

Pretest Rebate Program for eligible commercially insured patients

Pay \$0 after rebate
for pretests and first dose monitoring that may be
required when starting treatment with **PONVORY™**

Program limited to initial pretests and monitoring
with a \$1,500 maximum program benefit per lifetime.

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

Not valid for residents of MA, MI, MN, or RI. See program requirements below.

Program does not cover PONVORY™ medication cost.

For medication cost support, we offer the Janssen CarePath Savings Program. Learn more at Ponvory.JanssenCarePathSavings.com.

1 Enroll in the Program

2 ways for patients to enroll



Online at
MyJanssenCarePath.com/Express



Phone
877-CarePath (877-227-3728)
Monday–Friday, 8:00 AM–8:00 PM ET

Am I eligible?

You may be eligible for the Janssen CarePath Pretest Rebate Program if you are age 18 or older and will use commercial or private health insurance for PONVORY™ and the associated pretests and first dose monitoring that may be required when starting treatment with PONVORY™. There is no income requirement.

The Janssen CarePath Pretest Rebate Program for PONVORY™ is based on pretest and first dose monitoring (if required) costs only and does not include costs for your medication. For medication cost support, we offer the Janssen CarePath Savings Program. Learn more at Ponvory.JanssenCarePathSavings.com.

Other requirements

- This program is only available to people age 18 or older using commercial or private health insurance for their pretests and first dose monitoring that may be required when starting treatment. Examples of commercial or private insurance include commercial insurance from a former/current employer, government employee health insurance, or insurance you buy privately or through 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 use the Pretest Rebate Program for out-of-pocket costs for pretests and first dose monitoring that may be needed for your first treatment with PONVORY™. You may not use the program for any required pretests or monitoring after your first treatment.
- 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. Not valid for residents of MA, MI, MN, or RI.
- 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 Pretest Rebate Program benefit, you confirm that you have read, understood, and agree to the program requirements on this page.
- You will be asked to provide personal information that may include your name, address, phone number, email address, and information related to your healthcare insurance and treatment. This information is needed for Janssen Pharmaceuticals, Inc., the maker of PONVORY™, and our service providers to enroll you in the Janssen CarePath Pretest Rebate Program. We may also use the information you give us to learn more about the people who use PONVORY™ and to improve the information we give people who use PONVORY™. Janssen Pharmaceuticals, Inc., will not share your information with anyone else except where legally allowed.
- You are responsible for submitting a rebate request including an Explanation of Benefits (EOB) and proof of payment to receive payment from the Pretest Rebate Program.
- This program offer may not be used with any other coupon, discount, free trial, or other offer covering pretests or first dose monitoring. Offer good only in the United States and its territories, excluding states noted above. Void where prohibited, taxed, or limited by law.

You may end your participation in Janssen CarePath at any time by calling 877-CarePath (877-227-3728).

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

② Submit Rebate Request

Submit a rebate request if you paid your healthcare providers, such as a doctor's office or laboratory, for your pretests or first dose monitoring for PONVORY™ (ponesimod).

If your out-of-pocket cost* responsibility is \$0, you should not submit a rebate request. If you have out-of-pocket costs for pretests and/or first dose monitoring, you will need to submit a rebate request using the enclosed rebate form. Please follow the instructions on the form and include the required receipts.

*Out-of-pocket costs include deductible, co-pay, and co-insurance for covered services, plus all costs for services that aren't covered by your insurance.

③ How it works

Once you receive an Explanation of Benefits (EOB) from your primary health insurance provider (and secondary insurance provider, if applicable):

Submit the completed **Rebate Request Form** by mail or fax with both of the following documents:

- **EOB** for each pretest or first dose monitoring

AND

- **Proof of Payment** showing you paid your healthcare providers

Please make sure the CPT code is on your EOB or receipt. A CPT code is five numbers that explain the service provided. If you don't know where to find the CPT code, please call your prescribing doctor or the healthcare provider who gave you that test, or you can call your Janssen CarePath Care Coordinator for assistance.



Mail:

Janssen CarePath Pretest Rebate Program
2250 Perimeter Park Drive, Suite 300
Morrisville, NC 27560

OR



Fax:

833-512-0488

If you are eligible for a rebate, you will receive a check in about 2-3 weeks. You will receive a separate check for each pretest or first dose monitoring rebate.

If you need additional information on submitting a rebate request, please see the Step-by-Step Guide on page one of the [Rebate Request Form](#).



Janssen CarePath Savings Program

You may be able to save on your out-of-pocket medication costs for PONVORY™ by enrolling in the Janssen CarePath Savings Program.

Learn more at Ponvory.JanssenCarePathSavings.com.

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