL® (luspatercept-aamt)]

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 insurance, but their coverage does not cover the full cost of their prescribed Bristol Myers Squibb (BMS) medication. Co-pay assistance is not valid where the entire cost of the medication is reimbursed by insurance.
- Patients are not eligible if they participate in any state or federal healthcare program including Medicaid, Medicare, Medigap, CHAMPVA, TriCare, Veterans Affairs (VA), or Department of Defense (DoD), or any state, patient, or pharmaceutical assistance program. Patients who move from commercial insurance to a state or federal healthcare program 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:

- For eligible commercially insured patients, the patient may pay as little as \$0 per infusion.
- This Program will cover the co-pay for each dose of a BMS medication, up to a set maximum annual benefit per BMS medication during a calendar year. Maximum annual benefit may vary from product to product. Patients are responsible for any costs that exceed the Program's maximum annual benefit per BMS medication.
- In order to receive the Program benefits, the patient or provider must submit an Explanation of Benefits (EOB) form or a Remittance Advice (RA). The submitted form must include the name of the insurer, plan information, and show that the BMS medication supported by this Program was the medication that was given. The form must be submitted within 180 days of the date the claim was processed.
- The Program may apply retroactively to out-of-pocket expenses that occurred within 180 days prior to the date of the enrollment. These benefits are subject to the 12-month Program maximum.
- The Program benefits are limited to the co-pay costs for BMS medications covered by this Program that the patient receives as an outpatient. The Program will not cover and shall not be applied toward the cost of any dosing procedure, any other healthcare provider service, supply charges or other treatment costs, or any costs associated with a hospital stay.
- All Program payments are for the benefit of the patient only.

### 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 healthcare providers must not seek reimbursement from health insurance or any third party for any part of the benefits received by the patient through this Program. Patients must not seek reimbursement from any health savings, flexible spending, or other healthcare reimbursement accounts for the amount of assistance received from the Program.
- 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.
- The Program benefits are not transferable and is limited to one (1) per patient, per medication. This offer cannot be combined with any other offer, rebate, coupon or free trial.
- Only valid in the United States and US Territories; this offer is void where prohibited by law, taxed, or restricted.
- **For ABRAXANE® for Injectable Suspension (paclitaxel protein bound particles for injectable suspension) (albumin-bound):** This offer is 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 benefits are nontransferable.
- No membership fees.
- This Program is not conditioned on any past, present, or future purchase, including additional doses.
- **The Program is Not Insurance.**
- Bristol Myers Squibb reserves the right to rescind, revoke, or amend this offer at any time without notice.