



Savings Program

for eligible commercially insured patients

Pay \$5 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.

Program does not cover costs to give you your treatment. See program requirements on the following pages.

Get savings on your out-of-pocket medicine costs for your J&J medicine. Depending on your health insurance plan, savings may apply toward co-pay, co-insurance, or deductible.

 Enroll by phone | 833-JNJ-wMe1 (833-565-9631) OR  Enroll online | Account.JNJwithMe.com



How to use your Savings Program benefits


- 1. Receive Your Treatment:** After receiving treatment with DARZALEX®, DARZALEX FASPRO®, TALVEY®, or TECVAYLI®, your provider or pharmacy 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.
- 2. Explanation of Benefits (EOB):** You and your provider will receive an EOB statement from your insurance company.
- 3. Submit Your EOB:** You are responsible for submitting the EOB to the J&J withMe Savings Program, or you can ask your provider to submit it on your behalf. For details, see *How to submit a rebate request* below.
- 4. Get Your Rebate:** The J&J withMe Savings Program reviews your EOB and issues a rebate to your card, to you by check if you have paid in full with another form of payment, or to your provider, if you have assigned your benefits to them.


Your J&J withMe Savings Program Virtual Payment Card can only be used for DARZALEX®, DARZALEX FASPRO®, TALVEY®, and TECVAYLI® medicine costs. **Your card is not a credit card. There is no charge for your card.**

How to submit a rebate request

You can submit your EOB online at Account.JNJwithMe.com/submitrebate, by fax, or by mail. At your request, your provider can also submit rebate requests to the Savings Program.

 **Online:**
Account.JNJwithMe.com/submitrebate

 **Fax:**
833-512-0489

 **Mail:**
J&J withMe Savings Program
2250 Perimeter Park Drive, Suite 300
Morrisville, NC 27560

Confirm with your provider who will submit rebate requests to the program—you or your provider at your request.

Please read the full Prescribing Information for **DARZALEX®** and **DARZALEX FASPRO®** and discuss any questions you have with your doctor. Please read full Prescribing Information, including Boxed Warning, and Medication Guides for **TALVEY®** and **TECVAYLI®** and discuss any questions you have with your doctor.



With a J&J withMe online account, you can manage your Savings Program benefits



- Review your available benefits
- Submit Savings Program requests
- View benefit payment transactions
- Receive timely alerts and program updates

Get started now...

Visit Account.JNJwithMe.com



Need help?

Call **833-JNJ-wMe1** (833-565-9631)
Monday–Friday, 8:00 AM–8:00 PM ET

If you only want to check your eligibility and enroll in the J&J withMe Savings Program, visit Account.JNJwithMe.com/oncology or call 833-JNJ-wMe1 (833-565-9631).

Savings Program Requirements

Am I eligible?

You may be eligible for the J&J withMe Savings Program if you meet the minimum age requirements in product labeling – age 18 or older for TALVEY® and TECVAYLI®, use commercial or private health insurance for your prescribed DARZALEX®, DARZALEX FASPRO®, TALVEY®, or TECVAYLI®, 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 J&J withMe Savings Program is designed solely for the benefit of the patient. Thus, Johnson & Johnson reserves the right to reduce the J&J 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 J&J withMe Savings Program.

- These programs or benefit designs, like the services offered by SaveOnSP, classify certain specialty medicines such as DARZALEX®, DARZALEX FASPRO®, TALVEY®, or TECVAYLI® as “non-essential.” This takes away protections for patients provided by the Affordable Care Act (ACA) related to maximum out-of-pocket limits.
- The J&J 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 J&J withMe Savings Program.
- Please let J&J withMe know if your insurance company or health plan has one of these programs or benefit designs, including SaveOnSP, by calling 833-JNJ-wMe1 (833-565-9631) to discuss your options. Since you may not know you are subject to one of these programs or benefit designs when you enroll in J&J 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 DARZALEX®, DARZALEX FASPRO®, TALVEY®, or TECVAYLI® from its partnership with SaveOnSP or other non-essential health benefit maximizer, you may be eligible to be reinstated in the J&J 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.

(continued)

Please read the full Prescribing Information for **DARZALEX®** and **DARZALEX FASPRO®** and discuss any questions you have with your doctor. Please read full Prescribing Information, including Boxed Warning, and Medication Guides for **TALVEY®** and **TECVAYLI®** and discuss any questions you have with your doctor.

Savings Program Requirements (cont'd)

Other requirements

- This program is only for people who meet the minimum age requirements (see previous page) using commercial or private health insurance who must pay an out-of-pocket cost for their prescribed **DARZALEX**[®], **DARZALEX FASPRO**[®], **TALVEY**[®], or **TECVAYLI**[®]. 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 J&J withMe Savings Program, because this program is only for people who must pay an out-of-pocket cost for **DARZALEX**[®], **DARZALEX FASPRO**[®], **TALVEY**[®], or **TECVAYLI**[®].
- 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 J&J withMe Savings Program. If your health plan removes **DARZALEX**[®], **DARZALEX FASPRO**[®], **TALVEY**[®], or **TECVAYLI**[®] from its partnership with SaveOnSP, you may be eligible for the J&J 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 J&J 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.
- 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 J&J withMe at any time by calling 833-JNJ-wMe1 (833-565-9631).



Need help?

Call **833-JNJ-wMe1** (833-565-9631)

Monday–Friday, 8:00 AM–8:00 PM ET

Multilingual phone support available

Please read the full Prescribing Information for **DARZALEX**[®] and **DARZALEX FASPRO**[®] and discuss any questions you have with your doctor. Please read full Prescribing Information, including Boxed Warning, and Medication Guides for **TALVEY**[®] and **TECVAYLI**[®] and discuss any questions you have with your doctor.