Please read the full Prescribing Information, including Boxed Warnings, and Medication Guide for XARELTO®, and discuss any questions you have with your doctor.
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 XARELTO®, our affiliates, and our service providers, to provide benefits to you related to the use of the Janssen CarePath Savings Program card. If you want to stop receiving this information or service, you may withdraw from the program by calling 888-XARELTO (888-927-3586). Our Privacy Policy governs the use of the information you provide.

*Required

**Name**

**Gender** □ M □ F

**DOB (mm/dd/yyyy)**

**Address**

**City**

**State**

**Zip Code**

**E-mail**

**Phone**

How many days’ supply of your XARELTO® medication did you receive?

*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 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.

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.

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By signing, dating, and submitting this form you confirm that you already registered in the Janssen CarePath Savings Program and got your savings card before receiving your Janssen medication. Janssen CarePath cannot process this rebate form if you have not completed this 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 in the Janssen CarePath Savings Program Brochure.

*Signature  *Date

Questions? Call 888-XARELTO (888-927-3586), 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 three weeks.

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