

## Savings Program

for eligible commercially insured patients

# Pay \$5 per injection

Maximum program benefit per calendar year shall apply.  
 Terms expire at the end of each calendar year and may change.  
 See program requirements on next page.

**Get instant savings on your out-of-pocket costs for your Janssen medication. Depending on your health insurance plan, savings may apply toward co-pay, co-insurance, or deductible.**



## Get started

### Mobile Enrollment Available



**Text "SAVINGS" to 56011**  
 (message and data rates may apply\*)



**Express Enrollment**  
[MyJanssenCarePath.com/Express](https://MyJanssenCarePath.com/Express)

Check eligibility, enroll, and receive an electronic Savings Program card that can be saved to your digital wallet on your iPhone or Android device.

You can use your Savings Program card when filling your prescription at a specialty or retail pharmacy. If for any reason your pharmacy cannot process your card, please submit a [Rebate Form](#) to receive a check.

### Learn more about TREMFYA withMe – the support program built around you.

Through the dedicated support of a TREMFYA withMe Guide, a qualified healthcare professional, you will get additional resources to help you with prescription cost and treatment support.

### You can also create a personalized Patient Account at [MyJanssenCarePath.com](https://MyJanssenCarePath.com) where you can:

- Enroll in the TREMFYA withMe Savings Program
- Learn about your insurance coverage
- View and manage your Savings Program benefits
- Sign up for treatment support

If you enroll in the Savings Program via Mobile or Express Enrollment, you will not be able to view and manage your Savings Program benefits until you create an account at [MyJanssenCarePath.com](https://MyJanssenCarePath.com).

Care Team members, such as Providers and Pharmacists, can enroll patients in the Savings Program at [JanssenCarePathPortal.com/Express](https://JanssenCarePathPortal.com/Express)

\*See [Terms](#) and [Privacy Policy](#).

**Please read the full [Prescribing Information](#) and [Medication Guide](#) for TREMFYA®, and discuss any questions you have with your doctor.**

## Savings Program

### Am I eligible?

You may be eligible for the TREMFYA withMe Savings Program if you are age 18 or older and use commercial or private health insurance for TREMFYA® and must pay an out-of-pocket cost for your medication.

There is no income requirement.

### Other requirements

- 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 Janssen medication. 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 card.
- Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states.
- Patients who are members of health plans (often termed "maximizer" plans) that claim to **reduce** their patients' out-of-pocket costs will have a reduced maximum program benefit of \$6,000 per calendar year. Out-of-pocket costs may be co-pay, co-insurance, or deductible. If you have enrolled in one of these plans, please inform TREMFYA withMe at 833-withMe1 (833-948-4631).
- Patients who are members of health plans that claim to **eliminate** their out-of-pocket costs are not eligible for cost support. If you have enrolled in one of these plans, please inform TREMFYA withMe at 833-withMe1 (833-948-4631).
- 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. By using the Savings Program card, you confirm that you have read, understood, and agree to the program requirements on this page, 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.
- Before you enroll in the program, you will be asked to provide personal information that may include your name, address, phone number, email address, and information related to your prescription medication insurance and treatment. This information is needed for Janssen Biotech, Inc., the maker of TREMFYA®, and our service providers to enroll you in the TREMFYA withMe Savings Program. We may also use the information you give us to learn more about the people who use TREMFYA®, and to improve the information we give them. Janssen Biotech, Inc., will not share your information with anyone else except where legally allowed.
- This program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer. Offer good only in the United States and its territories. Void where prohibited, taxed, or limited by law.

You may end your participation in TREMFYA withMe at any time by calling 833-withMe1 (833-948-4631).

Get started at [MyJanssenCarePath.com/Express](https://MyJanssenCarePath.com/Express)



Need help?

Call **833-withMe1** (833-948-4631)  
Monday–Friday, 8:00 AM–11:00 PM ET  
Visit [JanssenCarePath.com/Tremfya](https://JanssenCarePath.com/Tremfya)

Please read the full **Prescribing Information and Medication Guide** for TREMFYA®, and discuss any questions you have with your doctor.