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, US Department of Veterans Affairs health care, or US Department of Defense health care
- Live in the United States, Puerto Rico, or the US Virgin Islands, which includes St. Thomas, St. John, and St. Croix
- Are treated as an outpatient by a healthcare provider licensed in the US
- Have been prescribed an eligible medicine from J&J
- Meet the income eligibility requirements
  - Patients' income must be equal to or less than 300% 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

GET STARTED TODAY

Visit **JJPatientAssistance.com** **OR** Call **833-742-0791**

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

What are the eligible medicines from J&J?

AKEEGA®* (niraparib and abiraterone acetate) Tablets, for oral use

BALVERSA®* (erdafitinib) Tablets, for oral use

CAPLYTA®† (lumateperone) Capsules

DARZALEX®* (daratumumab) Injection for intravenous infusion

DARZALEX *FASPRO*®* (daratumumab and hyaluronidase-fihj) Injection for subcutaneous use

EDURANT®* (rilpivirine) Tablets

ELMIRON®* (pentosan polysulfate sodium) Capsules

ERLEADA®* (apalutamide) Tablets, for oral use

INLEXZO™* (gemcitabine intravesical system) Intravesical delivery system

INTELENCE®* (etravirine) Tablets

INVEGA HAFYERA®† (paliperidone palmitate) Extended-release injectable suspension

INVEGA SUSTENNA®† (paliperidone palmitate) Extended-release injectable suspension

INVEGA TRINZA®† (paliperidone palmitate) Extended-release injectable suspension

INVOKAMET®† (canagliflozin/metformin HCl) Tablets

INVOKAMET® XR† (canagliflozin/metformin HCl) Extended-release tablets

INVOKANA®* (canagliflozin) Tablets

PREZCOBIX®* (darunavir 800 mg/cobicistat 150 mg) Tablets

PREZISTA®* (darunavir) Tablets or oral suspension

RISPERDAL CONSTA®† (risperidone) Long-acting injection

RYBREVANT®* (amivantamab-vmjw) Intravenous infusion

RYBREVANT *FASPRO*™* (amivantamab and hyaluronidase-lpuj) Injection for subcutaneous use

RYBREVANT* Intravenous infusion in combination with **LAZCLUZE®*** (lazertinib) Tablets

RYBREVANT *FASPRO* Injection for subcutaneous use in combination with **LAZCLUZE*** Tablets

SIRTURO®† (bedaquiline) Tablets

SPRAVATO®† (esketamine) Nasal Spray CIII, for intranasal use

SYMTUZA®† (darunavir/cobicistat/emtricitabine/tenofovir alafenamide) Tablets

TALVEY®† (talquetamab-tgvs) Injection for subcutaneous use

TECVAYLI®† (teclistamab-cqyv) Injection for subcutaneous use

XARELTO®† (rivaroxaban) Tablets or oral suspension

YONDELIS®* (trabectedin) Injection for intravenous use

What are the income requirements for eligible medicines?

Patients' income must be equal to or less than 300% of Federal Poverty Level (FPL).

Household/Family Size	2026 Program Income Limit		
	All states except Alaska and Hawaii	Alaska	Hawaii
1	$46,950	$58,650	$53,970
2	$63,450	$79,290	$72,960
3	$79,950	$99,930	$91,950
4	$96,450	$120,570	$110,940
5	$112,950	$141,210	$129,930
6	$129,450	$161,850	$148,920
7	$145,950	$182,490	$167,910
Each person over 7, add	$16,500	$20,640	$18,990

***Please see Important Safety Information and full Prescribing Information available at JNJwithMe.com.**

†Please see Important Safety Information, including BOXED WARNING(S), and full Prescribing Information available at JNJwithMe.com.

FOR ADMINISTRATIVE PURPOSES ONLY

How to enroll

For patients and caregivers, you can enroll by clicking here.

Providers can enroll their patients at Portal.JNJwithMe.com/patient-assistance/enroll

Submitting an application

Patients must sign a Patient Consent Form and a Patient Authorization Form to enroll. These forms can be signed online at:

- ☑ **Patient Consent Form**
- ☑ **Patient Authorization Form**

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**.

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**, 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 "Alternative Funding Programs" are generally established by companies that profit by diverting resources away from patients in need. An Alternative Funding 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. Alternative Funding 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 Alternative Funding 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 US 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.

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