In-Home Pretest Program
for eligible commercially insured patients

Receive in-home support at no cost for pretests that may be required when starting treatment with PONVORY™.

The In-Home Pretest Program provides in-home pretest support for recommended blood tests (Complete Blood Count including lymphocyte count, Liver Function Tests, Varicella Zoster Virus antibody serology), electrocardiogram (ECG), and eye exam (evaluation of the fundus, including the macula) that may be required prior to starting PONVORY™.

Terms expire at the end of each calendar year and may change. The program is not valid for residents of MA, MI, MN, or RI and the ophthalmic evaluation is only available in select areas. See program requirements on next page.

How the In-Home Pretest Program Works

1. If you are eligible, Janssen CarePath will call you to schedule in-home testing for the pretests your healthcare provider has selected on the Prescription Enrollment Form.

2. Available pretests will be completed at the patient’s home by a qualified healthcare provider.

3. All test results will be sent back to your healthcare provider for review.

4. Your healthcare provider will need to complete an attestation to confirm you are ready to start treatment with PONVORY™.

How to Get Started With the In-Home Pretest Program

1. To get started, your healthcare provider must complete the Prescription Enrollment Form, select In-Home Pretest Program, and fax to Janssen CarePath to enroll patients.

2. You will need to sign the Janssen Patient Support Program Patient Authorization Form. The Patient Authorization can be found on the Prescription Enrollment Form or can be completed online at MyJanssenCarePath.com/PatientAuth.

Please read the full Prescribing Information and Medication Guide for PONVORY™, and discuss any questions you have with your doctor.
Am I eligible?
You may be eligible for the In-Home Pretest Program if you are age 18 or older with commercial or private health insurance. There is no income requirement.

Other requirements
• This program is only available to people age 18 or older with commercial or private health insurance. Examples of commercial or private insurance include commercial insurance from a former/current employer, government employee health insurance, or insurance you buy privately or through the Health Insurance Marketplace. This program is 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.
• You may use the In-Home Pretest Program for pretests that may be required for your first-time starting treatment with PONVORY™. You may not use this program for any required pretests after your first treatment. Information on pretests can be found in the PONVORY™ Prescribing Information.
• You may not seek payment for the value received from this program as a claim for payment to any health plan, patient assistance foundation, flexible spending account, or healthcare savings account.
• Program terms expire at the end of each calendar year. The program may change or end without notice, including in specific states. Not valid for residents of MA, MI, MN, or RI.
• Offer good only in the United States and its territories, excluding states noted above. Void where prohibited, taxed, or limited by law.
• You may end your participation at any time by calling 877-CarePath (877-227-3728).

Please read the full Prescribing Information and Medication Guide for PONVORY™, and discuss any questions you have with your doctor.