

# 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	2024 Income Limit by Household Size		
	1	2	5
<b>AKEEGA</b> <sup>TM*</sup> (niraparib and abiraterone acetate)	\$87,480	\$118,320	\$210,840
<b>BALVERSA</b> <sup>®*</sup> (erdafitinib) Tablets	\$87,480	\$118,320	\$210,840
<b>DARZALEX</b> <sup>®*</sup> (daratumumab) Injection for intravenous infusion	\$87,480	\$118,320	\$210,840
<b>DARZALEX FASPRO</b> <sup>®*</sup> (daratumumab and hyaluronidase-fihj) Injection for subcutaneous use	\$87,480	\$118,320	\$210,840
<b>EDURANT</b> <sup>®*</sup> (rilpivirine) Tablets	\$43,740	\$59,160	\$105,420
<b>ELMIRON</b> <sup>®*</sup> (pentosan polysulfate sodium) Capsules	\$43,740	\$59,160	\$105,420
<b>ERLEADA</b> <sup>®*</sup> (apalutamide) Tablets	\$87,480	\$118,320	\$210,840
<b>Infliximab</b> <sup>†</sup> For injection, for intravenous use	\$87,480	\$118,320	\$210,840
<b>INTELENCE</b> <sup>®*</sup> (etravirine) Tablets	\$43,740	\$59,160	\$105,420
<b>INVEGA HAFYERA</b> <sup>®†</sup> (paliperidone palmitate) Extended-release Injectable Suspension	\$43,740	\$59,160	\$105,420
<b>INVEGA SUSTENNA</b> <sup>®†</sup> (paliperidone palmitate) Extended-release Injectable Suspension	\$43,740	\$59,160	\$105,420
<b>INVEGA TRINZA</b> <sup>®†</sup> (paliperidone palmitate) Extended-release Injectable Suspension	\$43,740	\$59,160	\$105,420
<b>INVOKAMET</b> <sup>®†</sup> (canagliflozin/metformin HCl) Tablets	\$43,740	\$59,160	\$105,420
<b>INVOKAMET XR</b> <sup>®†</sup> (canagliflozin/metformin HCl) Extended-release Tablets	\$43,740	\$59,160	\$105,420
<b>INVOKANA</b> <sup>®*</sup> (canagliflozin) Tablets	\$43,740	\$59,160	\$105,420
<b>OPSUMIT</b> <sup>®†</sup> (macitentan) Tablets	\$87,480	\$118,320	\$210,840
<b>PONVORY</b> <sup>®*</sup> (ponesimod) Tablets	\$58,320	\$78,880	\$140,560
<b>PREZCOBIX</b> <sup>®*</sup> (darunavir 800mg/cobicistat 150mg) Tablets	\$43,740	\$59,160	\$105,420
<b>PREZISTA</b> <sup>®*</sup> (darunavir) Tablets or Oral Suspension	\$43,740	\$59,160	\$105,420
<b>REMICADE</b> <sup>®†</sup> (infliximab) Intravenous Infusion	\$87,480	\$118,320	\$210,840
<b>RISPERDAL CONSTA</b> <sup>®†</sup> (risperidone) Long-acting Injection	\$43,740	\$59,160	\$105,420
<b>RYBREVANT</b> <sup>®*</sup> (amivantamab-vmjw) Injection, for intravenous use	\$87,480	\$118,320	\$210,840
<b>SIMPONI</b> <sup>®*</sup> (golimumab) Injection	\$87,480	\$118,320	\$210,840
<b>SIMPONI ARIA</b> <sup>®†</sup> (golimumab) Intravenous Infusion	\$87,480	\$118,320	\$210,840
<b>SPRAVATO</b> <sup>®†</sup> (esketamine) Nasal Spray CIII, for intranasal use	\$43,740	\$59,160	\$105,420
<b>STELARA</b> <sup>®*</sup> (ustekinumab) Injection, for intravenous use	\$87,480	\$118,320	\$210,840
<b>STELARA</b> <sup>®*</sup> (ustekinumab) Injection, for subcutaneous use	\$87,480	\$118,320	\$210,840
<b>SYMTUZA</b> <sup>®†</sup> (darunavir, cobicistat, emtricitabine, and tenofovir alafenamide) Tablets	\$43,740	\$59,160	\$105,420
<b>TALVEY</b> <sup>™†</sup> (talquetamab-tgvs) Injection, for subcutaneous use	\$87,480	\$118,320	\$210,840
<b>TECVAYLI</b> <sup>®†</sup> (teclistamab-cqyv) Injection, for subcutaneous use	\$87,480	\$118,320	\$210,840
<b>TRACLEER</b> <sup>®†</sup> (bosentan) Tablets	\$87,480	\$118,320	\$210,840
<b>TREMIFYA</b> <sup>®*</sup> (guselkumab) Prefilled syringe or One-Press patient-controlled injector	\$87,480	\$118,320	\$210,840
<b>UPTRAVI</b> <sup>®*</sup> (selexipag) Tablets	\$87,480	\$118,320	\$210,840
<b>VELETRI</b> <sup>®*</sup> (epoprostenol) Injection	\$87,480	\$118,320	\$210,840
<b>VENTAVIS</b> <sup>®*</sup> (iloprost) Inhalation solution	\$87,480	\$118,320	\$210,840
<b>XARELTO</b> <sup>®†</sup> (rivaroxaban) Tablets or Oral Suspension	\$43,740	\$59,160	\$105,420
<b>YONDELIS</b> <sup>®*</sup> (trabectedin) Injection for Intravenous Infusion	\$87,480	\$118,320	\$210,840

