

Rebate Form

Submit this form if your pharmacy can't process the Janssen CarePath Savings Program card.

Get
started

STEP 1

You must be registered in the Janssen CarePath Savings Program before filling your prescription. You can register online at [Invokana.com](https://www.invokana.com) or [Invokamet.com](https://www.invokamet.com) or by texting "SAVINGS" to 48798 (message and data rates may apply*).

STEP 2

If you are not sure you are eligible, contact Janssen CarePath at 877-INVOKANA (877-468-6526).

STEP 3

Complete and sign the form and indicate the days' supply received for your Janssen medication. Include a copy of the pharmacy receipt. Valid receipt will include your name, medication, date, and amount paid for your Janssen medication.

STEP 4

Mail this signed form along with your pharmacy receipt to the address on the next page. Eligible patients will receive a rebate check. Eligibility will be subject to meeting the program requirements at the time of each use.

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

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

Please read the full [Prescribing Information](#), including Boxed Warning, and [Medication Guide](#) for INVOKAMET®/INVOKAMET® XR, and discuss any questions you have with your doctor.

Rebate Form

INVOKANA® (canagliflozin), INVOKAMET® (canagliflozin/metformin HCl),
and INVOKAMET® XR (canagliflozin/metformin HCl extended-release)

Read instructions on previous page, then complete the information below.

The information you provide will only be used by Janssen Pharmaceuticals, Inc., our affiliates, and our service providers, to provide benefits to you related to the use of the Janssen CarePath Savings Program card. If you want to stop receiving this information or service, you may withdraw from the program by calling 877-468-6526. Our [Privacy Policy](#) governs the use of the information you provide.

By providing consent, you agree to the collection and use of your Sensitive Personal Information (SPI). Examples of SPI may include, but are not limited to, health-related information. We use this information consistent with our Privacy Policy, including to personalize the information you receive, fulfill any requests you submit, and to research, develop, and improve our products and services. By checking the box, you indicate that you read, understand, and agree to such collection and use of your SPI.

***Required**

*Name

*Gender M F

*DOB (mm/dd/yyyy)

*Address

*City

*State

*ZIP Code

*E-mail

*Phone

How many days' supply of your Janssen medication did you receive?

*11-digit Savings Program ID # found on the front of the card

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.

This program is only for people 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 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. **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.** Offer good only in the United States and its territories. Void where prohibited, taxed, or limited by law. **REBATE FORM CANNOT BE BOUGHT, TRANSFERRED, OR SOLD. REBATE FORM CANNOT BE COMBINED WITH ANY OTHER OFFER, DISCOUNT, PRESCRIPTION SAVINGS CARD, OR FREE TRIAL.** Use of this card is subject to the program requirements, which can be found on the Janssen CarePath Savings Program Brochure.

By signing, dating, and submitting this form, you confirm that you **already registered in the Janssen CarePath Savings Program and received your savings card before receiving your Janssen medication. Janssen CarePath cannot process this rebate form if you have not completed this process.** In addition, you indicate you read, understand, agree, and meet the terms and conditions on this form, as well as the program requirements which were explained to you when you received the card, which may also be found in the Janssen CarePath Savings Program Brochure.

*Signature

*Date

Questions? Call 877-INVOKANA (877-468-6526), Monday-Friday, 8:00 AM-8:00 PM ET

Mail to: Janssen CarePath Savings Program
2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560

You will receive your rebate check in about three weeks.

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Please read the full [Prescribing Information](#), including Boxed Warning, and [Medication Guide](#) for INVOKAMET®/INVOKAMET® XR, and discuss any questions you have with your doctor.

Canagliflozin is licensed from Mitsubishi Tanabe Pharma Corporation.