



PATIENT ASSISTANCE PROGRAM

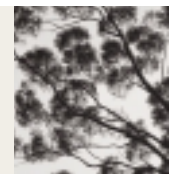


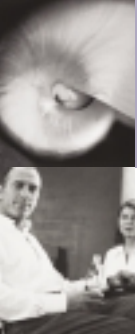
Centocor, Inc.
200 Great Valley Parkway
Malvern, PA 19355
USA

Phone: (866) 489-5957

Fax: (866) 489-5958

This program is available by request only. Centocor, Inc. reserves the right to modify or discontinue the program at any time within its sole discretion and to make all determination of patient eligibility under this program.





OVERVIEW

Centocor, the maker of REMICADE® (infliximab) therapy, is committed to assisting the needs of patients who cannot access treatment. Of course, no one can solve all of the gaps in access in our healthcare system; instead, we have focused on developing a patient assistance program to assist as many eligible patients as appropriate, recognizing that there are still many unmet needs.

The REMICADE Patient Assistance Program is designed to provide assistance to patients who cannot otherwise access REMICADE therapy due to inadequate health insurance coverage. This program has long assisted patients that do not have any form of insurance coverage and meet financial and other eligibility criteria.

The Patient Assistance program is available to patients who have no insurance coverage for REMICADE and meet all eligibility requirements. Assistance is provided in the form of free access to REMICADE on a patient-specific basis.

ELIGIBILITY DETERMINATION

Patients who have no insurance coverage for REMICADE may apply for assistance through the REMICADE Patient Assistance Program. All applications submitted to the program will be evaluated using objective criteria, including financial need.

For patients with no insurance coverage for REMICADE, eligibility is based on:

- Income
- Family Size (Alaska and Hawaii only)
- Legal U.S. Residency

APPLYING FOR ASSISTANCE

The REMICADE Patient Assistance Program application is a three-page application. All portions of the application and supporting documentation must be completed and received in order to determine patient eligibility for the program.

Step 1: Complete Patient Portion. On the application, complete the Patient Information, Insurance Information, and Financial Assessment. Complete all questions and gather the necessary documentation. Patient or guardian must sign application.

Step 2: Complete Physician Portion. On the application, complete the Physician Information, Prescription Information, and Physician Services. Physician must sign application.

Step 3: Fax or Mail Complete Application. Return the Application to the REMICADE® (infliximab) Patient Assistance Program. Be certain to also submit copies of all required documentation so that we can review your application promptly.

Applications may be faxed or mailed to:

REMICADE Patient Assistance Program
PO Box 221709
Charlotte, NC 28222-1709
Fax: (866) 489-5958

Once application is received:

- A program counselor will evaluate the application using pre-established criteria to determine the patient's eligibility for assistance.
- If application is approved, a program counselor will arrange for up to a six-month supply of REMICADE to be sent to the prescribing physician's office, one treatment at a time.
- Continued assistance may be provided to eligible patients who do not have insurance coverage. In this case, applications must be submitted every six months.

Patients and physicians may obtain application assistance or additional information by contacting the REMICADE Patient Assistance Program at (866) 489-5957, Monday through Friday 8:30 AM to 8:00 PM Eastern Standard Time.



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Note: Centocor, Inc. reserves the right to modify or discontinue the REMICADE Patient Assistance Program or terminate assistance at any time. Third party reimbursement is affected by a range of factors; therefore, the program cannot guarantee coverage. Program administrators reserve the right to refer applicants to other sources of insurance before being considered for the REMICADE Patient Assistance Program.



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