

Janssen CarePath Savings Program Terms & Conditions

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.

**Pharmacists: Please see below for processing instructions.
Non-Transferable. Patient must submit a valid prescription.**

Patient: This offer is provided to you as a service by Janssen Therapeutics, Division of Janssen Products, LP. Program terms will expire at the end of each calendar year. Program subject to change or discontinuation without notice, including in specific states. Present this offer along with a signed prescription for SYMTUZA®, PREZISTA®, PREZCOBIX®, EDURANT®, or INTELENCE®, to your pharmacist for an instant savings that can be applied toward out-of-pocket expenses on your prescription for SYMTUZA®, PREZISTA®, PREZCOBIX®, EDURANT®, or INTELENCE®. **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. 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 offer may not be redeemed for cash. 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 requirements, which can be found [here](#).

Pharmacist: For insured patients, process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit SECONDARY claim to PDM under BIN # 610020. You will be reimbursed for the face value of the offer plus a dispensing fee, provided you and the customer have complied with the terms of this offer. Cash value: 1/20¢. No alterations of this offer will be accepted. Out-of-pocket cost assistance may not exceed patient's out-of-pocket cost or amount set by the program's limits, whichever is less. **For questions regarding setup, claim transmission, patient eligibility, enrollment, or other issues, call 855-846-5391, Monday–Sunday, 8:00 AM–12:00 AM ET.**

Offer valid only for the product indicated. Any other use may constitute fraud. The selling, purchasing, trading, or counterfeiting of this card 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. CARD CANNOT BE BOUGHT, TRANSFERRED, OR SOLD. OFFER CANNOT BE COMBINED WITH ANY OTHER COUPON, DISCOUNT, PRESCRIPTION SAVINGS CARD, FREE TRIAL OR OTHER OFFER. Customer is responsible for any sales tax. Tax charged on pre-offer price where required. No cash back. Offer good only in the United States and its territories. Void where prohibited, taxed, or otherwise restricted by law.