

TREMFYA withMe Savings Program

for eligible patients using commercial insurance

Pay as little as \$0 per dose

Program provides:

- ✔ **Medicine Cost Support** (for all eligible patients prescribed TREMFYA®)
- ✔ **Treatment Administration Cost Support**
(only for eligible patients prescribed a TREMFYA® infusion)
 - Program may cover your out-of-pocket costs for TREMFYA® administration and eligible laboratory tests

Maximum program benefit per calendar year shall apply. Offer subject to change or end without notice. Participate without sharing your income information. See program requirements on the following pages.

Get savings on your out-of-pocket costs for TREMFYA®. Savings may apply toward co-pay, co-insurance, or deductible.



1. Get started

Express Enrollment Available



MyJanssenCarePath.com/express

Once enrolled, receive an electronic Savings Program card that can be saved to your digital wallet on your mobile device

2. How to use the Savings Program

How the Savings Program can be used depends on the insurance you use to pay for your treatment:



If you use your **pharmacy/prescription insurance** to pay for your medicine from a pharmacy:

You may provide your Pharmacy Claims Information (Group #, BIN #, and Member ID #) to the pharmacy to receive instant savings off the cost of your medicine.



If you use your **medical/primary insurance** to pay for your medicine (and your treatment administration costs if you're prescribed an infusion) through your doctor or treatment provider:

- 1. Receive Your Treatment:** After receiving treatment with TREMFYA®, your provider will submit a claim to your insurance company. Depending on your insurance coverage, a co-pay may or may not be collected at the time of treatment. If you are required to pay a co-pay, keep proof of payment and submit with your rebate request
- 2. Explanation of Benefits (EOB):** You and your provider will receive an EOB statement from your health insurance company
- 3. Submit Your EOB (and proof of payment, if applicable):** You are responsible for submitting the required document(s) to the TREMFYA withMe Savings Program, or you can ask your provider to submit it on your behalf. You can submit your document(s) online at MyJanssenCarePath.com
- 4. Get Your Rebate:** The TREMFYA withMe Savings Program reviews your EOB (and proof of payment, if applicable) and issues a rebate to you in one of the following ways, depending on the required documents submitted: to a Virtual Payment Card that you will get upon approval of your initial rebate request or to you by check if you have paid in full with a personal form of payment. Rebate may also be issued to your provider if you have assigned your benefits to them and your provider submits the required documents

NOTE: Your Virtual Payment Card can be used only for TREMFYA® treatment costs. **Your card is not a credit card.** There is no charge for your card.

Please read the full [Prescribing Information](#) and [Medication Guide](#) for TREMFYA® and discuss any questions you have with your doctor.

With an online account, you can manage your Savings Program benefits



- View your Savings Program information for pharmacy claims (BIN #, Group #, Member ID #) and medical claims
- Submit your EOB and proof of payment, if applicable
- Review, track, and manage your Savings Program payments and available savings
- Sign up to receive timely updates and information about TREMFYA®

If for any reason your provider or pharmacy cannot process your requests, please call us at 833-WITHME1 (833-948-4631). You may be able to submit a [Rebate Form](#) to receive a check. Proof of payment required.

How to submit a rebate request

You can submit your EOB online or by fax. If you would like to receive a rebate check payable to you by mail, you must complete a [Rebate Form](#) and provide proof of payment.



Online Account:
MyJanssenCarePath.com



Online:
MyJanssenCarePath.com/Submit-Rebate



Fax:
833-512-0495

At your request, your provider can also submit rebate requests to the Savings Program.

Confirm with your provider whether you or your provider will submit rebate requests to the program.

Savings Program Requirements

The TREMFYA withMe Savings Program provides two separate offerings for eligible patients: Medicine Cost Support (for all eligible patients prescribed TREMFYA®) and Treatment Administration Cost Support (only for eligible patients prescribed TREMFYA® infusion).

