

Savings Program

for eligible commercially insured patients

Pay \$10 per treatment for SPRAVATO™ medication costs*

*\$7,150 maximum program benefit per calendar year. *Treatment* may include up to three devices administered on the same day. Terms expire at the end of each calendar year and may change. See program requirements on next page.

 <p>Medical Claims Payer ID: 56165 GROUP: 00003636 Member:</p>	 <p>Pharmacy Claims BIN: 610020 GROUP: 99994002 Member:</p>
<p><small>Physicians: For medical claims, patient may direct payment to you or elect to receive a mailed rebate check. Call 855-872-1776 to understand payment selection made by patient.</small></p> <p><small>Please read the full Prescribing Information, including Boxed WARNING and Medication Guide for SPRAVATO™, and discuss any questions you have with your doctor.</small></p> <p>PROGRAM REQUIREMENTS APPLY.</p>	

Get savings on your out-of-pocket medication costs for SPRAVATO™.
Depending on your health insurance plan, savings may apply toward co-pay, co-insurance, or deductible.
Program does not cover the cost to give you your treatment.



Register and get a Savings Card



Online
Register.JanssenCarePathSavings.com

OR



By phone
844-777-2828

You can share your Savings Program card with your doctor or pharmacist to receive savings on SPRAVATO™ medication costs.

If your doctor's office or specialty pharmacy cannot process your Savings Program card, you can submit a [rebate form](#) and proof of medication payment to receive a rebate.

Please read the full [Prescribing Information](#), including **Boxed WARNING** and [Medication Guide](#) for SPRAVATO™, 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 SPRAVATO™. There is no income requirement. Janssen CarePath Savings Program for SPRAVATO™ is based on medication costs only and does not include costs to give you your treatment.

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 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 SPRAVATO™, 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 SPRAVATO™, and to improve the information we provide to people who are being treated with SPRAVATO™. Janssen Pharmaceuticals, 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 by mail or through an electronic billing system. 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. 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 844-777-2828.

For additional information and resources from Janssen CarePath to help you start and stay on therapy as prescribed by your doctor, visit [JanssenCarePath.com](https://www.JanssenCarePath.com) or call us.

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



Need
help?

Call **844-777-2828**
Monday–Friday, 8:00 AM–8:00 PM ET

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