

# Rebate Form

Submit this form if your pharmacy can't process your Janssen CarePath Savings Program card.

Get  
started

## STEP 1

You must be enrolled in the Janssen CarePath Savings Program before filling your prescription.

You can enroll by texting "SAVINGS" to 89633, going online at [MyJanssenCarePath.com/Express](https://MyJanssenCarePath.com/Express), or by calling 866-836-0114.

## 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 and cash register receipt to the address on the next page.

Eligible patients will receive a rebate check.

**Please read the full Prescribing Information, including Boxed Warning and Patient Information for [SYMITUZA](#), and discuss any questions you have with your doctor.**

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

# Rebate Form

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

Read instructions on previous page, then complete the information below.

The information you provide will only be used by Janssen Therapeutics, Division of Janssen Products, LP, the maker of SYMTUZA®, 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 Program 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

<input type="text"/>		
*Name		
<input type="text"/>	*Gender <input type="checkbox"/> M <input type="checkbox"/> F	
*DOB (mm/dd/yyyy)		
<input type="text"/>		
*Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
*City	*State	*Zip Code
<input type="text"/>	<input type="text"/>	
*E-mail	*Phone	
<input type="text"/>	<input type="text"/>	
*Grp	*ID	

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).

This program is only available to individuals who meet the minimum age requirements in product labeling (SYMTUZA® and PREZCOBIX® 18 years, EDURANT® 12 years, PREZISTA® 3 years, INTELENCE® 2 years) and are 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.

Your eligibility to use the Savings Program card is subject to meeting the program requirements at the time of each use. 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 using the Savings Program card, you confirm that you have read, understood and agree to the program requirements shown on this page, and 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). Offer good only in the United States and its territories. Void where prohibited, taxed, or otherwise restricted by law. REBATE FORM CANNOT BE BOUGHT, TRANSFERRED, OR SOLD. REBATE FORM CANNOT BE COMBINED WITH ANY OTHER OFFER, DISCOUNT, PRESCRIPTION SAVINGS CARD, OR FREE TRIAL. Use of this card is subject to the program requirements, which can be found on the Janssen CarePath Savings Program Brochure.

By signing, dating and submitting this form you confirm that you already enrolled in the Janssen CarePath Savings Program and activated your savings card before receiving your Janssen medication. Janssen CarePath cannot process this rebate form if you have not completed this process. In addition, you indicate you read, understand, agree, and meet the terms and conditions on this form, as well as the program 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, including Boxed Warning and Patient Information for [SYMTUZA®](#), and discuss any questions you have with your doctor.

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