

# PROGRAM & ENROLLMENT INFORMATION FOR TREMFYA® INJECTION TRAINING SUPPORT

## HOW THE PROGRAM WORKS

The TREMFYA® Injection Training Support Program is available for patients who have been prescribed TREMFYA® by their dermatology healthcare provider for either moderate to severe plaque psoriasis or active psoriatic arthritis. This Program will provide you with additional injection education to help you with your TREMFYA® treatment at home.

- 1 Your dermatology healthcare provider has decided that TREMFYA® is the right choice for you
- 2 Your first self-injection training session must be provided by your dermatology healthcare provider and/or their staff
- 3 If your dermatology healthcare provider decides you are ready to self-inject TREMFYA® and you would like additional support, you may enroll in the program and schedule an additional injection education session with an Injection Training Specialist

## SELECTED IMPORTANT SAFETY INFORMATION

TREMFYA® is not for everyone; only your doctor can decide if it's right for you. Do not use if you are allergic to TREMFYA®. TREMFYA® is a prescription medicine that may cause serious side effects, including serious allergic reactions and infections. TREMFYA® affects your immune system. It may increase your risk of infections and lower your ability to fight them. Please read the Important Safety Information on the last page and the [Medication Guide](#) for TREMFYA® to learn more about these and other risks for TREMFYA®. Discuss any questions you have with your doctor.



# INFORMATION FOR TREMFYA® INJECTION TRAINING SUPPORT

## STEPS TO ENROLL

To enroll in the TREMFYA® Injection Training Support Program, you must fill out and submit a program enrollment form (see enrollment form on next page). It is important that you acknowledge that you have met the eligibility criteria stated above by signing this form, and returning it via e-mail or fax. Please note that e-mail is not a secure method of communication and is not encrypted, and that the information included on this form could be at risk of being intercepted while in transit, as with any information communicated through e-mail that is not protected through encryption.



**E-MAIL TO:** [InjectionTraining@syneoshealth.com](mailto:InjectionTraining@syneoshealth.com)



**FAX TO:** 1-732-284-3578

Please note that after you have submitted the signed enrollment form, the TREMFYA® Injection Training Support Program Coordinator will contact you to discuss next steps.

The information you provide on the enrollment form below will be used by Janssen Biotech, Inc., our affiliates, and our service provider (Syneos Health) for administration and enrollment in the TREMFYA® Injection Training Support Program from Janssen CarePath (the “Program”), to contact you about the Program and to provide you with educational materials, information and services related to the Program and adherence to TREMFYA®, and to manage and improve the Program. The information you provide will be shared with the Healthcare Provider whose information you provide below to inform them of your enrollment in the Program. Our Privacy Policy, which may be found at <https://www.janssen.com/us/privacy-policy>, further governs the use of the information you provide. You may request to discontinue your participation in the Program by mailing a letter requesting such a cancellation to:

Janssen CarePath Program Coordinators  
500 Atrium Drive, 3rd Floor  
Somerset, NJ 08873

By completing and submitting this form, you indicate that you read, understand and agree to these terms.

The TREMFYA® Injection Training Support Program is limited to education for patients about their Janssen therapy, its administration, and/or their disease. It is intended to supplement a patient’s understanding of their therapy, and is not intended to provide medical advice, replace a treatment plan from the patient’s doctor or nurse, provide case management services, or serve as a reason to prescribe.

## SELECTED IMPORTANT SAFETY INFORMATION

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# ENROLL NOW FOR TREMFYA® INJECTION TRAINING SUPPORT



E-MAIL TO: [InjectionTraining@syneoshealth.com](mailto:InjectionTraining@syneoshealth.com)



FAX TO: 1-732-284-3578

PATIENT & HEALTHCARE PROVIDER INFORMATION

\*Required field.

Mr  Mrs  Ms  Miss

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Street Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*ZIP Code \_\_\_\_\_

\*Phone (\_\_\_\_) \_\_\_\_\_  Mobile  Home  Office  Other Secondary Phone (\_\_\_\_) \_\_\_\_\_

Okay to leave message?  Yes  No Okay to text?  Yes  No By selecting YES, I agree to receive text messages as allowed by this form to the phone number provided. Message and data rates may apply. Message frequency varies. I understand I am not required to provide my permission to receive text messages to participate in the TREMFYA® Injection Training Support Program.

