J&J withMe

PREZISTA (darunavir) tablets
PREZCOBIX (darunavir/cobicistat) 800mg/150mg, 675mg/150mg tablets
Symtuza darunavir/cobicistat/emtricitabine/tenofovir alafenamide tablets 800mg/150mg/200mg/10mg
EDURANT (rilpivirine) tablets
INTELENCE (etravirine) tablets

Here's your J&J withMe Savings Program Card for SYMTUZA®, PREZISTA®, PREZCOBIX®, EDURANT®, and INTELENCE®



Please see full Prescribing Information, including Boxed Warning for SYMTUZA®, and discuss any questions you have with your doctor.

Please read full Prescribing Information for PREZISTA®, PREZCOBIX®, EDURANT®, and INTELENCE®, and discuss any questions you have with your doctor.

Pharmacists: Please see below for processing instructions. Non-Transferable. Patient must submit a valid prescription.

Patient: Present this offer along with a signed prescription for SYMTUZA®, PREZISTA®, PREZCOBIX®, EDURANT®, or INTELENCE®. You must meet the program requirements every time you use the Savings Program. By using the Savings Program, you confirm that you have read, understood, and agree to the program requirements shown below and at **ID.JNJwithMeSavings.com. This program is only for people who are prescribed SYMTUZA®, PREZISTA®, PREZCOBIX®, EDURANT®, or INTELENCE® for an FDA-approved indication, using commercial or private health insurance who must pay an out-of-pocket cost for their prescribed SYMTUZA®, PREZISTA®, PREZCOBIX®, EDURANT®, or INTELENCE®. 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. Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states. For PREZISTA®, offer not valid for residents of CA or MA or for prescriptions filled in CA or MA. Program participants are subject to an annual maximum benefit. Program benefits are set at the discretion of Johnson & Johnson and may change without notice.

Pharmacist: For insured patients with commercial or private health insurance, process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit SECONDARY claim to PDM under BIN #610020. You will be reimbursed for the face value of the offer plus a dispensing fee, provided you and the customer have complied with the terms of this offer. Cash value: 1/20¢. No alterations of this offer will be accepted. The amount paid by the Savings Program may not exceed patient's out-of-pocket cost. **For questions regarding setup, claim transmission, patient eligibility, enrollment, or other issues, call 855-846-5391, Monday–Sunday, 8:00 AM–12:00 AM ET.**

Offer valid only for the product indicated. Any other use may constitute fraud. The selling, purchasing, trading or counterfeiting of this card is prohibited by federal law, and such activities may result in imprisonment for not more than 10 years or fines not more than $250,000, or both. OFFER CANNOT BE COMBINED WITH ANY OTHER COUPON, DISCOUNT, PRESCRIPTION SAVINGS CARD, FREE TRIAL, OR OTHER OFFER. Customer is responsible for any sales tax. Tax charged on pre-offer price where required. This offer may not be redeemed for cash. Offer good only in the United States and its territories. Void where prohibited, taxed, or limited by law.

The support and resources provided by J&J withMe are not intended to provide medical advice, replace a treatment plan you receive from your doctor or nurse, or serve as a reason for you to start or stay on treatment.

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