J&J withMe

PREZISTA® (darunavir) tablets
PREZCOBIX® (darunavir/cobicistat) 800mg/150mg, 675mg/150mg tablets
PREZCOBIX® PED (darunavir/cobicistat) 600mg/90mg tablets for oral suspension
EDURANT® (rilpivirine) tablets
INTELENCE® (etravirine) tablets
Symtuza® darunavir/cobicistat/emtricitabine/tenofovir alafenamide tablets 800mg/150mg/200mg/10mg

Savings Program

for eligible commercially insured patients

Pay $0 per fill

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. For PREZISTA, offer not valid for residents of CA or MA or for prescriptions filled in CA or MA. See program requirements on the following pages.

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

Enroll and get a card

Text "SAVINGS" to 89633
(message and data rates may apply*)

OR

Express Enrollment
Account.JNJwithMe.com

Check eligibility, enroll, and receive an electronic Savings Program card that can be saved to your digital wallet on your iPhone or Android device.

You can use your Savings Program card when filling your prescription at a retail or mail-order pharmacy. If for any reason your pharmacy cannot process your card, please submit a **Rebate Form** to receive a check.

You can also create a personalized J&J withMe Account at Account.JNJwithMe.com where you can:

- Enroll in the J&J withMe Savings Program
- View and manage your Savings Program benefits
- Learn about your insurance coverage
- Sign up for treatment support

If you enroll in the Savings Program via Mobile or Express Enrollment, you will not be able to view and manage your Savings Program benefits until you create an account at **Account.JNJwithMe.com**.

Care Team members, such as Providers and Pharmacists, can enroll patients in the Savings Program at **Portal.JNJwithMe.com**.

*See **Terms** and **Privacy Statement**.

The support and resources provided by J&J 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 see full Prescribing Information, including Boxed Warning and Patient Information for SYMTUZA, and discuss any questions you have with your doctor.

Please read full Prescribing Information for PREZISTA, PREZCOBIX, PREZCOBIX PED, EDURANT, and INTELENCE, and discuss any questions you have with your doctor.

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J&J withMe Savings Program Requirements

Am I eligible?

You may be eligible for the J&J withMe Savings Program if you are prescribed SYMTUZA, PREZISTA, PREZCOBIX, PREZCOBIX PED, EDURANT, or INTELENCE for an FDA-approved indication, use commercial or private health insurance for your prescribed SYMTUZA, PREZISTA, PREZCOBIX, PREZCOBIX PED, EDURANT, or INTELENCE, 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 SYMTUZA, PREZISTA, PREZCOBIX, PREZCOBIX PED, EDURANT, or INTELENCE 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 866-836-0114 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 SYMTUZA, PREZISTA, PREZCOBIX, PREZCOBIX PED, EDURANT, or INTELENCE 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 on next page)

Please see full Prescribing Information, including Boxed Warning and Patient Information for SYMTUZA, and discuss any questions you have with your doctor.

Please read full Prescribing Information for PREZISTA, PREZCOBIX, PREZCOBIX PED, EDURANT, and INTELENCE, and discuss any questions you have with your doctor.

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J&J withMe Savings Program Requirements (cont'd)

Other requirements

- **This program is only for people who are prescribed SYMTUZA, PREZISTA, PREZCOBIX, PREZCOBIX PED, EDURANT, or INTELENCE for an FDA-approved indication, using commercial or private health insurance who must pay an out-of-pocket cost for their prescribed SYMTUZA, PREZISTA, PREZCOBIX, PREZCOBIX PED, EDURANT, or INTELENCE. 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. For PREZISTA, offer not valid for residents of CA or MA or for prescriptions filled in CA or MA.
- 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 SYMTUZA, PREZISTA, PREZCOBIX, PREZCOBIX PED, EDURANT, or INTELENCE.
- 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 SYMTUZA, PREZISTA, PREZCOBIX, PREZCOBIX PED, EDURANT, or INTELENCE 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., our affiliates, 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 Statement**.
- If your pharmacy can't process your Savings Program card, you may still be able to receive a rebate by submitting a 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, excluding states noted above. Void where prohibited, taxed, or limited by law.

You may end your participation in J&J withMe at any time by calling 866-836-0114.

Need help?

Call **866-836-0114**
Monday–Friday, 8:00 AM–8:00 PM ET
Multilingual phone support available

Please see full Prescribing Information, including Boxed Warning and Patient Information for SYMTUZA, and discuss any questions you have with your doctor.

Please read full Prescribing Information for PREZISTA, PREZCOBIX, PREZCOBIX PED, EDURANT, and INTELENCE, and discuss any questions you have with your doctor.

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