

Savings Program

for eligible commercially insured patients

Pay \$10 per dose*

*\$8,000 maximum program benefit per calendar year or 13 doses, whichever comes first, for INVEGA SUSTENNA®;

\$8,000 maximum program benefit per calendar year or 4 doses, whichever comes first, for INVEGA TRINZA®.

Terms expire at the end of each calendar year and may change. See program requirements on next page.



Get savings on your out-of-pocket medication costs for INVEGA SUSTENNA® or INVEGA TRINZA®. Depending on your health insurance plan, savings may apply toward co-pay, co-insurance, or deductible.

Program does not cover costs to give you your injection.



Get a Savings Card



By phone
877-524-3579

OR



**Patients can [click here](#)
to get a card**

You can use the Savings Program card when filling your prescription at a pharmacy or at your doctor's office.

Please read the full Prescribing Information, including Boxed WARNING, for **INVEGA SUSTENNA®** and **INVEGA TRINZA®**, 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 age 18 or older and currently use commercial or private health insurance for your medication costs. Janssen CarePath Savings Program is based on medication costs only and does not include costs to give you your injection.

Other requirements

- **This program is only available to individuals age 18 or older 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 expire at the end of each calendar year. 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.
- 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 Pharmaceuticals, Inc., the maker of INVEGA SUSTENNA® and INVEGA TRINZA®, and companies that work with Janssen Pharmaceuticals, Inc., 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 INVEGA SUSTENNA® and INVEGA TRINZA®, and to improve the information we provide to people who are being treated with INVEGA SUSTENNA® and INVEGA TRINZA®. Janssen Pharmaceuticals, Inc., 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 valid for residents of 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 877-524-3579.



Need
help?

Call **877-524-3579**
Monday–Friday, 8:00 AM–8:00 PM ET

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