- **Medicine Cost Support** can help eligible patients **pay \$0 per dose**. Maximum program benefit per calendar year shall apply. Terms expire at the end of each calendar year. Offer subject to change or end without notice. Restrictions, including monthly maximums, may apply.
- **Treatment Administration Cost Support** can help eligible patients save on out-of-pocket costs for:
 - Intravenous infusion of the medicine
 - Required laboratory tests per the product prescribing information

There is a \$2,000 maximum benefit per calendar year for Treatment Administration Cost Support. The patient or healthcare provider is required to submit an Explanation of Benefits (EOB) following each infusion and/or laboratory test to the TREMFYA withMe Savings Program. Terms expire at the end of each calendar year. Offer subject to change or end without notice, including in specific states. Not valid for residents of MA, MN, or RI.

Medicine Cost Support

Am I eligible for Medicine Cost Support?

You may be eligible for the Medicine Cost Support through TREMFYA withMe Savings Program if you are age 18 or older, use commercial or private health insurance for your prescribed TREMFYA®, and must pay an out-of-pocket cost for your medicine. Participate without sharing your income information.

Some health plans have programs or benefit designs known as “accumulators” or “maximizers.” These programs divert patient assistance funds away from patients.

- Accumulators don’t allow patient assistance to count toward the patient’s deductible and out-of-pocket maximum until the maximum value of the patient assistance is reached.
- Maximizers also don’t allow patient assistance to count toward the patient’s deductible and out-of-pocket maximum. Maximizers apply the full value of the patient assistance over the year. This could be either the same amount each month or a larger amount early in the year that tapers off, without allowing any of those funds to count toward the patient’s annual deductible or out-of-pocket maximum.
- The TREMFYA withMe Savings Program is designed solely for the benefit of the patient. Thus, Johnson & Johnson reserves the right to reduce the TREMFYA withMe Savings Program maximum benefit for patients in an accumulator or maximizer program or benefit design, except where prohibited by law.

In addition, some health plans have “non-essential health benefit maximizers” that conflict with the program requirements of the TREMFYA withMe Savings Program.

- These programs or benefit designs, like the services offered by SaveOnSP, classify certain specialty medicines such as TREMFYA® as “non-essential.” This takes away protections for patients provided by the Affordable Care Act (ACA) related to maximum out-of-pocket limits.

Medicine Cost Support (cont'd)

Am I eligible for Medicine Cost Support? (cont'd)

- The TREMFYA withMe Savings Program is designed solely for the benefit of the patient. If your insurance company or health plan partners with SaveOnSP, then except where prohibited by law, you will not be eligible for, and you agree not to use, the TREMFYA withMe Savings Program.
- Please let TREMFYA withMe know if your insurance company or health plan has one of these programs or benefit designs, including SaveOnSP, by calling 833-WITHME1 (833-948-4631) to discuss your options. Since you may not know you are subject to one of these programs or benefit designs when you enroll in TREMFYA withMe, J&J will monitor your utilization.
- J&J reserves the right to discontinue cost support if you no longer meet eligibility requirements.
- If your health plan removes TREMFYA® from its partnership with SaveOnSP or other non-essential health benefit maximizer, you may be eligible to be reinstated in the TREMFYA withMe Savings Program.

By utilizing this Savings Program, you accept and agree to abide by these program requirements. Any individual or entity who enrolls or assists in the enrollment of a patient in the Savings Program represents that the patient meets the eligibility criteria and other requirements described.

