

Savings Program for eligible commercially insured patients

Pay \$5 per infusion*

*\$20,000 maximum program benefit per calendar year.
Terms expire at the end of each calendar year and may change.
See program requirements below.



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

Program does not cover costs to give you your infusion.

1 Enroll in the Savings Program

3 ways to enroll



By creating an online account and enrolling at MyJanssenCarePath.com



By phone
877-CarePath
(877-227-3728)



By fax or mail
Complete **Patient Enrollment Form** †
*You will activate your card upon receipt of enrollment confirmation by mail.

Am I eligible?

You may be eligible for the Janssen CarePath Savings Program if you are age 6 or older and currently use commercial or private health insurance for REMICADE®. There is no income requirement.

Janssen CarePath Savings Program for REMICADE® is based on medication costs only and does not include costs to give you your infusion.

Other requirements

- This program is only available to individuals age 6 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 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 Biotech, Inc., the maker of REMICADE®, and companies that work with Janssen Biotech, 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 REMICADE®, and to improve the information we provide to people who are being treated with REMICADE®. Janssen Biotech, Inc., will not share your information with anyone else except as required by law.
- If you use medical/primary insurance to pay for your medication, you are responsible for submitting a rebate request including an Explanation of Benefits (EOB) to receive payment under the Savings Program. At your direction, your provider may submit the rebate request and EOB on your behalf. Please ensure you and your provider coordinate who will submit the rebate request.
- This program offer may not be combined with any other coupon, discount, prescription savings card, free trial, or other offer for reduced medication cost. 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-CarePath (877-227-3728).

Janssen Biotech, Inc., is not liable for unintended or unauthorized use of the Janssen REMICADE® Mastercard® if it is lost or stolen. The Janssen CarePath Savings Program for REMICADE® Prepaid Mastercard is issued by MetaBank®, Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Janssen CarePath Savings Program is not a MetaBank product and is not endorsed by them.

Please read the full [Prescribing Information](#), including [Boxed Warnings](#), and [Medication Guide](#) for REMICADE®, and discuss any questions you have with your doctor.

② How to Use Your Savings Program Benefits

How your card can be used depends on the insurance you use to pay for your medication:



If you use your **medical/primary insurance** to pay for your medication through your doctor, treatment provider, or pharmacy:

- You may use your card to receive a rebate, **OR**
- You may assign your benefits directly to your treatment provider. Please discuss this option with your provider

How it works:

- Your provider or pharmacy may or may not collect your co-pay, based on your insurance coverage
- You receive your treatment with REMICADE® (infliximab)
 - Your provider or pharmacy submits your claim to your healthcare insurance provider
- You and your provider receive an EOB statement from your insurance
 - You are responsible for submitting the EOB to Janssen CarePath Savings Program, or you can request your provider to submit the EOB on your behalf (see *How to submit a rebate request* below)
- Janssen CarePath Savings Program reviews your EOB, and issues rebate to your card, to you by check, or to your provider if you have assigned your benefits to your provider



If you use your **pharmacy/prescription insurance** to pay for your medication from a pharmacy:

- You may use your card (provide your Member ID #, Rx BIN #, and Group #) to receive instant savings off the cost of your medication
- The pharmacy will call to collect your co-pay

Remember to bring your card to your treatment appointment. Your card is not a credit card. There is no charge for your card.

If for any reason your provider or pharmacy cannot process your card, please call us at 877-CarePath (877-227-3728).

You may be able to submit a [Rebate Form](#) to receive a check. Proof of medication payment required.

With a Janssen CarePath online account, you can manage your Savings Program benefits



- Review your available benefits
- Submit Savings Program requests
- View benefit payment transactions
- Receive timely alerts and program updates

Get started now...

Visit [MyJanssenCarePath.com](https://www.MyJanssenCarePath.com)



Need help?

Call **877-CarePath** (877-227-3728)
Monday–Friday, 8:00 AM–8:00 PM ET

Before the calendar year ends, you will receive information and eligibility requirements for continued participation in the program.

How to submit a rebate request If you have created an online Janssen CarePath Patient Account, you may submit online in your account. If you would like to receive a rebate check payable to you by mail, you must complete a [Rebate Request Form](#) and provide proof of medication payment.

At your request, your provider may submit rebate requests to the Savings Program on your behalf via the Provider Portal or by fax or mail.



Online:
[MyJanssenCarePath.com](https://www.MyJanssenCarePath.com)



Fax:
877-234-3048



Mail:
Janssen CarePath Savings Program
2250 Perimeter Park Drive, Suite 300
Morrisville, NC 27560

Confirm with your provider who will submit rebate requests to the program—you or your provider at your request.

Please read the full [Prescribing Information](#), including [Boxed Warnings](#), and [Medication Guide](#) for REMICADE®, and discuss any questions you have with your doctor.