Please contact us at **833-742-0791** for more information about income requirements for households of other sizes.

\*Please see Important Safety Information and full Prescribing Information available at [www.janssencarepath.com/patient/important-safety-information](http://www.janssencarepath.com/patient/important-safety-information).

†Please see Important Safety Information, including BOXED WARNING, and full Prescribing Information available at [www.janssencarepath.com/patient/important-safety-information](http://www.janssencarepath.com/patient/important-safety-information).

## WHAT ARE THE ENROLLMENT OPTIONS?



### ONLINE ENROLLMENT\*

#### For Providers

Online at [JanssenCarePathPortal.com/  
PatientAssistance](https://www.janssencarepath.com/PatientAssistance)

To complete the enrollment on behalf of patient(s), you will need to have the following available:

- Patient eligibility criteria
- Patient information
- Insurance information
- Prescription information
- Patient Authorization or Business Associate Agreement

#### For Patients and Caregivers

Online at [MyJanssenCarePath.com/  
PatientAssistance](https://www.janssencarepath.com/PatientAssistance)

To complete the enrollment, you will need to have the following available:

- Your insurance information
- Healthcare provider's information
- Prescription Form†

†Important: In order to process your enrollment, your prescription information must be completed on the Patient Assistance Prescription Form and signed by your doctor. This form can be downloaded [here](#) and uploaded during the enrollment process or faxed to 833-512-0497.

**For Medicare Part D patients only:** A spend report or Explanation of Benefits that shows out-of-pocket costs for the current year

*\*Online enrollment is available for AKEEGA™, DARZALEX®, DARZALEX FASPRO®, ERLEADA®, Infliximab<sup>§</sup>, REMICADE<sup>§</sup>, RYBREVANT®, SIMPONI®, SIMPONI ARIA<sup>§</sup>, STELARA®, TREMFYA®, and XARELTO<sup>§</sup>.*



### FAX ENROLLMENT

If you prefer to complete your enrollment offline, follow these steps:

**Download a copy of the Patient Enrollment Form by clicking [here](#)**

- Patients/caregivers and their healthcare providers will need to complete the form
- Gather supporting document requirements
  - Insurance cards, proof of income, and/or prescription expense reports
- Fax completed form and supporting documents to **833-512-0497**

**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.**

**PATIENTS, GET STARTED TODAY**

[MyJanssenCarePath.com/PatientAssistance](https://www.janssencarepath.com/PatientAssistance)

Call **833-742-0791**

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

\*Please see Important Safety Information and full Prescribing Information available at [www.janssencarepath.com/patient/important-safety-information](https://www.janssencarepath.com/patient/important-safety-information).

§Please see Important Safety Information, including BOXED WARNING, and full Prescribing Information available at [www.janssencarepath.com/patient/important-safety-information](https://www.janssencarepath.com/patient/important-safety-information).

# WHAT ARE THE TERMS & CONDITIONS?

## JANSSEN 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 Janssen 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 833-742-0791, Monday through Friday, 8:00 AM to 8:00 PM ET.

