

# Here's your TREMFYA withMe Savings Program Card for TREMFYA®



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

**Pharmacists: Please see below for processing instructions.**

**Non-Transferable. Patient must submit a valid prescription.**

**Patient:** Present this offer along with a signed prescription for TREMFYA®. You must meet the program requirements every time you use the card. By using the Savings Program card, you confirm that you have read, understood, and agree to the program requirements shown below and at [TREMFYAwithMeSavings.com](#). This offer is provided to you as a service by Janssen Biotech, Inc. Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states. 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 Janssen medication. 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. 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. Patients who are members of health plans (often termed “maximizer” or “optimizer” programs) that claim to reduce or eliminate 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 have a \$6,000 annual maximum program benefit per calendar year (not applicable to patients in Maine). If you have enrolled in one of these plans, please inform TREMFYA withMe at 833-withMe1 (833-948-4631). 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.

**Pharmacist:** For insured patients, process a Coordination of Benefits (COB/split bill) claim using the patient’s prescription insurance for the PRIMARY claim. Submit SECONDARY claim to PDM under BIN #610020. You will be reimbursed for the face value of the offer plus a dispensing fee, provided you and the customer have complied with the terms of this offer. Cash value: 1/20¢. No alterations of this offer will be accepted. Out-of-pocket cost assistance may not exceed patient’s out-of-pocket cost or amount set by the program’s limits, whichever is less. **For questions regarding setup, claim transmission, patient eligibility, enrollment, or other issues, call 855-846-9684, Monday–Sunday, 8:00 AM–12:00 AM ET.**

Offer valid only for the product indicated. Any other use may constitute fraud. The selling, purchasing, trading, or counterfeiting of this card is prohibited by federal law, and such activities may result in imprisonment for not more than 10 years or fines not more than \$250,000, or both. OFFER CANNOT BE COMBINED WITH ANY OTHER COUPON, DISCOUNT, PRESCRIPTION SAVINGS CARD, FREE TRIAL, OR OTHER OFFER. Customer is responsible for any sales tax. Tax charged on pre-offer price where required. This offer may not be redeemed for cash. Offer good only in the United States and its territories. Void where prohibited, taxed, or limited by law.

Information about your insurance coverage, cost support options, and treatment support is given to you by service providers for TREMFYA withMe via Janssen CarePath. The information you get does not require you to use any Janssen product. TREMFYA withMe cost support is not for patients in the Johnson & Johnson Patient Assistance Foundation.