

## Savings Program for eligible commercially insured patients

# Pay \$5 per dose

\$20,000 maximum program benefit per calendar year.

Terms expire at the end of each calendar year and may change.

See program requirements below.



**Get savings on your out-of-pocket medication costs for DARZALEX<sup>®</sup>, DARZALEX FASPRO<sup>®</sup>, and YONDELIS<sup>®</sup>. Depending on your health insurance plan, savings may apply toward co-pay, co-insurance, or deductible.**

**Program does not cover costs to give you your treatment.**

## 1 Enroll in the Savings Program



**By phone**

844-55DARZA (844-553-2792)

844-YONDELIS (844-966-3354)

—OR—



**Patients can create an online account**

**and enroll at [MyJanssenCarePath.com](https://www.MyJanssenCarePath.com)**

### Am I eligible?

You may be eligible for the Janssen CarePath Savings Program if you currently use commercial or private health insurance for DARZALEX<sup>®</sup>, DARZALEX FASPRO<sup>®</sup>, and YONDELIS<sup>®</sup>. There is no income requirement.

Janssen CarePath Savings Program is based on medication costs only and does not include costs to give you your treatment.

### 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 program.
- 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 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). These transactions include rebates and any funds placed on the card or balance remaining on the card.
- Before you activate your card, 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., companies that work with Janssen Biotech, Inc., 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 DARZALEX<sup>®</sup>, DARZALEX FASPRO<sup>®</sup>, and YONDELIS<sup>®</sup>, and to improve the information we give them. Janssen Biotech, Inc., will not share your information with anyone else except where legally allowed.
- If you use medical/primary insurance to pay for your medication, you need to submit a rebate request with an Explanation of Benefits (EOB) to get payment from the Savings Program. With your permission, your provider may submit the rebate request and EOB for you. Please make sure you and your provider know who will submit the rebate request.
- 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 844-55DARZA (844-553-2792) or 844-YONDELIS (844-966-3354).

Janssen Biotech, Inc., is not liable for unintended or unauthorized use of the DARZALEX<sup>®</sup>, DARZALEX FASPRO<sup>®</sup>, and YONDELIS<sup>®</sup> Mastercard<sup>®</sup>, if it is lost or stolen. The Janssen CarePath Savings Program for DARZALEX<sup>®</sup>, DARZALEX FASPRO<sup>®</sup>, and YONDELIS<sup>®</sup> Prepaid Mastercard is issued by MetaBank<sup>®</sup>, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Janssen CarePath Savings Program is not a MetaBank or Mastercard product or service, nor is the optional offer endorsed by them.

**Please read the full Prescribing Information for [DARZALEX<sup>®</sup>](#), [DARZALEX FASPRO<sup>®</sup>](#), and [YONDELIS<sup>®</sup>](#), and discuss any questions you have with your doctor.**

## ② How to use your Savings Program benefits

### Use our streamlined process for requesting a rebate

- You may use your card to receive a rebate, **OR**
- You may assign your benefits directly to your treatment provider (check sent directly to provider)
  - Please discuss this option with your provider

### Here's how it works:

- Your provider or pharmacy may or may not collect your co-pay, based on your insurance coverage
- You receive your treatment with DARZALEX® (daratumumab), DARZALEX FASPRO® (daratumumab and hyaluronidase-fihj), or YONDELIS® (trabectedin)
  - Your provider or pharmacy submits your claim to your healthcare insurance provider
- You and your provider receive an Explanation of Benefits (EOB) statement from your insurance
  - You are responsible for submitting the EOB to Janssen CarePath Savings Program, or you can request your provider to submit the EOB on your behalf (see *How to submit a rebate request* below)
- Janssen CarePath Savings Program reviews your EOB and issues rebate to your card, to you by check, or to your provider by check, if you have assigned your benefits to your provider. **Your card is not a credit card. There is no charge for your card.**

NOTE: Your provider must provide a copy of the Health Insurance Claim Form—CMS 1500 (HICF) or Uniform Billing Form—CMS 1450 (UB-04) with EOB submissions when you have elected to assign benefits to your provider.

Your Janssen CarePath Savings Program Mastercard can be used for DARZALEX®, DARZALEX FASPRO®, and/or YONDELIS®. You must confirm your eligibility for the savings program, either online or by phone, if your physician makes any changes to your medication.

Your healthcare provider can visit [JanssenCarePathPortal.com](https://www.janssencarepath.com) to create a Provider Portal account to enroll you in the Janssen CarePath Savings Program, upload EOB forms from your insurance provider, and view your Savings Program requests and transactions.

### With a Janssen CarePath online account, you can manage your Savings Program benefits



- Review your available benefits
- Submit Savings Program requests
- View benefit payment transactions
- Receive timely alerts and program updates

### Get started now...

Visit [MyJanssenCarePath.com](https://www.MyJanssenCarePath.com)



Need help?

**844-55DARZA** (844-553-2792)  
**844-YONDELIS** (844-966-3354)  
Monday–Friday, 8:00 AM–8:00 PM ET

### How to submit a rebate request

If you have created an online account, you may submit rebate requests online in your account. You can also submit by fax or by mail.

**At your request, your provider may submit rebate requests to the Savings Program on your behalf via the Provider Portal or by fax or mail.**



**Online:**  
[MyJanssenCarePath.com](https://www.MyJanssenCarePath.com)



**Fax:**  
DARZALEX®: 844-889-2574  
DARZALEX FASPRO®: 833-871-5345  
YONDELIS®: 844-286-5448



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

Confirm with your provider who will submit rebate requests to the program—you or your provider at your request.

**Please read the full Prescribing Information for [DARZALEX®](#), [DARZALEX FASPRO®](#), and [YONDELIS®](#), and discuss any questions you have with your doctor.**

YONDELIS® (trabectedin) is under license from Pharma Mar, S.A.

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