

# Rebate Form

Submit this form if your pharmacy  
can't process your Savings Card.



Get  
started

## STEP 1

Enroll in the Janssen CarePath Savings Program, if you have not already done so, and activate a card by calling 866-836-0114 or online at [MyJanssenCarePath.com](http://MyJanssenCarePath.com).

## STEP 2

Use your card to complete the information on the next page. Sign the form.

## STEP 3

Include the original pharmacy receipt and cash register receipt. Valid receipt will include your name, medication, date, and amount paid for your Janssen Therapeutics medication.

## STEP 4

Mail this signed form along with your pharmacy receipt to the address on the next page. Eligible patients will receive a rebate check.

Please read the full Prescribing Information for **PREZISTA**<sup>®</sup>, **PREZCOBIX**<sup>®</sup>, **EDURANT**<sup>®</sup>, and **INTELENCE**<sup>®</sup>, and discuss any questions you have with your doctor.

# Rebate Form

PREZISTA® (darunavir), PREZCOBIX® (darunavir 800 mg/cobicistat 150 mg),  
EDURANT® (rilpivirine), and INTELENCE® (etravirine)

**Read instructions on reverse side**, then complete the information below.

The information you provide will only be used by Janssen Therapeutics, Division of Janssen Products, LP, the maker of PREZISTA®, PREZCOBIX®, EDURANT®, and INTELENCE®, our affiliates, and our service providers, to provide benefits to you related to the activation and use of your Janssen CarePath Savings Card. If you want to stop receiving this information or service, you may withdraw from the program by calling 866-836-0114. Our [Privacy Policy](#) governs the use of the information you provide.

**\*Required**

\*Name

\*Gender  M  F

\*DOB (mm/dd/yyyy)

\*Address

\*City

\*State

\*Zip Code

\*E-mail

\*Phone

\*Grp

\*ID

By redeeming this rebate, you certify that you will not submit a claim for amounts covered by this rebate for payment to any third-party payers, or from pharmaceutical patient assistance foundations and accounts, including a Flexible Spending Account (FSA), a Health Savings Account (HSA), or a Health Reimbursement Account (HRA).

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.

Offer valid only for the product indicated. Any other use may constitute fraud. The selling, purchasing, trading, or counterfeiting of this rebate form is prohibited by federal law, and such activities may result in imprisonment for not more than 10 years or fines not more than \$250,000, or both. REBATE FORM CANNOT BE BOUGHT, TRANSFERRED, OR SOLD. REBATE FORM CANNOT BE COMBINED WITH ANY OTHER OFFER, DISCOUNT, PRESCRIPTION SAVINGS CARD, OR FREE TRIAL. Customer is responsible for any sales tax. Tax charged on pre rebate price where required. No cash back. Offer good only in the U.S. and Puerto Rico. Janssen Therapeutics, Division of Janssen Products, LP, reserves the right to rescind, revoke, or amend this offer without notice at any time. Void where prohibited, taxed, or otherwise restricted 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.**

Use of this card is subject to the program eligibility requirements which can be found on the Janssen CarePath Savings Program Brochure. **Offer for new enrollment expires December 31, 2018. For Massachusetts residents only, this offer is subject to change per state legislation. NO PHOTOCOPIES ACCEPTED.**

By signing, dating and submitting this form you confirmed that **you have already completed the 2-step process of: (1) enrolling in Janssen CarePath Savings Program and (2) activating a savings card. Janssen CarePath cannot process this rebate form if you have not completed this 2-step process.** In addition you indicate you read, understand, agree, and meet the terms and conditions on this form, as well as the eligibility requirements which were explained to you when you received the card, which may also be found in the Janssen CarePath Savings Program Brochure.

<input type="text"/>	<input type="text"/>
*Signature	*Date

Questions? Call 866-836-0114, Monday-Friday, 8:00 AM-8:00 PM ET

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

You will receive your rebate check in 10-14 business days.

**Please read the full Prescribing Information for PREZISTA®, PREZCOBIX®, EDURANT®, and INTELENCE®, and discuss any questions you have with your doctor.**