J&J withMe

RYBREVANT Faspro™ (amivantamab and hyaluronidase-lpuj) Subcutaneous injection | 1,600 mg/20,000 units | 2,240 mg/28,000 units

RYBREVANT® (amivantamab-vmjw) Injection for IV Use | 350 mg/7 mL (50 mg/mL)

LAZCLUZE® (lazertinib) Tablets | 240 mg/80 mg

Delay and Denial Support

Program Description

When commercial insurance coverage is delayed by more than 5 business days or denied, J&J withMe offers eligible patients who have been prescribed:

- either RYBREVANT *FASPRO* or RYBREVANT in combination with LAZCLUZE: both medicines **at no cost** until their commercial insurance covers both medicines.
- RYBREVANT *FASPRO*: the medicine **at no cost** until their commercial insurance covers the medicine.

See program requirements below.

Program Requirements

To be eligible, patient must have:

1. been prescribed either RYBREVANT *FASPRO* or RYBREVANT in combination with LAZCLUZE, or RYBREVANT *FASPRO* for an on-label, FDA-approved indication
2. commercial insurance coverage
3. a delay of more than 5 business days or a denial of coverage for the prescribed medicine(s) either for combination therapy or RYBREVANT *FASPRO* alone.

In addition, for patient to be eligible, Prescriber must submit:

4. a Patient Enrollment Form (PEF)*
5. a coverage determination form (ie, prior authorization or prior authorization with exception) for the commercial insurance.

If coverage is denied, Prescriber must also submit a Letter of Formulary Exception, Letter of Medical Necessity, or appeal within 90 days of patient becoming 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. prior authorization is denied due to missing information on coverage determination form, use for a non-FDA-approved indication, or invalid clinical rationale.

Program requires periodic verification of insurance coverage status to confirm continued eligibility.

Program covers the cost of therapy only—not associated administration cost. 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, Puerto Rico, and the US Virgin Islands. Void where prohibited, taxed, or limited by law. Program subject to change or end without notice.

Participating prescribers authorize J&J 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. refer eligible patients to the Specialty Pharmacy for further program support and shipment of medicine
4. support the transition of patients to commercial product if the medicine is covered
5. check insurance coverage status during the program.

The patient support and resources provided by J&J 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 a J&J medicine.

*A Patient Authorization and/or an executed J&J withMe Business Associate Agreement is required for enrollment in J&J withMe Delay and Denial Support.

Please read full Prescribing Information for RYBREVANT *FASPRO*, RYBREVANT, and LAZCLUZE.

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