



Need help?

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



## Medical Benefit Rebate Form

Complete this Medical Benefit Rebate Form only if you are submitting an **Explanation of Benefits (EOB)** for a rebate check to be sent directly to the patient.

### Receive a Rebate in 4 Easy Steps

- 1 You must be enrolled in the Janssen CarePath Savings Program before receiving a Janssen medication. You can enroll online at [MyJanssenCarePath.com](http://MyJanssenCarePath.com) or by calling 877-CarePath (877-227-3728).
- 2 Use your card to complete the information below. Sign the form.
- 3 Include a copy of the following documents:
  - Explanation of Benefits (EOB) from your primary insurance provider (as well as any secondary insurance provider, if applicable);
  - Receipt from the treatment provider indicating proof of payment of your out-of-pocket Janssen medication costs. Valid receipt will include your name, medication (name, billing code, and NDC#), date, and amount of out-of-pocket responsibility paid for your medication.

**If you do not have proof of payment for the medication, you must obtain your treatment location representative's signature below.**
- 4 Submit this signed form by fax or mail along with EOB and proof of payment (see below for details). Eligible patients will receive a rebate check in about three weeks.

If you are submitting a **pharmacy receipt** and want to receive a rebate check, only complete the Pharmacy Benefit Rebate Form on the next page.

#### Complete the information below. \*Required

The information you provide will only be used by Janssen Pharmaceuticals, Inc., our affiliates, and our service providers, to provide benefits to you related to your participation in the Janssen CarePath Savings Program for SPRAVATO<sup>®</sup>. 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.

Sex  Male  Female

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

E-mail \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*ZIP \_\_\_\_\_

\*9-digit Savings Program medical claims member # found on the front of the Savings Program card

**Out-of-pocket costs paid by this program may not be submitted as a claim for payment to any third-party payer, pharmaceutical patient assistance foundation, or account such as a Flexible Spending Account (FSA), a Health Savings Account (HSA), or a Health Reimbursement Account (HRA).**

**This program is only available to individuals age 18 or older using commercial or private health insurance for their Janssen medication, including plans available through state and federal healthcare exchanges.** This program is not available to individuals who use any state or federal government-funded healthcare program to cover a portion of medication costs, such as Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Administration. You must be enrolled in the SPRAVATO<sup>®</sup> Risk Evaluation and Mitigation Strategy (REMS). Learn more at [SpravatoREMS.com/Patients](http://SpravatoREMS.com/Patients).

**Your eligibility to use the Savings Program card is subject to meeting the program requirements at the time of each use.** Program terms will expire at the end of each calendar year. Program subject to change or discontinuation without notice, including in specific states. **As a condition of participating in this program, you must ensure that you comply with any co-payment disclosure requirements of your insurance carrier or third-party payer, including disclosing to your insurer the amount of co-payment support you receive from this program. By receiving a Savings Program benefit, you confirm that you have read, understood, and agree to the program requirements shown on this page, and you are giving permission for information related to your Savings Program transactions, including rebates and any funds placed on or balance remaining on the Savings Program card, 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 you received your Savings Program 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.

\*Patient Signature \_\_\_\_\_ \*Date \_\_\_\_\_

Treatment location representative signature required **ONLY** if proof of payment is not provided with rebate request. By signing below, you are confirming the patient has paid for his/her out-of-pocket medication costs and was treated with SPRAVATO<sup>®</sup> on the date below.

\*Treatment Location Representative Signature \_\_\_\_\_ \*Print Name \_\_\_\_\_ \*Date \_\_\_\_\_

\*Treatment Location Name \_\_\_\_\_ \*Date of Treatment \_\_\_\_\_

You can submit online, by fax, or by mail:



**Online:**  
[MyJanssenCarePath.com](http://MyJanssenCarePath.com)

A completed Rebate Form is not required if submitting rebate request online.



**Fax:**  
844-584-1453



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

You will receive your rebate check in about three weeks.

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



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Savings Program

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## Pharmacy Benefit Rebate Form

Complete this Pharmacy Benefit Rebate Form only if you are submitting a pharmacy receipt for a rebate check to be sent directly to the patient.

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- 2 You must complete the information below and sign the form.
- 3 Include a copy of the pharmacy receipt. Valid receipt will include your name, medication (name, billing code, and NDC#), date, and amount paid for your SPRAVATO<sup>®</sup> medication.  
If your receipt includes a prescription number and does not include a Janssen medication name, also include a copy of your prescription label from the medication carton.
- 4 Submit this signed form by fax or mail along with your pharmacy receipt and, if required, prescription label from medication carton (see below for details). Eligible patients will receive a rebate check in about three weeks.

If you are submitting an **Explanation of Benefits (EOB)** and want to receive a rebate check, only complete the Medical Benefit Rebate Form on the previous page.

#### Complete the information below. \*Required

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*Name	*Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail	*Phone	
*Address	*City	*State
		*ZIP

\*11-digit Savings Program pharmacy claims member # found on the front of the Savings Program card

**Out-of-pocket costs paid by this program may not be submitted as a claim for payment to any third-party payer, pharmaceutical patient assistance foundation, or account such as a Flexible Spending Account (FSA), a Health Savings Account (HSA), or a Health Reimbursement Account (HRA).**

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*Patient Signature	*Date
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#### You can submit online, by fax, or by mail:



**Online:**  
[MyJanssenCarePath.com](http://MyJanssenCarePath.com)

A completed Rebate Form is not required if submitting rebate request online.



**Fax:**  
844-584-1453

You will receive your rebate check in about three weeks.



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

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