

# ORENCIA® (abatacept) Commence Rx Terms & Conditions

1. This offer is available to eligible commercially insured new subcutaneous ORENCIA patients only.
2. Patients who have prescription insurance coverage through Medicare, Medicaid, or any other federal or state healthcare program, or who are residents of Massachusetts and Michigan, are not eligible. Offer is available for no more than 6 months to residents of Minnesota and Rhode Island.
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, a prior authorization is denied and not appealed, or for one year, whichever is earlier.
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.
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.