\*E-mail Address \_\_\_\_\_ \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Last Dose Received  First Starter (Week 0)  Second Starter (Week 4)  Maintenance (once every 8 weeks after starter doses)

\*Date of last dose \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize the following individual to act as my personal representative in this program Relationship to you  
\_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

\*Phone (\_\_\_\_) \_\_\_\_\_  Mobile  Home  Office  Other Secondary Phone (\_\_\_\_) \_\_\_\_\_

## By signing below, I confirm I have met the following program eligibility criteria

You must include your response for each in order for your enrollment to be processed.

- Yes  No I have been prescribed TREMFYA® by my dermatology healthcare provider for either moderate to severe plaque psoriasis or active psoriatic arthritis
- Yes  No I have discussed self-administration with my dermatology healthcare provider
- Yes  No I have received initial self-injection training from my dermatology healthcare provider or from my dermatology healthcare provider's staff, and I agree to be enrolled in the TREMFYA® Injection Training Support Program from Janssen CarePath.

\_\_\_\_\_  
\*Patient Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Your Dermatology Healthcare Provider Information

\*Required field.

\*Name \_\_\_\_\_ \*Street Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*ZIP Code \_\_\_\_\_

\*Phone (\_\_\_\_) \_\_\_\_\_

Please note that after you have submitted the signed enrollment form, the TREMFYA® Injection Training Support Program Coordinator will contact you to discuss next steps.

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## WHAT IS TREMFYA® (guselkumab)?

TREMFYA® is a prescription medicine used to treat adults with moderate to severe plaque psoriasis who may benefit from taking injections or pills (systemic therapy) or phototherapy (treatment using ultraviolet or UV light).

TREMFYA® is a prescription medicine used to treat adults with active psoriatic arthritis.

### TREMFYA® Dosing

TREMFYA® is given as a 100 mg injection under your skin that you only need to take once every 8 weeks, after 2 starter doses at weeks 0 and 4.

## IMPORTANT SAFETY INFORMATION

### What is the most important information I should know about TREMFYA®?

**TREMFYA® is a prescription medicine that may cause serious side effects, including:**

- **Serious Allergic Reactions.** Stop using TREMFYA® and get emergency medical help right away if you develop any of the following symptoms of a serious allergic reaction:
  - fainting, dizziness, feeling lightheaded (low blood pressure)
  - swelling of your face, eyelids, lips, mouth, tongue or throat
  - trouble breathing or throat tightness
  - chest tightness
  - skin rash, hives
  - itching
- **Infections.** TREMFYA® may lower the ability of your immune system to fight infections and may increase your risk of infections. Your healthcare provider should check you for infections and tuberculosis (TB) before starting treatment with TREMFYA® and may treat you for TB before you begin treatment with TREMFYA® if you have a history of TB or have active TB. Your healthcare provider should watch you closely for signs and symptoms of TB during and after treatment with TREMFYA®.

Tell your healthcare provider right away if you have an infection or have symptoms of an infection, including:

- fever, sweats, or chills
- muscle aches
- weight loss
- cough
- warm, red, or painful skin or sores on your body different from your psoriasis
- diarrhea or stomach pain
- shortness of breath
- blood in your phlegm (mucus)
- burning when you urinate or urinating more often than normal

**Do not take TREMFYA®** if you have had a serious allergic reaction to guselkumab or any of the ingredients in TREMFYA®.

**Before using TREMFYA®, tell your healthcare provider about all of your medical conditions, including if you:**

- have any of the conditions or symptoms listed in the section “**What is the most important information I should know about TREMFYA®?**”
- have an infection that does not go away or that keeps coming back.
- have TB or have been in close contact with someone with TB.
- have recently received or are scheduled to receive an immunization (vaccine). You should avoid receiving live vaccines during treatment with TREMFYA®.
- are pregnant or plan to become pregnant. It is not known if TREMFYA® can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if TREMFYA® passes into your breast milk.

**Tell your healthcare provider about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements.

### What are the possible side effects of TREMFYA®?

**TREMFYA® may cause serious side effects. See “What is the most important information I should know about TREMFYA®?”**

**The most common side effects of TREMFYA® include:** upper respiratory infections, headache, injection site reactions, joint pain (arthralgia), diarrhea, stomach flu (gastroenteritis), fungal skin infections, herpes simplex infections, and bronchitis.

These are not all the possible side effects of TREMFYA®. Call your doctor for medical advice about side effects.

Use TREMFYA® exactly as your healthcare provider tells you to use it.

**Please read the full [Prescribing Information](#), including [Medication Guide for TREMFYA®](#), and discuss any questions that you have with your doctor.**

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.**

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