

Rebate Form

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



STEP 1

Enroll in the Janssen CarePath Savings Program
if you have not already done so,
by calling 877-524-3579.

STEP 2

Use your card to complete the information
on the next page. Sign the form.

STEP 3

Include a copy of the pharmacy receipt (cash
register receipts not accepted). Valid receipt will
include your name, medication, date, and amount
paid for your Janssen medication.

OR

Include the original Explanation of Benefits (EOB)
from your insurance company with
proof of payment for your Janssen medication.

STEP 4

Mail this signed form along with your pharmacy
receipt or EOB and a copy of your Savings Program
card to the address on the next page. Eligible
patients will receive a rebate check.

**Please read the full Prescribing Information, including
Boxed WARNING, for INVEGA SUSTENNA[®] and
INVEGA TRINZA[®], and discuss any questions you have
with your doctor.**

Rebate Form

INVEGA SUSTENNA® (paliperidone palmitate) and
INVEGA TRINZA® (paliperidone palmitate)

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

The information you provide will only be used by Janssen Pharmaceuticals, Inc., the maker of INVEGA SUSTENNA® and INVEGA TRINZA®, our affiliates, and our service providers, to provide benefits to you related to the 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 877-524-3579. Our [Privacy Policy](#) governs the use of the information you provide.

*Required

*Name

*Gender M F

*Date of Birth (mm/dd/yyyy)

*Address

*City

*State

*Zip Code

*E-mail

*Phone

*11-digit Savings Program ID # found on the front of the card

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 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.

Program terms will 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.** Offer valid for residents of 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 confirmed that **you have already completed the two-step process of: (1) enrolling in Janssen CarePath Savings Program and (2) activating a savings card. Janssen CarePath cannot process this rebate form if you have not completed this two-step 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 on the Janssen CarePath Savings Program Brochure.

*Signature

*Date

Questions? Call 877-524-3579, 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 about 3 weeks.

Please read the full Prescribing Information, including Boxed WARNING, for [INVEGA SUSTENNA®](#) and [INVEGA TRINZA®](#), and discuss any questions you have with your doctor.