

Savings Program
for eligible commercially insured patients

Pay \$5 per infusion*

*\$20,000 maximum program benefit per calendar year. Program does not cover cost to give you your treatment. 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 your Janssen medication.

1 Enroll in the Janssen CarePath 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

With a Janssen CarePath Account, you can manage your Savings Program benefits

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

Get started now... visit MyJanssenCarePath.com

2 Get savings on your medication

How 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) or YONDELIS[®] (trabectedin). 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 your EOB in a Savings Program request to Janssen CarePath (see *How to submit a rebate request* on next page).
4. Janssen CarePath Savings Program reviews your EOB and issues your rebate, if eligible. You can request to receive your rebate by check mailed to you, check mailed to your provider, or funds loaded onto your Prepaid Mastercard[®] card. If you requested funds to be loaded onto your card, you can use it at your provider's office for your infusion or with the specialty pharmacy. **Your card is not a credit card. There is no charge for your card.**

Janssen Biotech, Inc., is not liable for unintended or unauthorized use of the DARZALEX[®] and YONDELIS[®] Mastercard if it is lost or stolen. The Janssen CarePath Savings Program for DARZALEX[®] and YONDELIS[®] Prepaid Mastercard is issued by MetaBank[®], 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 product and is not endorsed by them.

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

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



Fax:
DARZALEX®: 844-889-2574
YONDELIS®: 844-286-5448



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

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

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

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 your medication costs for DARZALEX® (daratumumab) or YONDELIS® (trabectedin).

There is no income requirement.

Janssen CarePath Savings Program 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, 2018. For Massachusetts residents only, this offer is subject to change per state legislation.
- Before you enroll and 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., 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 YONDELIS®, and to improve the information we provide to people who are being treated with DARZALEX® and YONDELIS®. 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.

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) or 844-YONDELIS (844-966-3354).

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

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