J&J withMe

RYBREVANT Faspro™ (amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 1,600 mg/20,000 units | 2,240 mg/28,000 units

RYBREVANT® (amivantamab-vmjw)
Injection for IV Use | 350 mg/7 mL (50 mg/mL)

LAZCLUZE® (lazertinib)
Tablets | 240 mg/80 mg

When used in combination with either RYBREVANT *FASPRO* or RYBREVANT

Rebate Form

Submit this form if your pharmacy can't process your J&J withMe Savings Program Card.

STEP 1 You must be enrolled in the J&J withMe Savings Program before submitting a rebate request. You can enroll online at **Account.JNJwithMe.com/oncology** or by calling **833-JNJ-wMe1** (833-565-9631). Rebate requests must be submitted within 365 days of the date of service.

STEP 2 Use your Savings Program Card to complete the information below. Sign the form.

STEP 3 Include a copy of the pharmacy receipt. A valid receipt will include your name, the name of the medicine, the date, and the amount paid for your medicine.

STEP 4 Mail this signed form along with your pharmacy receipt to the address below, or submit online at **Account.JNJwithMe.com/submitrebate**. Eligible patients will receive a rebate check.

Patient Information (Required)

Read instructions above, then complete the information below. The information you provide will only be used by Johnson & Johnson Health Care Systems Inc., our affiliates, and our service providers to provide benefits to you related to the activation and use of your J&J withMe Savings Program Card. If you want to stop receiving this information or service, you may withdraw from the program by calling 833-JNJ-wMe1 (833-565-9631). Our Privacy Statement governs the use of the information you provide.

☐ By providing consent, you agree to the collection and use of your 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. By checking the box, you indicate that you read, understand, and agree to such collection and use of your SPI.

Name _____

Date of Birth (MM/DD/YYYY) _____ Sex ☐ Male ☐ Female

Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

11-digit Savings Program ID # found on the front of the card _____

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 prescribed RYBREVANT *FASPRO*, RYBREVANT, or LAZCLUZE as well as certain medicines that prevent blood clots during treatment. **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.

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. Program participants are subject to an annual maximum benefit. Program benefits are set at the discretion of J&J and may change without notice.

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, 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. Offer good only in the United States and its territories. Void where prohibited, taxed, or limited by law. REBATE FORM CANNOT BE BOUGHT, TRANSFERRED, OR SOLD. REBATE FORM CANNOT BE COMBINED WITH ANY OTHER OFFER, DISCOUNT, PRESCRIPTION SAVINGS CARD, OR FREE TRIAL. Use of this program is subject to the program requirements, which can be found at **Rybrevant.JNJwithMeSavings.com** for monotherapy or **Ryb-Laz.JNJwithMeSavings.com** for combination therapy.

By signing, dating, and submitting this form, you confirm that **you**:

- **have enrolled in the J&J withMe Savings Program and have your Savings Program Card.**
  Note: J&J withMe cannot process this rebate form if you do not have your Savings Program Card; and
- meet the program requirements of the Savings Program, which may also be found at **Rybrevant.JNJwithMeSavings.com** for monotherapy or **Ryb-Laz.JNJwithMeSavings.com** for combination therapy.

Signature _____ Date _____

Questions? Call 833-JNJ-wMe1 (833-565-9631), Monday–Friday, 8:00 AM–8:00 PM ET
Mail to: J&J withMe Savings Program, 2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560
You will receive your rebate check in about 3 weeks.

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 read full Prescribing Information for RYBREVANT *FASPRO*, RYBREVANT, and LAZCLUZE and discuss any questions you have with your doctor.

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