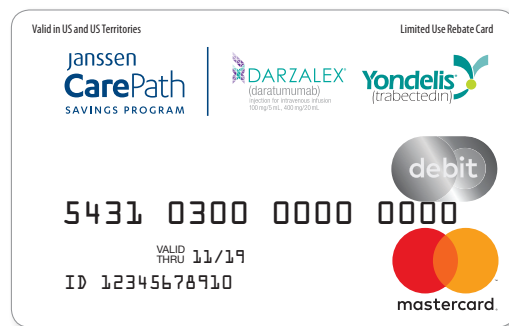


Savings Program for eligible commercially insured patients

Pay \$5 per infusion*

*\$20,000 maximum program benefit per calendar year.
Terms expire at the end of each calendar year and may change.
See program requirements below.



Get savings on your out-of-pocket medication costs for DARZALEX[®] and YONDELIS[®]. 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 infusion.

1 Enroll in the 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](https://www.MyJanssenCarePath.com)

Am I eligible?

You may be eligible for the Janssen CarePath Savings Program if you currently use commercial or private health insurance for DARZALEX[®] and YONDELIS[®]. 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 program is only available to individuals 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.
- 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).
- Program terms will expire at the end of each calendar year. Before the calendar year ends, you will receive information and eligibility requirements for continued participation. 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 participating in the program, 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).
- 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 prescription medication 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.
- If you use medical/primary insurance to pay for your medication, you are responsible for submitting a rebate request including an Explanation of Benefits (EOB) to receive payment under the Savings Program. At your direction, your provider may submit the rebate request and EOB on your behalf. Please ensure you and your provider coordinate who will submit the rebate request.
- This program offer may not be combined with any other coupon, discount, prescription savings card, free trial, or other offer for reduced medication cost. The selling, purchasing, trading, or counterfeiting of this card is prohibited. Offer good only in the United States and Puerto Rico. Void where prohibited, taxed, or otherwise restricted by law.

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).

Janssen Biotech, Inc., is not liable for unintended or unauthorized use of the Janssen 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.

② How to use your Savings Program benefits

Use our streamlined process for requesting a rebate

- You may use your card to receive a rebate, **OR**
- You may assign your benefits directly to your treatment provider (check sent directly to provider)
 - Please discuss this option with your provider

Here's 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 DARZALEX® or YONDELIS®
 - Your provider or pharmacy submits your 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* below)
- Janssen CarePath Savings Program reviews your EOB and issues rebate to your card, to you by check, or to your provider by check, if you have assigned your benefits to your provider. **Your card is not a credit card. There is no charge for your card.**

NOTE: Your provider must provide a copy of the Health Insurance Claim Form—CMS 1500 (HICF) or Uniform Billing Form—CMS 1450 (UB-04) with EOB submissions when you have elected to assign benefits to your provider.

Your Janssen CarePath Savings Program Mastercard can be used for DARZALEX® and/or YONDELIS®. You must confirm your eligibility for the savings program, either online or by phone, if your physician makes any changes to your medication.

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

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...

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



Need help?

844-55DARZA (844-553-2792)
844-YONDELIS (844-966-3354)
Monday–Friday, 8:00 AM–8:00 PM ET

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

How to submit a rebate request

If you have created an online account, you may submit rebate requests online in your account. You can also submit by fax or by mail.

At your request, your provider may submit rebate requests to the Savings Program on your behalf via the Provider Portal or by fax or mail.



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



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



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

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

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.

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