



Request for Additional Co-pay Support

Dear Healthcare Provider,

Some health insurance companies have made significant changes to benefits, which have caused changes in the amounts of cost support provided through the TREMFYA withMe Savings Program. TREMFYA withMe is adjusting how their Savings Program works for TREMFYA® (guselkumab) to help commercially eligible patients get the full benefit of the Savings Program cost support and ensure that the support is used correctly by their pharmacy and health plan. To help provide additional co-pay support to patients who have exhausted their co-pay support, so that they can stay on Janssen therapy, we are asking for your help to complete this form and return it to TREMFYA withMe.

Please print this form, complete the information, and sign and date it. Submit it to TREMFYA withMe via fax at 844-322-9402.

Thank you,
TREMFYA withMe

To: TREMFYA withMe

From: _____ (Example: Dr. Jane Ramirez)

Re: _____ (Patient Name)

_____ (Patient DOB)

In light of the changes that insurance companies have made related to benefits impacting patients' access to Janssen therapy, I am requesting additional co-pay support consideration from TREMFYA withMe for (year)_____.

I attest that:

- Patient has exhausted their co-pay support
- Patient has discontinued, will discontinue, or has shared that they will discontinue Janssen therapy due to the inability to afford the medication
- TREMFYA® is the most clinically appropriate therapy for the patient
- The patient will resume or continue therapy upon receipt of additional co-pay support from the TREMFYA withMe Savings Program
- I have on file written authorization from the patient whose information I am submitting that complies with federal law and enables TREMFYA withMe to use and disclose the information as necessary to provide additional co-pay support to my patient

Please see full Prescribing Information and Medication Guide for TREMFYA® available at tremfya.info.com. Provide the Medication Guide to your patients and encourage discussion.

Signature (eSignatures cannot be accepted)

Date

Savings Program is for eligible commercially insured patients. Not valid for patients using Medicare, Medicaid, or other government-funded programs to pay for their medications. Eligibility to receive a Savings Program benefit is subject to meeting the program requirements at the time of each use.

Information about your patient's insurance coverage, cost support options, and treatment support is given by service providers for TREMFYA withMe via Janssen CarePath. The information you get does not require you or your patient to use any Janssen product. Because the information we give you comes from outside sources, TREMFYA withMe cannot promise the information will be complete. TREMFYA withMe cost support is not for patients in the Johnson & Johnson Patient Assistance Foundation.