

Delay and Denial Support

Program Description

TREMFYA withMe offers eligible patients subcutaneous TREMFYA® **at no cost** until their commercial insurance covers the medicine. See program requirements below.

Program Requirements

To be eligible, patient must have:

1. a subcutaneous TREMFYA® prescription for an FDA-approved use
2. commercial insurance with biologics coverage
3. a delay of more than 5 business days or a denial of treatment from their insurance

In addition, for patient to be eligible, the Prescriber must submit a program enrollment form* and a coverage determination form to their insurance.

If patient's medicine is denied, the Prescriber must also submit a letter or appeal to their insurance within 90 days of when they become eligible for patient to stay in the program.

Patient is not eligible if:

1. 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. patient coverage is denied due to non-FDA-approved use, missing information on coverage determination form, or invalid clinical rationale

Delay and Denial Support requires a periodic check of the patient's insurance coverage status to confirm their continued eligibility. The patient remains eligible until their commercial insurance covers their medicine.

Program covers the cost of medicine only—not associated administration cost. Prescriber cannot bill commercial insurance plan for any part of the prescribed subcutaneous treatment. Patient cannot submit the value of the free product as a claim for payment to any health plan. Program good only in the United States and its territories. Void where prohibited, taxed, or limited by law. Program terms may change.

*The patient may need to sign a Patient Authorization form for enrollment in Delay and Denial Support.

Participating prescribers authorize TREMFYA withMe to:

1. conduct a benefits investigation and confirm prior authorization requirements
2. provide prior authorization form assistance and status monitoring, including the exceptions and appeals processes
3. support the transition of patients to commercial product if the medicine is covered
4. check insurance coverage status during the program

Please see the full [Prescribing Information](#) and [Medication Guide](#) for TREMFYA®. Provide the Medication Guide to your patients and encourage discussion.