

# Johnson & Johnson Patient Assistance Program

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## Quick Reference Guide

### For patients who are facing affordability challenges

Johnson & Johnson (J&J) 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 group, or government insurance 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 or a U.S. territory
- 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
- For Medicare Part D Patients Only:
  - Demonstrate they are not eligible for Low-Income Subsidy (LIS)\*
  - Spend more than 4% of their gross annual household income on prescription drugs

\*Low-Income Subsidy requirement applicable to patients whose income is equal to or less than 150% of Federal Poverty Level (FPL).

**PATIENTS, GET STARTED TODAY**

Visit [JJPatientAssistance.com](https://www.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**<sup>®\*</sup> (niraparib and abiraterone acetate)  
Tablets, for oral use

**BALVERSA**<sup>®\*</sup> (erdafitinib) Tablets, for oral use

**DARZALEX**<sup>®\*</sup> (daratumumab) Injection for intravenous infusion

**DARZALEX FASPRO**<sup>®\*</sup> (daratumumab and hyaluronidase-fihj) Injection for subcutaneous use

**EDURANT**<sup>®\*</sup> (rilpivirine) Tablets

**ELMIRON**<sup>®\*</sup> (pentosan polysulfate sodium) Capsules

**ERLEADA**<sup>®\*</sup> (apalutamide) Tablets, for oral use

**INTELENCE**<sup>®\*</sup> (etravirine) Tablets

**INVEGA HAFYERA**<sup>®†</sup> (paliperidone palmitate)  
Extended-release injectable suspension

**INVEGA SUSTENNA**<sup>®†</sup> (paliperidone palmitate)  
Extended-release injectable suspension

**INVEGA TRINZA**<sup>®†</sup> (paliperidone palmitate)  
Extended-release injectable suspension

**INVOKAMET**<sup>®†</sup> (canagliflozin/metformin HCl) Tablets

**INVOKAMET XR**<sup>†</sup> (canagliflozin/metformin HCl)  
Extended-release tablets

**INVOKANA**<sup>®\*</sup> (canagliflozin) Tablets

**PREZCOBIX**<sup>®\*</sup> (darunavir 800 mg/cobicistat 150 mg)  
Tablets

**PREZISTA**<sup>®\*</sup> (darunavir) Tablets or oral suspension

**RISPERDAL CONSTA**<sup>®†</sup> (risperidone) Long-acting injection

**RYBREVA**<sup>®\*</sup> (amivantamab-vmjw) Intravenous infusion

**RYBREVA**<sup>®</sup> (amivantamab-vmjw) Intravenous infusion in combination with **LAZCLUZE**<sup>™\*</sup> (lazertinib) Tablets

**SIRTURO**<sup>®†</sup> (bedaquiline)

**SPRAVATO**<sup>®†</sup> (esketamine) Nasal Spray CIII, for intranasal use

**SYMTUZA**<sup>®†</sup> (darunavir, cobicistat, emtricitabine, and tenofovir alafenamide) Tablets

**TALVEY**<sup>®†</sup> (talquetamab-tgvs) Injection, for subcutaneous use

**TECVAYLI**<sup>®†</sup> (teclistamab-cqyv) Injection, for subcutaneous use

**XARELTO**<sup>®†</sup> (rivaroxaban) Tablets or oral suspension

**YONDELIS**<sup>®\*</sup> (trabectedin) Injection for intravenous use

## What are the income requirements for eligible medicines?

Household/Family Size	2025 Program Income Limit
1	\$45,180
2	\$61,320
3	\$77,460
4	\$93,600
5	\$109,740
6	\$125,880
7	\$142,020
Each person over 7, add	\$16,140

\*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?



## FAX ENROLLMENT

### [Download a copy of the Patient Assistance Enrollment Form](#)

- 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**



## ONLINE ENROLLMENT

Available for AKEEGA® (niraparib and abiraterone acetate),\* DARZALEX® (daratumumab),\* DARZALEX FASPRO® (daratumumab and hyaluronidase-fihj),\* ERLEADA® (apalutamide),\* RYBREVAANT® (amivantamab-vmjw),\* and XARELTO® (rivaroxaban)†

### [For Providers](#)

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](#)

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

- Your insurance information
- Healthcare provider's information
- Patient Assistance Enrollment Form‡

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

**Next Steps:** We will determine the patient's insurance coverage and check eligibility for the Johnson & Johnson Patient Assistance Program. 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).

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

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# 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.

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 Policy](#).

If you have Medicare Prescription Drug Coverage (Part D), you must spend 4% of your gross annual household income on out-of-pocket prescription costs for yourself and/or other household members. You can provide a report from your pharmacy or an Explanation of Benefits (EOB) statement from your insurer to verify your out-of-pocket expenses for the current year. In addition, if 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 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.