Other requirements

- **This program is only for people age 18 or older using commercial or private health insurance who must pay an out-of-pocket cost for their prescribed TREMFYA®. This includes plans from the Health Insurance Marketplace.** This program is not for people who use any state or federal government-funded healthcare program. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration.
- By enrolling in this program, you agree that this program is intended solely for the benefit of you, the patient. You may not seek payment for the value received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account.
- You must meet the program requirements every time you use the Savings Program.
- Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states.
- Program participants are subject to an annual maximum benefit. Program benefits are set at the discretion of J&J and may change without notice.
- Patients who are subject to programs, health plans, or benefits that claim to **reduce** their patients' out-of-pocket co-pay, co-insurance, or deductible obligations for certain prescription drugs based upon the availability of, or patient's enrollment in, manufacturer-sponsored co-pay assistance for such drugs will be subject to a reduced annual maximum program benefit per calendar year (not applicable to patients in Maine).
- Patients who are subject to programs, health plans, or benefits that claim to **eliminate** their out-of-pocket costs are not eligible for the TREMFYA withMe Savings Program, because this program is only for people who must pay an out-of-pocket cost for TREMFYA®.
- Notwithstanding any other term of this program, patients who are members of health plans that partner with SaveOnSP, or who are subject to services administered by SaveOnSP, are not eligible for the TREMFYA withMe Savings Program. If your health plan removes TREMFYA® from its partnership with SaveOnSP, you may be eligible for the TREMFYA withMe Savings Program.
- To use this program, you must follow any health plan requirements, including telling your health plan how much co-payment support you get from this program, if required. By using the Savings Program, you confirm that you have read, understood, and agree to the program requirements on this page, and you are giving permission for information related to your Savings Program transactions to be shared with your healthcare provider(s). These transactions include rebates and any funds placed on the card or balance remaining on the card.
- Before you enroll in the program, you will be asked to provide personal information that may include your name, address, phone number, email address, and/or other information, including information related to your prescription medicine insurance and treatment. This information is needed for Johnson & Johnson Health Care Systems Inc. and our service providers to enroll you in the TREMFYA withMe Savings Program. The use of your information will be governed by our [Privacy Policy](#).
- If you use medical/primary insurance to pay for your medicine, you need to submit a rebate request with an Explanation of Benefits (EOB) to get payment from the Savings Program. With your permission, your provider may submit the rebate request and EOB for you. Please make sure you and your provider know who will submit the rebate request. Rebate requests must be submitted within 365 days of the date of service.
- This program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer. Offer good only in the United States and its territories. Void where prohibited, taxed, or limited by law.

You may end your participation in TREMFYA withMe at any time by calling 833-WITHME1 (833-948-4631).

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Treatment Administration Cost Support

Am I eligible for Treatment Administration Cost Support?

If you have been prescribed TREMFYA® infusion, you may be eligible for Treatment Administration Cost Support through the TREMFYA withMe Savings Program if you are age 18 or older, use commercial or private health insurance for TREMFYA®, and must pay an out-of-pocket cost for your TREMFYA® administration and eligible laboratory tests. Participate without sharing your income information.

By utilizing this Savings Program, you accept and agree to abide by these program requirements. Any individual or entity who enrolls or assists in the enrollment of a patient in the Savings Program represents that the patient meets the eligibility criteria and other requirements described.

Other requirements

- This program is only for people age 18 or older using commercial or private health insurance who must pay an out-of-pocket cost for their TREMFYA® treatment. This includes plans from the Health Insurance Marketplace. This program is not for people who use any state or federal government-funded healthcare program. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration.
- By enrolling in this program, you agree that this program is intended solely for the benefit of you, the patient. You may not seek payment for the value received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account.
- You must meet the program requirements every time you use the Savings Program.
- Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states. Treatment Administration Cost Support is not valid for residents of MA, MN, or RI.
- To use this Treatment Administration Cost Support, you must follow any health plan requirements, including telling your health plan how much co-payment support you get from this program, if required. By using the Savings Program, you confirm that you have read, understood, and agree to the program requirements on this page, and you are giving permission for information related to your Savings Program transactions to be shared with your healthcare provider(s). These transactions include rebates and any funds placed on the card or balance remaining on the card.
- Before you enroll in the program, you will be asked to provide personal information that may include your name, address, phone number, email address, and/or other information, including information related to your prescription medicine insurance and treatment. This information is needed for Johnson & Johnson Health Care Systems Inc. and our service providers to enroll you in the TREMFYA withMe Savings Program. The use of your information will be governed by our [Privacy Policy](#).
- This program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer. Offer good only in the United States and its territories, excluding states noted above. Void where prohibited, taxed, or limited by law.

You may end your participation in TREMFYA withMe at any time by calling 833-WITHME1 (833-948-4631).

Get started at MyJanssenCarePath.com/express



Need
help?

Call **833-WITHME1 (833-948-4631)**
Monday–Friday, 8:00 AM–11:00 PM ET
Visit JanssenCarePath.com/Tremfya

The support and resources provided by TREMFYA withMe are not intended to provide medical advice, replace a treatment plan you receive from your doctor or nurse, or serve as a reason for you to start or stay on treatment.

Please read the full [Prescribing Information](#) and [Medication Guide](#) for TREMFYA® and discuss any questions you have with your doctor.