

## Savings Program for eligible commercially insured patients

# \$0 co-pay every month for most patients\*

\*\$3,000 maximum program benefit per calendar year, subject to monthly program benefit limits. There is no limit for your first month of treatment; \$200 limit for each month thereafter. Terms expire at the end of each calendar year and may change. See program requirements on next page.



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

Let's get  
started

### Register and get a Savings Card



**By phone**  
877-INVOKANA  
(877-468-6526)

OR



**Online at [Invokana.com](https://www.invokana.com)  
or [Invokamet.com](https://www.invokamet.com)**

**You can also create a Janssen CarePath Account at [MyJanssenCarePath.com](https://www.MyJanssenCarePath.com) so 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(s), for **INVOKANA**®, **INVOKAMET**®, and **INVOKAMET**® XR, and the Medication Guides for **INVOKANA**®, **INVOKAMET**®, and **INVOKAMET**® XR, 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.

### 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).
- 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 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 register for the program, 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 INVOKANA<sup>®</sup>, INVOKAMET<sup>®</sup>, and INVOKAMET<sup>®</sup> XR, and companies that work with Janssen Pharmaceuticals, Inc., including our affiliates and our service providers, to fulfill your request to register for the Janssen CarePath Savings Program. We may also use the information you give us to learn more about the people who use INVOKANA<sup>®</sup>, INVOKAMET<sup>®</sup>, and INVOKAMET<sup>®</sup> XR, and to improve the information we provide to people who are being treated with INVOKANA<sup>®</sup>, INVOKAMET<sup>®</sup>, and INVOKAMET<sup>®</sup> XR. 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 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 877-468-6526.

Get additional support from Janssen CarePath to help you start and stay on therapy, visit [Invokana.com](http://Invokana.com) or [Invokamet.com](http://Invokamet.com), or call us.



**Need help?**

Call **877-INVOKANA** (877-468-6526)  
Monday–Friday, 8:00 AM–8:00 PM ET

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Canagliflozin is licensed from Mitsubishi Tanabe Pharma Corporation.