

Johnson & Johnson Patient Assistance Program

Quick Reference Guide

For patients who are facing affordability challenges

Johnson & Johnson believes that affordability challenges shouldn't stand in the way of patients and their medicines. Medicines from J&J may be provided at no cost to eligible patients who are uninsured or have inadequate coverage through commercial, employer-sponsored, or government coverage and are not supported by other offerings from J&J.

What are the eligibility requirements?

Patients may be eligible to receive medicines from J&J at no cost for up to one year if they meet the following requirements:

- Are uninsured or 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
- Live in the United States, Puerto Rico, or the U.S. Virgin Islands, which includes St. Thomas, St. John, and St. Croix
- Are treated as an outpatient by a healthcare provider licensed in the U.S.
- Have been prescribed an eligible medicine from J&J
- Meet the income eligibility requirements
 - Patients' income must be equal to or less than 400% of Federal Poverty Level (FPL)
- For Medicare Part D Patients Only:
 - Demonstrate they are not eligible for Low-Income Subsidy (LIS)
 - LIS requirement only applicable to patients whose income is equal to or less than 150% of FPL
 - Please see page 4 for more information about LIS requirements

Questions? Call 833-742-0791

Hours: Monday through Friday, 8:00 AM–8:00 PM ET

What are the eligible medicines from J&J?

ICOTYDE™* (icotrokinra) Tablets

IMAAVY®* (nipocalimab-aahu) Intravenous infusion

SIMPONI®† (golimumab) Injection

SIMPONI ARIA®† (golimumab) Intravenous infusion

TREMFYA®* (guselkumab) Prefilled syringe or One-Press patient-controlled injector



What are the income requirements for eligible medicines?

Patients' income must be equal to or less than 400% of Federal Poverty Level (FPL).

Household/Family Size	2026 Program Income Limit		
	All states except Alaska and Hawaii	Alaska	Hawaii
1	\$62,600	\$78,200	\$71,960
2	\$84,600	\$105,720	\$97,280
3	\$106,600	\$133,240	\$122,600
4	\$128,600	\$160,760	\$147,920
5	\$150,600	\$188,280	\$173,240
6	\$172,600	\$215,800	\$198,560
7	\$194,600	\$243,320	\$223,880
Each person over 7, add	\$22,000	\$27,520	\$25,320

*Please see Important Safety Information and full Prescribing Information available at [JNJwithMe.com](https://www.jnjwithme.com).

†Please see Important Safety Information, including BOXED WARNING(S), and full Prescribing Information available at [JNJwithMe.com](https://www.jnjwithme.com).

What are the enrollment options?

Patient enrollment can only be done by Healthcare Providers.



FAX ENROLLMENT

For paper enrollment, the healthcare provider will need to follow these steps:

Download a copy of the appropriate Patient Enrollment Form available at [JNJwithMe.com/HCP](https://www.jnjwithme.com/HCP) for the prescribed product, located under “Forms and Guides”

- Healthcare providers will need to complete the form
- Gather supporting document requirements
 - Insurance cards, proof of income, and/or prescription expense reports
- Using the fax number on the Patient Enrollment Form, fax completed form and supporting documents to the number at the top of the form



ONLINE ENROLLMENT

Online at Portal.JNJwithMe.com

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

- Patient eligibility criteria
- Insurance information
- Patient Authorization
- Patient information
- Prescription information

Submitting an application

Patients must sign a Patient Consent Form and a Patient Authorization Form to be enrolled by their healthcare provider. These forms can be signed online at:

- [Patient Consent Form](#)
- [Patient Authorization Form](#)

When submitting an application, best practice is to include the following documents, if you have them:

- Insurance information:** Copies of the front and back of all insurance card(s) (eg, medical, pharmacy, etc)
- Insurance denial:** If your insurance denied coverage for the requested medicine, include denial documentation
- Proof of income:** A copy of your most recent 1040 or 1040-SR federal tax return
- For Puerto Rico only:** Please include financial documentation support with application submission. Acceptable forms: Income Tax Return (Form 482), Returns Filing Certification (Form AS 6088.1), and Social Security Benefits (Form SSA-1099)

Next Steps:

We will determine the patient’s insurance coverage and check eligibility for the Johnson & Johnson Patient Assistance Program. To determine eligibility, we will perform a credit check; however, this will not impact the patient’s credit score. We will provide update(s) to both patients and their healthcare providers on enrollment status. To learn more about other offerings from J&J, visit [JNJwithMe.com](https://www.jnjwithme.com).

Additional Information on the Low-Income Subsidy (LIS) Requirement for Medicare Part D Recipients

The LIS, also known as Extra Help, is a federal Medicare program that helps people with limited income and resources pay for prescriptions.



To qualify for the Johnson & Johnson Patient Assistance Program, Medicare Part D patients are required to demonstrate that they are NOT eligible for LIS if their Gross Household Income is less than 150% of the Federal Poverty Level (FPL).

To confirm that a patient is NOT eligible for LIS:

1. Visit [SSA.gov/extrahelp](https://www.ssa.gov/extrahelp), click “Apply online” under the Apply for Extra Help online heading, and complete the “Find Out If You Qualify” section at the bottom of the first page.
2. Complete the fields to determine if the patient may qualify for LIS.
3. Print the outcome page or save as a screenshot, then fax or submit through the [Document Upload Site](#). You can also call us to complete this process.

What are the terms & conditions for patients?

JOHNSON & JOHNSON PATIENT ASSISTANCE PROGRAM

You may be eligible to receive your medicine(s) from Johnson & Johnson (J&J) at no cost for up to one year if you have been prescribed a medicine from J&J, have a financial hardship and have exhausted all other affordability options.

You must meet the eligibility and income requirements to qualify for the Johnson & Johnson Patient Assistance Program.

You are not eligible for medicine from J&J at no cost if your health insurance will cover the cost of your prescribed medicine from J&J if this application is denied. Some employers, insurers, and other companies force patients to apply for medically necessary medicines from free product programs instead of covering such medicines 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 J&J 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.

The Johnson & Johnson Patient Assistance Program does not replace products that were administered or dispensed to eligible and enrolled patients from provider supply or provider-affiliated pharmacy supply.

You may not seek payment for the value of medicines from J&J 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/or other information, including information related to your prescription medicine insurance and treatment. This information will be used by Johnson & Johnson Health Care Systems Inc. and its service providers to determine your eligibility for, enroll you in, and administer the program. The use of your information will be governed by our [Privacy Statement](#).

If you have Medicare Prescription Drug Coverage (Part D) and your income is equal to or less than 150% of the Federal Poverty Level (FPL), you will need to demonstrate that you are not eligible for the Low-Income Subsidy (LIS).

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, Puerto Rico, and the U.S. Virgin Islands, which includes St. Thomas, St. John, and St. Croix. 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.