

ORENCIA® (abatacept) Commence Rx™ Terms & Conditions

1. This offer is available to eligible commercially insured subcutaneous ORENCIA patients only.
2. Patients who have prescription insurance coverage through Medicare, Medicaid, or another federal or state healthcare program, or who are residents of Puerto Rico, are not eligible.
3. Available only for patients being treated with subcutaneous ORENCIA for an FDA-approved indication.
4. If a coverage determination is delayed for more than ten (10) business days, the patient will be provided subcutaneous ORENCIA at no cost until coverage is received or for up to one year, whichever is earlier. To remain in the program, appeal of any prior authorization denial must be made within 30 days. If a prior authorization is denied and not appealed, patients will be ineligible to remain in the program.
5. Patients continuing into the following year will be re-verified for eligibility in January. For patients whose insurance coverage changes during the course of program participation and otherwise remain eligible, a new prior authorization needs to be submitted.
6. Program reserves the right to re-verify patient's insurance coverage at any point during the patient's participation in the program.
7. No claim for reimbursement for product dispensed pursuant to this offer may be made to any third-party payer.
8. This offer is not conditioned on any past, present, or future purchase, including refills.
9. Valid only in the U.S. Not valid in Puerto Rico.
10. ***This offer is not health insurance.***
11. Other restrictions may apply.
12. Bristol Myers Squibb reserves the right to rescind, revoke, or amend this offer at any time without notice.