

Delay and Denial Support

Program Description

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

Program Requirements

You are eligible if you have:

1. a TREMFYA® prescription for an on-label, FDA-approved use
2. commercial insurance with biologics coverage
3. a delay of more than 5 business days or a denial of your medication from your insurance.

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

If medication is denied, your Prescriber must also submit a letter or appeal to your insurance within 90 days of when you become eligible for you to stay in the program.

You are not eligible if:

1. you use any state or federal government-funded healthcare program to cover medication costs. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration
2. your 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 your insurance coverage status to confirm your continued eligibility. You remain eligible until your commercial insurance covers your medication.

Delay and Denial Support covers the cost of medication only—not associated administration cost. You 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.

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

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