

JANSSEN PATIENT ASSISTANCE PROGRAM

FOR INSURED PATIENTS WHO ARE FACING ACCESS AND AFFORDABILITY CHALLENGES

Janssen believes that access and affordability challenges shouldn't stand in the way of patients and their medications. Patient assistance is available if you have commercial, employer-sponsored, or government coverage that does not fully meet your needs. You may be eligible to receive your prescribed Janssen medication free of charge for up to one year. You must meet the eligibility and income requirements for the patient assistance program.

WHAT ARE THE ELIGIBILITY REQUIREMENTS?

Patients may be eligible to receive Janssen medications free of charge for up to one year if they meet the following requirements:

- **You have a commercial or employer-sponsored insurance plan or government coverage, such as Medicare, Medicaid, TRICARE, U.S. Department of Veterans Affairs health care, or U.S. Department of Defense health care**
- **You live in the United States or a U.S. territory**
- **You are treated as an outpatient by a healthcare provider licensed in the U.S.**
- **You have been prescribed an eligible Janssen medication**
- **You meet the income eligibility requirements for your specific Janssen medication(s)**
- **You spend more than 4% of your gross annual household income on prescription drugs***

*Applicable to Medicare Part D Patients only.

WHAT ARE THE INCOME REQUIREMENTS FOR ELIGIBLE MEDICATIONS?

JANSSEN MEDICATION	Income Limit by Household Size		
	1	2	5
AKEEGA ^{®*} (niraparib and abiraterone acetate)	\$87,480	\$118,320	\$210,840
BALVERSA ^{®*} (erdafitinib) Tablets	\$87,480	\$118,320	\$210,840
DARZALEX ^{®*} (daratumumab) Injection for intravenous infusion	\$87,480	\$118,320	\$210,840
DARZALEX FASPRO ^{®*} (daratumumab and hyaluronidase-fihj) Injection for subcutaneous use	\$87,480	\$118,320	\$210,840
EDURANT ^{®*} (rilpivirine) Tablets	\$43,740	\$59,160	\$105,420
ELMIRON ^{®*} (pentosan polysulfate sodium) Capsules	\$43,740	\$59,160	\$105,420
ERLEADA ^{®*} (apalutamide) Tablets	\$87,480	\$118,320	\$210,840
Infliximab [†] For injection, for intravenous use	\$87,480	\$118,320	\$210,840
INTELENCE ^{®*} (etravirine) Tablets	\$43,740	\$59,160	\$105,420
INVEGA HAFYERA ^{®†} (paliperidone palmitate) Extended-release Injectable Suspension	\$43,740	\$59,160	\$105,420
INVEGA SUSTENNA ^{®†} (paliperidone palmitate) Extended-release Injectable Suspension	\$43,740	\$59,160	\$105,420
INVEGA TRINZA ^{®†} (paliperidone palmitate) Extended-release Injectable Suspension	\$43,740	\$59,160	\$105,420
INVOKAMET ^{®†} (canagliflozin/metformin HCl) Tablets	\$43,740	\$59,160	\$105,420
INVOKAMET XR ^{®†} (canagliflozin/metformin HCl) Extended-release Tablets	\$43,740	\$59,160	\$105,420
INVOKANA ^{®*} (canagliflozin) Tablets	\$43,740	\$59,160	\$105,420
OPSUMIT ^{®†} (macitentan) Tablets	\$87,480	\$118,320	\$210,840
OPSYNVI ^{®†} (macitentan and tadalafil) Tablets	\$87,480	\$118,320	\$210,840
PONVORY ^{®*} (ponesimod) Tablets	\$58,320	\$78,880	\$140,560
PREZCOBIX ^{®*} (darunavir 800mg/cobicistat 150mg) Tablets	\$43,740	\$59,160	\$105,420
PREZISTA ^{®*} (darunavir) Tablets or Oral Suspension	\$43,740	\$59,160	\$105,420
REMICADE ^{®†} (infliximab) Intravenous Infusion	\$87,480	\$118,320	\$210,840
RISPERDAL CONSTA ^{®†} (risperidone) Long-acting Injection	\$43,740	\$59,160	\$105,420
RYBREVA ^{®*} (amivantamab-vmjw) Injection, for intravenous use	\$87,480	\$118,320	\$210,840
SIMPONI ^{®*} (golimumab) Injection	\$87,480	\$118,320	\$210,840
SIMPONI ARIA ^{®†} (golimumab) Intravenous Infusion	\$87,480	\$118,320	\$210,840
SPRAVATO ^{®†} (esketamine) Nasal Spray CIII, for intranasal use	\$43,740	\$59,160	\$105,420
STELARA ^{®*} (ustekinumab) Injection, for intravenous use	\$87,480	\$118,320	\$210,840
STELARA ^{®*} (ustekinumab) Injection, for subcutaneous use	\$87,480	\$118,320	\$210,840
SYMTUZA ^{®†} (darunavir, cobicistat, emtricitabine, and tenofovir alafenamide) Tablets	\$43,740	\$59,160	\$105,420
TALVEY ^{®†} (talquetamab-tgvs) Injection, for subcutaneous use	\$87,480	\$118,320	\$210,840
TECVAYLI ^{®†} (teclistamab-cqyv) Injection, for subcutaneous use	\$87,480	\$118,320	\$210,840
TRACLEER ^{®†} (bosentan) Tablets	\$87,480	\$118,320	\$210,840
TREMFYA ^{®*} (guselkumab) Prefilled syringe or One-Press patient-controlled injector	\$87,480	\$118,320	\$210,840
UPTRAVI ^{®*} (selexipag) Tablets	\$87,480	\$118,320	\$210,840
VELETRI ^{®*} (epoprostenol) Injection	\$87,480	\$118,320	\$210,840
VENTAVIS ^{®*} (iloprost) Inhalation solution	\$87,480	\$118,320	\$210,840
XARELTO ^{®†} (rivaroxaban) Tablets or Oral Suspension	\$43,740	\$59,160	\$105,420
YONDELIS ^{®*} (trabectedin) Injection for Intravenous Infusion	\$87,480	\$118,320	\$210,840

