

# Rebate Form

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

**Get  
started**

## STEP 1

You must be enrolled in the Janssen CarePath Savings Program before filling your prescription. You can enroll by calling 877-CarePath (877-227-3728) or online at [MyJanssenCarePath.com/express](https://MyJanssenCarePath.com/express).

## STEP 2

Use your card to complete the information on the next page. Sign the form.

## STEP 3

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, or submit online at [MyJanssenCarePath.com/SubmitRebate](https://MyJanssenCarePath.com/SubmitRebate). Eligible patients will receive a rebate check.

Please read the full Prescribing Information for **AKEEGA™** and **ERLEADA®** and discuss any questions you have with your doctor.

# Rebate Form

**AKEEGA™ (niraparib and abiraterone acetate) and ERLEADA® (apalutamide)**

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

The information you provide will only be used by Janssen Biotech, Inc., the maker of AKEEGA™ and ERLEADA®, our affiliates, and our service providers to provide benefits to you related to the activation and use of your Janssen CarePath Savings Program card. If you want to stop receiving this information or service, you may withdraw from the program by calling 877-CarePath (877-227-3728). 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

\*Sex M F

\*Date of Birth (mm/dd/yyyy)

\*Address

\*City

\*State

\*ZIP Code

\*E-mail

\*Phone

\*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, including plans from state and federal healthcare exchanges.** 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 program.** Program terms will expire at the end of each calendar year. Program subject to change or discontinuation without notice, including in specific states. Patients who are members of health plans that claim to eliminate their out-of-pocket costs are not eligible for cost support. If you have enrolled in one of these plans, please inform Janssen CarePath at 877-CarePath (877-227-3728). **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 getting a Savings Program benefit, you confirm that you have read, understood, and agree to the program requirements on this page, and you are giving permission for information about your Savings Program transactions to be shared with your healthcare provider(s).** Offer good only in the United States and its territories. Void where prohibited, taxed, or otherwise restricted 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 enrolled 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-CarePath (877-227-3728), 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 3 weeks.**

**Please read the full Prescribing Information for [AKEEGA™](#) and [ERLEADA®](#) and discuss any questions you have with your doctor.**