

Savings Program for eligible commercially insured patients

Pay \$0 per fill

\$12,500 maximum program benefit per calendar year for SYMTUZA[®]. \$7,500 maximum program benefit per calendar year for PREZISTA[®], PREZCOBIX[®], EDURANT[®], and INTELENCE[®]. Terms expire at the end of each calendar year and may change. For PREZISTA[®], offer not valid for residents of CA or MA or for prescriptions filled in CA or MA. See program requirements on next page.



Get instant savings on your out-of-pocket costs for your Janssen medication. Depending on your health insurance plan, savings may apply toward co-pay, co-insurance, or deductible.



Mobile Enrollment Available

 | **Text "SAVINGS" to 56011**
(message and data rates may apply*)

  | **Express Enrollment**
MyJanssenCarePath.com/Express

Check eligibility, enroll, and receive an electronic Savings Program card that can be saved to your digital wallet on your iPhone or Android device.

You can use your Savings Program card when filling your prescription at a retail or mail-order pharmacy. If for any reason your pharmacy cannot process your card, please submit a Rebate Form to receive a check.

You can also create a personalized Janssen CarePath Account at MyJanssenCarePath.com where you can:

- Enroll in the Janssen CarePath Savings Program
- View and manage your Savings Program benefits
- Learn about your insurance coverage
- Sign up for treatment support

If you enroll in the Savings Program via Mobile or Express Enrollment, you will not be able to view and manage your Savings Program benefits until you create an account at MyJanssenCarePath.com.

Care Team members, such as Providers and Pharmacists, can enroll patients in the Savings Program at JanssenCarePathPortal.com/Express

*See [Terms](#) and [Privacy Policy](#).

Please read the full Prescribing Information, including Boxed Warning and Patient Information for [SYMTUZA[®]](#), and discuss any questions you have with your doctor.

Please read the full Prescribing Information for [PREZISTA[®]](#), [PREZCOBIX[®]](#), [EDURANT[®]](#), and [INTELENCE[®]](#), and discuss any questions you have with your doctor.

Savings Program

Am I eligible?

You may be eligible for the Janssen CarePath Savings Program if you are at least the minimum age stated in product labeling* and use commercial or private health insurance for your medication costs.

*Minimum age requirements: PREZCOBIX®, SYMTUZA®, and EDURANT® 12 years, PREZISTA® 3 years, INTELENCE® 2 years.

Other requirements

- **This program is only for people who meet the minimum age requirements (see above) and are using commercial or private health insurance for their Janssen medication. This includes plans from 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 not seek payment for the value received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account.
- You must meet the program requirements every time you use the card.
- Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states. For PREZISTA®, offer not valid for residents of CA or MA or for prescriptions filled in CA or MA.
- To use this program, you must follow any health plan requirements, including telling your health plan how much co-payment support you get from this program. By using the Savings Program card, you confirm that you have read, understood, and agree to the program requirements on this page, and you are giving permission for information related to your Savings Program transactions to be shared with your healthcare provider(s). These transactions include rebates and any funds placed on the card or balance remaining on the card.
- Before you enroll in the program, you will be asked to provide personal information that may include your name, address, phone number, email address, and information related to your prescription medication insurance and treatment. This information is needed for Janssen Therapeutics, Division of Janssen Products, LP, the maker of SYMTUZA®, PREZISTA®, PREZCOBIX®, EDURANT®, and INTELENCE®, and our service providers to enroll you in the Janssen CarePath Savings Program. We may also use the information you give us to learn more about the people who use SYMTUZA®, PREZISTA®, PREZCOBIX®, EDURANT®, or INTELENCE®, and to improve the information we give them. Janssen Therapeutics, Division of Janssen Products, LP, will not share your information with anyone else except where legally allowed.
- 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.

You may end your participation in Janssen CarePath at any time by calling 866-836-0114.

Get started at [MyJanssenCarePath.com/Express](https://www.MyJanssenCarePath.com/Express)

Get additional support from Janssen CarePath to help you start and stay on prescribed Janssen therapy. Visit [JanssenCarePath.com](https://www.JanssenCarePath.com) or call us.



Need
help?

Call **866-836-0114**
Monday–Friday, 8:00 AM–8:00 PM ET
Multilingual phone support available

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Please read the full Prescribing Information for [PREZISTA®](#), [PREZCOBIX®](#), [EDURANT®](#), and [INTELENCE®](#), and discuss any questions you have with your doctor.