

Savings Program for eligible commercially insured patients

Pay \$0 per fill*

*\$10,500 maximum program benefit per calendar year for SYMTUZA[®]. \$7,500 maximum program benefit per calendar year for PREZISTA[®], PREZCOBIX[®], EDURANT[®], and INTELENCE[®]. Terms expire at the end of each calendar year and may change.

See program requirements on next page.

Janssen
CarePath
SAVINGS PROGRAM

PREZISTA[®]
(darunavir) tablets

PREZCOBIX[®]
(darunavir 800 mg/
cobicistat 150 mg) tablets

Symtuza[®]
darunavir/cobicistat/emtricitabine/
tenofovir alafenamide tablets
800mg/150mg/200mg/10mg

EDURANT[®]
(rilpivirine) tablets

INTELENCE[®]
(etravirine) tablets

BIN: 610020 **GROUP:** 99992548

ID:

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.

[PROGRAM REQUIREMENTS APPLY.](#)

Get instant savings on your out-of-pocket costs for your Janssen medication. Depending on the health insurance plan, savings may apply toward co-pay, co-insurance, or deductible.



Enroll and get a Savings Card



By phone
866-836-0114

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.

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.

Savings Program

Am I eligible?

You may be eligible for the Janssen CarePath Savings Program if you are at least the minimum age stated in product labeling* and are currently using commercial or private health insurance for your medication costs.

*Minimum age requirements: SYMTUZA® and PREZCOBIX® 18 years, EDURANT® 12 years, PREZISTA® 3 years, INTELENCE® 2 years.

Other requirements

- This program is only available to individuals who meet the minimum age requirements (see above) 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).
- 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 Therapeutics, Division of Janssen Products, LP, the maker of SYMTUZA®, PREZISTA®, PREZCOBIX®, EDURANT®, and INTELENCE®, 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 SYMTUZA®, PREZISTA®, PREZCOBIX®, EDURANT® or INTELENCE®, and to improve the information we provide to people who are being treated with SYMTUZA®, 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.
- This program offer may not be combined with any other coupon, discount, prescription savings card, free trial, or other offer. The selling, purchasing, trading, or counterfeiting of this card is prohibited. Offer good only in the United States and its territories. 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 866-836-0114.

Get started at [MyJanssenCarePath.com](https://www.MyJanssenCarePath.com)

Get additional support from Janssen CarePath to help you start and stay on prescribed Janssen therapy. Visit [JanssenCarePath.com](https://www.JanssenCarePath.com) or call us.



Need
help?

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

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.