

TREMFYA withMe Access Program

Program Description

Offers eligible patients intravenous induction & subcutaneous TREMFYA® at no cost for up to 3 years or until their commercial insurance covers the medicine. See program requirements below.

Program Requirements

To be eligible, the patient must be age 18 or older and must have:

1. a TREMFYA® prescription for an FDA-approved use to treat ulcerative colitis
2. active commercial insurance with biologics coverage
3. a response from the commercial payer that TREMFYA® is not covered for ulcerative colitis when investigating the patient's insurance benefits **OR** experienced a delay of more than 5 business days or a denial of coverage from the patient's insurance carrier once a prior authorization has been submitted to commercial payer

In addition, for the patient to be eligible, the Prescriber must submit a Patient Enrollment Form along with a TREMFYA® prescription to TREMFYA withMe to receive a coverage determination from the patient's insurance.

The Prescriber must also submit a letter of medical necessity or appeal to the patient's pharmacy insurance within 90 days of when the patient receives their first subcutaneous maintenance dose of TREMFYA® to remain eligible for the program.

The patient is not eligible if:

1. patient uses any state or federal government-funded healthcare program to cover medicine costs. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration
2. coverage is denied due to missing information on prior authorization or coverage determination form
3. patient is approved for commercial coverage of TREMFYA®
4. a provider has not submitted a letter of medical necessity or appeal within 90 days of when the patient receives their first subcutaneous maintenance dose

The program requires a periodic check of the patient's insurance coverage status to confirm their continued eligibility. The patient remains eligible for up to 3 years or until their commercial insurance covers the medicine.

The program covers the cost of the medicine only—not associated administration costs. Program is good only in the United States and its territories. Void where prohibited, taxed, or limited by law. The program may change or end at any time, including in specific states.

Please see the full [Prescribing Information](#) and [Medication Guide](#) for TREMFYA®, also available at [JanssenCarePath.com](#). Provide the Medication Guide to your patients and encourage discussion.

Other requirements

- This program is only for people age 18 or older using commercial or private health insurance for 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
- Patients 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
- Patients must meet the program requirements every time they use the TREMFYA withMe Access Program

The patient may end their participation in the TREMFYA withMe Access Program at any time by calling 833-WITHME1 (833-948-4631).

The patient support and resources provided by TREMFYA withMe are not intended to give medical advice, replace a treatment plan from the patient's healthcare provider, offer services that would normally be performed by the provider's office, or serve as a reason to prescribe TREMFYA®.

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