Please contact us at **866-228-3546** for more information about income requirements for households of other sizes.

* Please see Important Safety Information and full Prescribing Information available at www.janssencarespath.com/patient/important-safety-information and available from your Janssen representative.

† Please see Important Safety Information, including BOXED WARNING, and full Prescribing Information available at www.janssencarespath.com/patient/important-safety-information and available from your Janssen representative.

HOW DO I ENROLL?

STEP 1

REVIEW THIS GUIDE, INCLUDING TERMS AND CONDITIONS, TO SEE IF YOU ARE ELIGIBLE

STEP 2

DOWNLOAD THE PATIENT ENROLLMENT FORM (FOR PULMONARY HYPERTENSION) AVAILABLE AT [JANSSENPATIENTASSISTANCE.COM](https://www.janssenpatientassistance.com)

STEP 3

COMPLETE THE PATIENT ENROLLMENT FORM

- Healthcare providers may assist their patients by populating and submitting the form. Signatures are required from either the patient or their legally authorized representative

STEP 4

GATHER ANY REQUIRED SUPPORTING DOCUMENTS

Supporting Document requirements may vary; please refer to Patient Enrollment Form.

- Insurance information: copies of the front and back of all insurance card(s) (eg, medical, pharmacy, etc)
- Prescription Expenses (Medicare Part D patients only): a report from your pharmacy, or Explanation of Benefits (EOB) statement from insurer that shows patient out-of-pocket costs for current year

STEP 5

SUBMIT THE COMPLETED FORMS AND SUPPORTING DOCUMENTS BY FAX TO 866-279-0669

Next Steps: We will determine your insurance coverage, needs, and eligibility to match you with a Janssen program that meets your needs. We will provide update(s) to both patients and their healthcare providers on enrollment status.

GET STARTED TODAY

[JanssenPatientAssistance.com](https://www.janssenpatientassistance.com)

Call **866-228-3546**

Hours: **Monday through Friday, 8:00 AM to 8:00 PM ET**

WHAT ARE THE TERMS & CONDITIONS?

PATIENT ASSISTANCE PROGRAM

You may be eligible to receive your Janssen medication(s) free of charge for up to one year if you have been prescribed a Janssen medication, have a financial hardship, and are currently enrolled in government, commercial, or employer group health insurance.

You must meet the eligibility and income requirements to qualify for the patient assistance program.

You are not eligible for free Janssen medication if your health insurance will cover the cost of your Janssen-prescribed medication if this application is denied. Some employers, insurers, and other companies force patients to apply for medically necessary medications from free product programs instead of covering such medications directly and immediately through insurance, which could lead to delays in care and discriminate against lower-income patients. These types of "Assistance Diversion Programs" are generally established by companies that profit by diverting resources away from patients in need. An Assistance Diversion Program is any insurer, employer, or third-party program that withholds coverage or payment for Patient's medically necessary drug until Patient has completed an application for free product assistance. Assistance Diversion Programs are prohibited by Janssen to make sure that help is available for patients with no safety net in place. Your insurer must submit a Patient Eligibility Certification form to confirm that your drug coverage is not subject to an Assistance Diversion Program.

You may not seek payment for the value of Janssen medications received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account.

Before you enroll in the patient assistance program, it is important you understand that you will be asked to provide personal information that may include your name, address, phone number, email address, financial information, and information related to your prescription medication insurance and treatment. This information will be used by Janssen Pharmaceuticals, Inc., and its service providers to determine your eligibility for, enroll you in, and administer the program. The information will also be used to learn more about the people who use the program, to improve the program, and will be shared with service providers supporting the program.

If you have Medicare Prescription Drug Coverage (Part D) you may be asked to attest to or submit a report from your pharmacy or an Explanation of Benefits (EOB) statement from your insurer that shows your out-of-pocket costs for the current year. To qualify for the program, 4% of your gross annual household income must be spent on out-of-pocket prescription expenses for you and/or other members of your household.

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. Program terms will expire at the end of each calendar year and may change or end without notice, including in specific states.

You may end your participation in the program at any time by calling 866-228-3546, Monday through Friday, 8:00 AM to 8:00 PM ET.

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