J&J withMe

Tremfya (guselkumab) | imaavy (nipocalimab-aahu) | ICOTYDE (icotrokinra) | Stelara (ustekinumab) | Ustekinumab

Remicade (infliximab) | Infliximab | Simponi (golimumab) | Simponi ARIA (golimumab for infusion)

Savings Program Rebate Request – Instructions

1 Confirm that you are enrolled in the Savings Program

By calling **844-4withMe (844-494-8463)** Online at **Account.JNJwithMe.com**

2 Collect required documents

Medical Rebates (if you received medicine from your doctor):

- Explanation of Benefits (EOB) from patient's primary insurance provider (as well as any secondary insurance provider, if applicable)
- A receipt from patient's treatment provider indicating proof of patient's out-of-pocket cost for their medicine from Johnson & Johnson. A valid receipt will include patient name, medicine (name, J code, or NDC #), date, and the amount paid out of pocket for patient medicine
  - If patient does not have proof of payment (receipt) for the submitted claim, patient must collect a signature from their treatment site representative as proof of payment

Pharmacy Rebates (if you received medicine from specialty pharmacy):

- Copy of the pharmacy receipt
  - A valid receipt will include patient name, medicine (name, J code, or NDC#), date, and amount paid for patient's medicine
  - If patient's receipt includes a prescription number and does not include J&J medicine name, also include a copy of patient's prescription label from the medicine carton

3 Submit rebate request online or by mail

Submit Online

Complete the online form and upload the required documents.

Have a J&J withMe account? Sign in at **Account.JNJwithMe.com**

Don't have an account? Visit **Account.JNJwithMe.com/submit-rebate**

Submit by Mail

Complete the form on the next page and mail with the required documents to:

2250 Perimeter Park Drive, Suite 300
Morrisville, NC 27560

Rebate requests must be submitted within 365 days of date of service.

You will receive your rebate check in about 3 weeks.

For assistance or additional information, call 844-4withMe (844-494-8463), Monday–Friday, 8:00 AM–8:00 PM ET.

Please read the full Prescribing Information for TREMFYA, IMAAVY, ICOTYDE, STELARA, and Ustekinumab, and Medication Guides for TREMFYA, IMAAVY, ICOTYDE, STELARA, and Ustekinumab, and discuss any questions you have with your doctor.

Please read the full Prescribing Information, including Boxed Warning, for REMICADE, Infliximab, SIMPONI, and SIMPONI ARIA, and Medication Guides for REMICADE, Infliximab, SIMPONI, and SIMPONI ARIA, and discuss any questions you have with your doctor.

Savings Program Rebate Request – Form (only for rebate submissions by mail)

These programs are only for people who are prescribed a medicine from Johnson & Johnson for an FDA-approved indication, using commercial or private health insurance who must pay an out-of-pocket cost for their medicine, and, if applicable, eligible laboratory tests, related monitoring, and/or infusion administration. This includes plans from the Health Insurance Marketplace.

By submitting this form, you confirm that you/the patient:
has enrolled in the Savings Program from J&J; has a Savings Program member ID number; and meets the program requirements of the Savings Program, which can be found at: **TREMFYA (guselkumab)** / **IMAAVY (nipocalimab-aahu)** / **ICOTYDE (icotrokinra)** / **STELARA (ustekinumab)** / **REMICADE (infliximab)** / **SIMPONI (golimumab)** / **SIMPONI ARIA (golimumab)**

Complete the information below. *Required
The information you provide will be used by Johnson & Johnson Health Care Systems Inc., our affiliates, and our service providers for the patient's participation in the Savings Programs from J&J. Our **Privacy Statement** governs the use of the information you provide. By participating in the Savings Programs from J&J, you are giving permission for information related to your Savings Program transactions, including rebates and any funds placed on or balance remaining on the Savings Program card, to be shared with your healthcare provider(s).

☐ *By providing consent, you agree to the collection and use of your/the patient's Sensitive Personal Information (SPI). Examples of SPI may include, but are not limited to, health-related information. We use this information consistent with our Privacy Statement, including to personalize the information you receive, fulfill any requests you submit, and to research, develop, and improve our products and services.

***Select medicine below:**

☐ TREMFYA ☐ IMAAVY ☐ ICOTYDE ☐ STELARA ☐ Ustekinumab ☐ REMICADE ☐ Infliximab ☐ SIMPONI ☐ SIMPONI ARIA

*Name _____ Email _____ *Phone _____

Sex ☐ Male ☐ Female

*Member ID # (found on the front of your Savings Program card) _____ *Date of Birth (mm/dd/yyyy) _____

*Address _____ *City _____ *State _____ *ZIP _____

*Patient Signature (If the patient cannot sign, patient's legally authorized representative must sign below) _____ *Patient Name (Please print) _____ *Date _____

Legally Authorized Representative Signature _____ Representative Name (Please print) _____ Date _____

Relationship to patient and authority to make medical decisions for patient _____

ONLY COMPETE THIS SECTION IF YOU DO NOT HAVE PROOF OF PAYMENT (receipt)

TO BE COMPLETED BY TREATMENT SITE REPRESENTATIVES (for Medical Rebates only):

By signing below, you are confirming the patient has paid for his/her out-of-pocket medicine costs and was treated with the medicine from J&J on the date of service indicated below. *Required

*Site Representative Signature _____ *Site Representative (Print Name) _____ *Date _____

*Medicine Name _____ *Treatment Site Name/Location _____ *Date of Service _____

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Please read the full Prescribing Information, including Boxed Warning, for REMICADE, Infliximab, SIMPONI, and SIMPONI ARIA, and Medication Guides for REMICADE, Infliximab, SIMPONI, and SIMPONI ARIA, and discuss any questions you have with your doctor.

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