

Savings Program
for eligible commercially insured patients

Pay \$0 per fill*

*\$7,500 maximum benefit per calendar year. Not valid for patients using Medicare, Medicare Part D, or Medicaid. See eligibility requirements on next page.

**Janssen
CarePath**
SAVINGS PROGRAM

 **PREZISTA**
(darunavir) tablets

 **EDURANT**
(rilpivirine) tablets

 **PREZCOBIX**
(darunavir 800 mg/
cobicistat 150 mg) tablets

 **INTELENCE**
(etravirine) tablets

BIN: 610020 **Grp:** 99992548
ID:

Please read the full Product Information for PREZISTA®, PREZCOBIX®, EDURANT®, and INTELENCE®, available at JanssenCarePath.com and discuss any questions you have with your doctor.

[SEE REVERSE. RESTRICTIONS APPLY.](#)

Get instant savings on your deductible, co-pay and co-insurance costs for your prescription.

Let's get
started

Enroll and get a Savings Card



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
- Submit Savings Program requests
- View payment transactions
- Receive timely alerts and program updates

You can use your savings card when filling your prescription at a retail or mail order pharmacy.

Get additional support from Janssen CarePath to help you start and stay on prescribed Janssen therapy, visit JanssenCarePath.com or call us.

Please read the full Prescribing Information for [PREZISTA](#)®, [PREZCOBIX](#)®, [EDURANT](#)® and [INTELENCE](#)®, and discuss any questions you have with your doctor.

Savings Program

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.

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 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.
- Offer for new enrollment expires December 31, 2018. 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 prescription medication insurance and treatment. This information is necessary to permit Janssen Therapeutics, Division of Janssen Products, LP, the maker of PREZISTA® (darunavir), PREZCOBIX® (darunavir 800 mg/cobicistat 150 mg), EDURANT® (rilpivirine) and INTELENCE® (etravirine), and companies that work with Janssen Therapeutics, Division of Janssen Products, LP, 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 PREZISTA®, PREZCOBIX®, EDURANT® and INTELENCE®, and to improve the information we provide to people who are being treated with PREZISTA®, PREZCOBIX®, EDURANT® or INTELENCE®. Janssen Therapeutics, Division of Janssen Products, LP, 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.

Before the calendar year ends, you will receive information and eligibility requirements for continued participation in the 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 866-836-0114.

Get started at MyJanssenCarePath.com



Need
help?

Call **866-836-0114**
Monday–Friday, 8:00 AM–8:00 PM ET

Please read the full Prescribing Information for [PREZISTA®](#), [PREZCOBIX®](#), [EDURANT®](#) and [INTELENCE®](#), and discuss any questions you have with your doctor.