

# A NEW PATIENT ASSISTANCE OFFERING FROM JANSSEN

## 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. That's why we are expanding our patient assistance offerings to support insured patients who have inadequate coverage. Beginning January 1, 2023, Janssen medications may be provided free of charge to eligible patients who are insured through commercial, employer-sponsored, or government plans that do not fully meet their needs.

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### AM I ELIGIBLE?

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

- You have a commercial or employer-sponsored insurance plan or government insurance, 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	RANGE	
	FAMILY OF 1	FAMILY OF 5
<b>BALVERSA</b> ® (erdafitinib) Tablets	\$81,540	\$194,820
<b>DARZALEX</b> ® (daratumumab) Injection for intravenous infusion	\$81,540	\$194,820
<b>DARZALEX FASPRO</b> ® (daratumumab and hyaluronidase-fhj) Injection for subcutaneous use	\$81,540	\$194,820
<b>EDURANT</b> ® (rilpivirine) Tablets	\$40,770	\$97,410
<b>ELMIRON</b> ® (pentosan polysulfate sodium) Capsules	\$40,770	\$97,410
<b>ERLEADA</b> ® (apalutamide) Tablets	\$81,540	\$194,820
<b>Infliximab</b> , For injection, for intravenous use	\$81,540	\$194,820
<b>INTELENCE</b> ® (etravirine) Tablets	\$40,770	\$97,410
<b>INVEGA HAFYERA</b> ™** (paliperidone palmitate) Extended-release Injectable Suspension	\$40,770	\$97,410
<b>INVEGA SUSTENNA</b> ®** (paliperidone palmitate) Extended-release Injectable Suspension	\$40,770	\$97,410
<b>INVEGA TRINZA</b> ®** (paliperidone palmitate) Extended-release Injectable Suspension	\$40,770	\$97,410
<b>INVOKAMET</b> ®** (canagliflozin/metformin HCl) Tablets	\$40,770	\$97,410
<b>INVOKAMET XR</b> ® (canagliflozin/metformin HCl) Extended-release Tablets	\$40,770	\$97,410
<b>INVOKANA</b> ® (canagliflozin) Tablets	\$40,770	\$97,410
<b>PONVORY</b> ® (ponesimod) Tablets	\$54,360	\$129,880
<b>PREZCOBIX</b> ® (darunavir 800mg/cobicistat 150mg) Tablets	\$40,770	\$97,410
<b>PREZISTA</b> ® (darunavir) Tablets or Oral Suspension	\$40,770	\$97,410
<b>REMICADE</b> ®** (infliximab) Intravenous Infusion	\$81,540	\$194,820
<b>RISPERDAL CONSTA</b> ®** (risperidone) Long-acting Injection	\$40,770	\$97,410
<b>RYBREVA</b> ™ (amivantamab-vmjw) Injection, for intravenous use	\$81,540	\$194,820
<b>SIMPONI</b> ® (golimumab) Injection	\$81,540	\$194,820
<b>SIMPONI ARIA</b> ®** (golimumab) Intravenous Infusion	\$81,540	\$194,820
<b>SIRTURO</b> ®** (bedaquiline) Tablets	\$40,770	\$97,410
<b>SPRAVATO</b> ®** (esketamine) Nasal Spray CIII, for intranasal use	\$40,770	\$97,410
<b>STELARA</b> ® (ustekinumab) Injection, for intravenous use	\$81,540	\$194,820
<b>STELARA</b> ® (ustekinumab) Injection, for subcutaneous use	\$81,540	\$194,820
<b>SYMTUZA</b> ®** (darunavir, cobicistat, emtricitabine, and tenofovir alafenamide) Tablets	\$40,770	\$97,410
<b>TECVAYLI</b> ™ (teclistamab) Injection, for subcutaneous use	\$81,540	\$194,820
<b>TREMFYA</b> ® (guselkumab) Prefilled syringe or One-Press patient-controlled injector	\$81,540	\$194,820
<b>XARELTO</b> ®** (rivaroxaban) Tablets or Oral Suspension	\$40,770	\$97,410
<b>YONDELIS</b> ® (trabectedin) Injection for Intravenous Infusion	\$81,540	\$194,820

Please contact us at **1-833-742-0791** for more information about income requirements for households of other sizes.

\*PLEASE READ FULL PRESCRIBING INFORMATION, INCLUDING BOXED WARNING AVAILABLE AT [WWW.JANSSENCAREPATH.COM/PATIENT/IMPORTANT-SAFETY-INFORMATION](http://WWW.JANSSENCAREPATH.COM/PATIENT/IMPORTANT-SAFETY-INFORMATION) OR 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 AVAILABLE AT [WWW.NEWPROGRAMINFO.COM](http://WWW.NEWPROGRAMINFO.COM)**

## STEP 3

### **COMPLETE THE PATIENT ENROLLMENT FORM**

- You or your caregiver should complete pages 2-5, including Patient Authorization
- Healthcare providers should complete the remaining pages, starting on page 6, if applicable

## 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) (e.g. medical, pharmacy, etc.)
- Proof of Income: a copy of your most recent Federal tax return (1040 or 1040-SR)
- 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 WORKING WITH YOUR HEALTHCARE PROVIDER**

**After you work with your healthcare provider to complete and submit this form, 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 you and your healthcare provider on the status of your enrollment.**

**GET STARTED TODAY**

**[www.newprograminfo.com](http://www.newprograminfo.com)**

Call **1-833-742-0791**

Hours: **Monday through Friday, 8:00 AM - 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 included in the program and currently use government, commercial or employer group insurance for your Janssen medication(s). This includes plans from the Health Insurance Marketplace.

You must meet the eligibility and income requirements for the patient assistance program. The program is based on medication costs only and does not include costs to give you your treatment.

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.

You are not eligible for free medication if you, your employer, or your health insurance provider participate in any alternative funding program or similar scheme, including without limitation any arrangement which denies, restricts, eliminates, delays, alters or withholds any of your insurance benefits or coverage contingent upon your application to this program or directly or indirectly makes insurance coverage of a drug conditional, in whole or in part, on denial of eligibility for assistance under this or any other patient assistance program or otherwise has the effect of altering your insurance coverage or benefit in order to make you eligible for this or any other patient assistance program or to shift cost onto this or any other patient assistance program.

You must meet the program requirements every time you use the program.

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

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. In order 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. You may end your participation in the program at any time by calling 1-833-742-0791, Monday through Friday, 8:00 AM to 8:00 PM ET.

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