

From: [Janssen HPAD]  
To: [Advocacy Organization Contact]  
Subject: Janssen CarePath Savings Program for Patients



Dear [Advocacy Organization Contact],

To help ensure that you have the most current information to share with those who contact your organization for medication cost support, I am sending you this update to let you know that RYBREVANT™ (amivantamab-vmjw) is now included in the Janssen CarePath Savings Program. **Eligible patients pay just \$5 for each infusion** and receive savings on their out-of-pocket medication costs, including deductible, co-pay, and co-insurance for their Janssen medication, up to a \$26,000 maximum program benefit per calendar year. There is no income requirement.

This program is only for people age 18 or older using commercial or private health insurance for their Janssen medication. This includes plans from the Health Insurance Marketplace. These programs are not for people who use any state or federal government-funded healthcare program. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration. Patients may not seek payment for the value received from these programs from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account. Patients must meet the program requirements every time they use these programs. Program terms will expire at the end of each calendar year. These programs may change or end without notice, including in specific states.

Support may be available for patients using government-funded healthcare programs or for patients without insurance coverage. Janssen CarePath can help identify foundations that may be able to assist your patients.\* Patients can call a Janssen CarePath Care Coordinator at 877-CarePath (877-227-3728) or visit [JanssenCarePath.com](https://JanssenCarePath.com) for more information on affordability programs that may be available.

Janssen CarePath Savings Program also provides benefits for eligible patients prescribed DARZALEX® (daratumumab), DARZALEX FASPRO® (daratumumab and hyaluronidase-fihj), ERLEADA® (apalutamide), YONDELIS® (trabectedin), and ZYTIGA® (abiraterone acetate). These benefits are unchanged from the last update.

Other resources

The Johnson & Johnson Patient Assistance Foundation, Inc. (JJPAF) is an independent, nonprofit organization that is committed to helping eligible patients without insurance coverage receive prescription products donated by Johnson & Johnson operating companies. To see if they might qualify for assistance, please have your patient contact a JJPAF program specialist at 800-652-6227 (Monday–Friday, 9:00 AM–6:00 PM ET) or visit the foundation website at [JJPAF.org](https://JJPAF.org).

Thank you for your time and consideration. If at any time you have questions, including the use of your e-mail in this regard and our [Privacy Policy](#), or if you would prefer to not receive e-mail messages from me, please don’t hesitate to contact me.

Please see full Prescribing Information for [DARZALEX®](#), [DARZALEX FASPRO®](#), [ERLEADA®](#), [RYBREVANT™](#), [YONDELIS®](#), and [ZYTIGA®](#).

Sincerely,  
[Janssen SCG HPAD NAME]  
[Janssen SCG HPAD Title]  
[Janssen SCG HPAD email]  
[Janssen SCG HPAD Phone Number]

Janssen Biotech, Inc.  
800 Ridgeview Drive  
Horsham, PA 19044



Need help?

Call **877-CarePath** (877-227-3728)  
Monday–Friday, 8:00 AM–8:00 PM ET  
Multilingual phone support available



Visit us online

[JanssenCarePath.com](https://JanssenCarePath.com)



\*Independent co-pay assistance foundations have their own rules for eligibility. We cannot guarantee a foundation will help you. We only can refer you to a foundation that supports your disease state. This information is provided as a resource for you. We do not endorse any particular foundation.

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