

Savings Program for eligible commercially insured patients

Pay \$10 per treatment for SPRAVATO[®] medication costs

\$8,150 maximum program benefit per calendar year. *Treatment* may include up to three devices administered on the same day. Program limits apply. Depending on how your insurance covers SPRAVATO[®], there is a program benefit limit of list price of the medication and a quantity limit of three devices per day or 23 devices in a 24-day period. There is a quantity limit of 24 devices in a 24-day period for one use per lifetime. Terms expire at the end of each calendar year and may change. See program requirements on next page.

You must be enrolled in the Savings Program before receiving your Janssen medication in order to qualify for out-of-pocket cost savings. Once enrolled, you can share your Savings Program card with your doctor or pharmacist to receive savings on your SPRAVATO[®] medication costs.



Get savings on your out-of-pocket medication costs for SPRAVATO[®]. 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

3 ways to enroll



By creating an online account and enrolling at MyJanssenCarePath.com



By phone
877-CarePath
(877-227-3728)



By fax or mail
Complete [Patient Enrollment Form](#)*
*You will activate your card upon receipt of enrollment confirmation by mail.

2 How to use your Savings Program benefits

How your card can be used depends on the insurance you use to pay for your medication:



If you use your **medical/primary insurance** to pay for your medication through your doctor, treatment provider, or pharmacy:

- You may use the card to submit a rebate for reimbursement, **OR**
- You may assign your Savings Program benefits directly to your treatment provider. Please discuss this option with your treating provider

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 SPRAVATO[®]
 - Your provider or pharmacy submits your primary insurance 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* on next page)
- Janssen CarePath Savings Program reviews your EOB, and issues a rebate to you by check, or to your provider if you have assigned your benefits to your provider



If you use your **pharmacy/prescription insurance** to pay for your medication from a pharmacy:

- You may use your card (provide your Member ID #, Rx BIN #, and Group #) to receive instant savings off the cost of your medication
- The pharmacy will collect your co-pay

Remember to bring your card to your treatment appointment.

If for any reason your provider or pharmacy cannot process your card, please call us at 877-CarePath (877-227-3728).

You may be able to submit a [Rebate Form](#) to receive a check. Proof of medication payment required.

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

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...



Need help?

Visit [JanssenCarePath.com/Spravato](https://www.JanssenCarePath.com/Spravato)
Call **877-CarePath** (877-227-3728)
Monday–Friday, 8:00 AM–8:00 PM ET

How to submit a rebate request You will need to complete, sign, and submit a [Janssen CarePath Rebate Form](#), including a copy of your EOB from your primary insurance provider (as well as any secondary insurance provider, if applicable) and a receipt from your treatment provider indicating proof of payment of your out-of-pocket Janssen medication costs. Rebate requests must be submitted within 270 days of the date of service.

You may submit rebate requests to the Savings Program via your patient account, or by fax or mail.



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



Fax:
844-584-1453



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

At your request, your provider may submit rebate requests to the Savings Program on your behalf if you have a Patient Assignment of Benefits consent on file. The Assignment of Benefits form can be found at [JanssenCarePath.com](https://www.JanssenCarePath.com) or by calling Janssen CarePath at 877-CarePath (877-227-3728). Please complete the form, then sign and return the form to your provider.

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

Am I eligible?

You may be eligible for the Janssen CarePath Savings Program if you:

- Are age 18 or older and currently use commercial or private health insurance that covers SPRAVATO[®] (esketamine) Nasal Spray CIII.
- Are enrolled in the SPRAVATO[®] Risk Evaluation and Mitigation Strategy (REMS). Learn more at [SpravatoREMS.com/Patients](https://www.SpravatoREMS.com/Patients).

There is no income requirement. Janssen CarePath Savings Program for SPRAVATO[®] is based on medication costs only and does not include costs to give you your treatment.

Other requirements

- **This program is only available to people age 18 or older 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.
- 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 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 Pharmaceuticals, Inc., the maker of SPRAVATO[®], 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 SPRAVATO[®], and to improve the information we give them. Janssen Pharmaceuticals, 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 by mail or through an electronic billing system. Please make sure you and your provider know who will submit the rebate request. Rebate requests must be submitted within 270 days of the date of service.
- 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 877-CarePath (877-227-3728).

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