

Savings Program  
for commercially insured patients  
**Pay no more than  
\$10 per infusion\***

**Infusions 1-8:** Pay only \$5    **Infusions 9+:** Pay only \$10

\*\$15,000 maximum program benefit per calendar year.

Not valid for patients using Medicare or Medicaid.

See eligibility requirements on back.



**Get savings off your deductible, co-pay, and co-insurance medication costs for DARZALEX<sup>®</sup>.**

① **Enroll and activate your card**

3 ways to enroll and  
get a card if you  
don't have one



**Online**

[CarePathSavingsProgram.com](http://CarePathSavingsProgram.com)



**Phone**

844-55DARZA  
(844-553-2792)



**Fax or Mail**

Complete **Patient Enrollment Form**<sup>†</sup>

<sup>†</sup>You will activate your card upon receipt  
of enrollment confirmation by mail.

Once activated, you can use your card to save on your eligible out-of-pocket medication costs for DARZALEX<sup>®</sup>.

**Your card is not a credit card. There is no charge for your card.**

Before the calendar year ends, you will receive information and eligibility requirements for continued participation in the program.

② **Create your online account**



**Manage your savings program benefits**

- Review your available benefit
- Submit rebate requests online, if needed

**Get started now...**

Visit [CarePathSavingsProgram.com](http://CarePathSavingsProgram.com)



**Need  
help?**

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

③ **Use your card for savings on your medication** (see next page)

Please read the [Important Product Information](#) for DARZALEX<sup>®</sup>, and discuss any questions you have with your doctor.

## ③ Use your card for savings on your medication



### 5 Simple Steps to receive a rebate\*:

1. Your provider or specialty pharmacy may or may not collect your co-pay based on your insurance coverage.
2. You receive infusion treatment with DARZALEX® (daratumumab).  
Your provider or specialty pharmacy submits the claim to your insurance company.
3. You and your provider receive an Explanation of Benefits (EOB) statement from your insurance company.
  - You or your provider submit the EOB to Janssen CarePath Savings Program (see *How to submit a rebate request* below).
4. Janssen CarePath Savings Program reviews your EOB, and issues your rebate to your card, if eligible.
5. Once funds are available on your card, you can use it at your provider's office for your infusion, or with the specialty pharmacy.

**Remember to bring your card to your infusion appointment.**

**If your provider or specialty pharmacy does not accept Visa® debit, you can request a rebate check.**

\*The card is not pre-funded and requires an EOB to be processed in order to issue a rebate. This is a reimbursement of out-of-pocket expense and not considered income.

**How to submit a rebate request** Please confirm with your provider if you or your provider will submit the request.

**It's your choice.** If you have created an online account, you can submit rebate requests online. You can also submit by fax or by mail:



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



**Fax:**  
866-886-9565



**Mail:**  
Janssen CarePath Savings Program  
P.O. Box 4581  
Warren, NJ 07059

### Am I eligible?

You may be eligible for the Janssen CarePath Savings Program if you currently use private or commercial health insurance to cover a portion of medication costs for DARZALEX®.

Janssen CarePath Savings Program for DARZALEX® is based on medication costs only and does not include costs to give you your infusion.

### Other requirements

- This offer may not be combined with any other coupon, discount, prescription savings card, free trial, or other offer.
- This program is only available to individuals using private or commercial health insurance to cover a portion of their medication costs, including plans available through state and federal healthcare exchanges. This program is not available to individuals who use any state or federal government-subsidized healthcare program to cover a portion of medication costs, such as Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Administration. Patients confirm that they will not seek reimbursement from any of these programs or from pharmaceutical patient assistance foundations and accounts such as a Flexible Spending Account (FSA), Health Savings Account (HSA), or Health Reimbursement Account (HRA).
- The selling, purchasing, trading, or counterfeiting of this card is prohibited.
- Offer good only in the United States and Puerto Rico. Janssen Biotech, Inc., reserves the right to rescind, revoke, or amend this offer without notice at any time. Void where prohibited, taxed, or otherwise restricted by law.
- Offer for new enrollment expires December 31, 2017. For Massachusetts residents only, this offer is subject to change per state legislation.
- Before you activate your card, it is important that you understand that you will be asked to provide personal information that may include your name, address, phone number, email address, and information related to your insurance and treatment. This information is necessary to permit Janssen Biotech, Inc., the maker of DARZALEX® and companies that work with Janssen Biotech, Inc., including our affiliates and our service providers, to fulfill your request to enroll in the Janssen CarePath Savings Program. We may also use the information you give us to learn more about the people who use DARZALEX®, and to improve the information we provide to people who are being treated with DARZALEX®. Janssen Biotech, Inc., will not share your information with anyone else except as required by law.
- 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.
- The program is not retroactive.

Janssen CarePath is in no way an extension of medical treatment provided by healthcare professionals to individual patients. You may discontinue your participation at any time by calling 844-55DARZA (844-553-2792).

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

The Janssen CarePath Savings Program for DARZALEX® Visa® Prepaid Card is issued by Republic Bank & Trust Company, member FDIC, pursuant to a license from Visa U.S.A. Inc.