

Janssen CarePath Savings Program Terms & Conditions

Eligible commercial patients pay **\$10 for each 90-day** prescription, subject to program benefit limits.

There is no limit to this benefit for the first 90 days, and then a \$200 limit for each 30-day supply thereafter. There is a \$3,400 maximum program benefit per calendar year. Terms expire at the end of each calendar year and may change. See program requirements below.

Program requirements

- **This program is only available to people using commercial or private health insurance for their Janssen medication. This includes plans from the Health Insurance Marketplace.** This program is not for people who use any state or federal government-funded healthcare program. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration.
- You may not seek payment for the value received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account.
- You must meet the program requirements every time you use the card.
- Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states.
- To use this program, you must follow any health plan requirements, including telling your health plan how much co-payment support you get from this program. By using the Savings Program, you confirm that you have read, understood, and agree to the program requirements on this page, and you are giving permission for information related to your Savings Program transactions to be shared with your healthcare provider(s). These transactions include rebates and any funds placed on the card or balance remaining on the card.
- This program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer. Offer good only in Pennsylvania and Florida. Void where prohibited, taxed, or limited by law.

You may end your participation in the Janssen CarePath Savings Program by contacting the pharmacy that filled your prescription.

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

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