

# IMAAVY withMe Savings Program

For eligible patients using commercial or private insurance

**Your eligible patients pay as little as \$0 per infusion**

**Program consists of:**

- ✓ **Medicine Cost Support**
- ✓ **Treatment Administration Cost Support**

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. Patients can participate without sharing their income information. See program requirements at [IMAAVYwithMeSavings.com](http://IMAAVYwithMeSavings.com).



**Your patients enrolled in the IMAAVY withMe Savings Program can receive support for their out-of-pocket IMAAVY™ costs, including treatment administration costs for certain IMAAVY™ infusion administration and related monitoring costs. Eligible commercial patients pay as little as \$0 per infusion.**

How It Works	Medicine Cost Support	Treatment Administration Cost Support
Patient MUST have been prescribed IMAAVY™ for an FDA-approved use	✓	✓
Patient must have commercial or private insurance to pay for their IMAAVY™ treatment	✓	✓
The patient or healthcare provider (HCP) is required to submit an Explanation of Benefits (EOB) that shows patient received IMAAVY™. An EOB is not required if using an Electronic Health Record (EHR)	✓	✓
Patient must be able to demonstrate an out-of-pocket cost for IMAAVY™ medicine	✓	
Patient is prescribed IMAAVY™, is not a resident of MA, MN, or RI, and has out-of-pocket costs for certain IMAAVY™ infusion administration and related monitoring costs per the product Prescribing Information		✓

Patients may be eligible for Treatment Administration Cost Support whether their commercial or private insurance covers the cost of IMAAVY™ medicine, or if they are using the IMAAVY withMe Access Program because their insurance coverage for IMAAVY™ medicine is delayed or denied.

The patient support and resources provided by IMAAVY 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 IMAAVY™.

**Additional program criteria may apply. See next page for more details, or visit [IMAAVYwithMeSavings.com](http://IMAAVYwithMeSavings.com).**



## Patients Can Save on Certain IMAAVY™ Infusion Administration and Monitoring Costs

Treatment Administration Cost Support can help eligible patients save on certain out-of-pocket costs for infusion administration and related monitoring. There is a savings limit per infusion and a \$7,000 maximum benefit per calendar year for Treatment Administration Cost Support. 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.\*

### How to Submit a Savings Program Request

If medical/primary insurance is used for treatment, the patient or healthcare provider is required to submit an Explanation of Benefits (EOB) following each infusion to the IMAAVY withMe Savings Program to receive a rebate. Payment can only be remitted directly to the HCP if an IMAAVY withMe Savings Program Patient Assignment of Benefits (AOB) is on file.

Rebate requests may be submitted by the HCP or patient.

#### Healthcare Provider Submission

If AOB is on file 48 hours prior to claim submission, HCP can be reimbursed through electronic fund transfer (EFT) or check.

- 1 **Submitting via EHR?** Utilize your Electronic Health Record (EHR) system to submit electronic medical claims and be reimbursed. For questions or assistance, please contact your Field Reimbursement Manager.
- 2 **Submitting digitally?** Utilize the Provider Portal to submit EOB and medical claims form to be reimbursed.
- 3 **Submitting manually?** Submit EOB and medical claims form via fax to be reimbursed.

#### Patient Submission

If no AOB is on file, patient can be reimbursed either through virtual payment card (VPC) or by check if the patient has paid in full with a personal form of payment. If AOB is on file, payment may be sent directly to the HCP.

- 1 **Submitting digitally?** Patients can submit the Explanation of Benefits and proof of payment, if applicable, online for a rebate to be issued to the VPC or to the patient by check.
- 2 **Submitting manually?** Patients can submit the Explanation of Benefits and proof of payment, if applicable, via fax or mail for a rebate to be issued to the VPC or to the patient by check.

VPC can be used only for IMAAVY™ treatment costs.



**Provider Portal/Provider Express**  
[Portal.JNJwithMe.com](https://Portal.JNJwithMe.com)



**Fax/eFax**  
833-227-0907



**Online for Patients**  
[Account.JNJwithMe.com/submitrebate](https://Account.JNJwithMe.com/submitrebate)



Data rates may apply.

**Need to enroll a patient in IMAAVY withMe?**  
**[Visit Portal.JNJwithMe.com](https://Portal.JNJwithMe.com)**

**\*For more information, visit**  
**[IMAAVYwithMeSavings.com](https://IMAAVYwithMeSavings.com)**

**Please read the full [Prescribing Information](#) and [Medication Guide](#) for IMAAVY™.**  
**Provide the Medication Guide to your patients and encourage discussion.**