



# Savings Program

for eligible commercially insured patients

# Pay \$10 per month

\$12,000 maximum program benefit per calendar year or one-year supply, whichever comes first. Terms expire at the end of each calendar year and may change. Offer not valid for residents of CA or MA or for prescriptions filled in CA or MA. See program requirements on next page.





**BIN:** 610020

**GROUP:** 99992069

ID:

Please read the full Prescribing Information and Patient Information for ZYTIGA® and discuss any questions you have with your doctor.

PROGRAM REQUIREMENTS APPLY.

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





OP



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

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





## Savings Program

### Am I eligible?

You may be eligible for the Janssen CarePath Savings Program if you currently use commercial or private health insurance for ZYTIGA®.

### Other requirements

- 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 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. 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 Biotech, Inc., the maker of ZYTIGA®, 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 ZYTIGA®, and to improve the information we give them. Janssen Biotech, Inc., 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 855-ZYTIGA-1 (855-998-4421).

For additional information and resources from Janssen CarePath to help you start and stay on therapy as prescribed by your doctor, visit JanssenCarePath.com or call us.

#### Get started at MyJanssenCarePath.com/express



Please read the full <u>Prescribing Information</u> and <u>Patient Information</u> for ZYTIGA® and discuss any questions you have with your doctor.

