Tremfya withMe

Tremfya® (guselkumab)

TREMFYA withMe Access Program

Program Description

Offers eligible patients TREMFYA at no cost for up to 3 years or until their commercial insurance covers the medicine. See program requirements below.

Program Requirements

To be eligible:

1. Provider must submit the patient's TREMFYA prescription, for an FDA-approved, on-label use, to TREMFYA withMe.
2. Patient must have active commercial insurance with biologics coverage.
3. Patient must experience one of the following:
   a) A denial of a coverage request (prior authorization, formulary exception, Letter of Medical Necessity) for TREMFYA from their commercial payer*
   b) A delay in approval from the payer greater than 5 business days from submission of a coverage request

To remain eligible for the program, the patient's prescriber must submit an appeal to their payer within 90 days of when the patient receives their first dose of TREMFYA through the TREMFYA withMe Access Program.

Prescribers authorize TREMFYA withMe to:

a) conduct a benefits investigation and confirm coverage requirements
b) provide prior authorization form assistance and status monitoring, including any exceptions and appeals
c) transition patient's prescription to their commercial pharmacy when TREMFYA is covered
d) periodically investigate the patient's insurance coverage status while they are enrolled in the program

The patient is not eligible if:

1. The patient uses any state or federal government-funded healthcare program to cover medicine costs. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration.
2. The patient's coverage is denied due to missing information on the coverage request or invalid clinical rationale.
3. The patient is approved for commercial coverage of TREMFYA.

The program requires a periodic check of the patient's insurance coverage status to confirm their continued eligibility. The patient remains eligible for up to 3 years or until their commercial insurance covers TREMFYA.

*Including a response from the commercial payer that TREMFYA is not covered for ulcerative colitis or Crohn's disease.

Please see the full Prescribing Information and Medication Guide for TREMFYA, also available at JNJwithMe.com. Provide the Medication Guide to your patients and encourage discussion.

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The patient may end their participation in the TREMFYA withMe Access Program at any time by calling 833-WITHME1 (833-948-4631).

Program covers the cost of TREMFYA only—not associated administration cost. Prescriber cannot bill commercial insurance plan for TREMFYA. Patient cannot submit the value of TREMFYA provided at no cost in a claim for payment to any health plan. Program valid only in the United States, Puerto Rico, and the US Virgin Islands. Void where prohibited, taxed, or limited by law. Program may change or end without notice.

The patient support and resources provided by TREMFYA 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 TREMFYA.

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