

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. Program limits apply. Depending on how your insurance covers SPRAVATO[®], there is a program benefit limit of list price of the medication and a quantity limit of three devices per day or 23 devices in a 24-day period. There is a quantity limit of 24 devices in a 24-day period for one use per lifetime. Terms expire at the end of each calendar year and may change. See program requirements on next page.

You must be enrolled in the Savings Program before receiving your Janssen medication in order to qualify for out-of-pocket cost savings. Once enrolled, you can share your Savings Program card with your doctor or pharmacist to receive savings on your SPRAVATO[®] medication costs.



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 costs to give you your treatment.

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.

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 the card to submit a rebate for reimbursement, **OR**
- You may assign your Savings Program benefits directly to your treatment provider. Please discuss this option with your treating 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 SPRAVATO[®]
 - Your provider or pharmacy submits your primary insurance claim to your healthcare insurance provider
- You and your provider receive an Explanation of Benefits (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* on next page)
- Janssen CarePath Savings Program reviews your EOB, and issues a rebate 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 collect your co-pay

Remember to bring your card to your treatment appointment.

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.

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

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...



Need help?

Visit [JanssenCarePath.com/Spravato](https://www.JanssenCarePath.com/Spravato)
Call **877-CarePath** (877-227-3728)
Monday–Friday, 8:00 AM–8:00 PM ET

How to submit a rebate request You will need to complete, sign, and submit a [Janssen CarePath Rebate Form](#), including a copy of your EOB from your primary insurance provider (as well as any secondary insurance provider, if applicable) and a receipt from your treatment provider indicating proof of payment of your out-of-pocket Janssen medication costs.

You may submit rebate requests to the Savings Program via your patient account, or by fax or mail.



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



Fax:
844-584-1453



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

At your request, your provider may submit rebate requests to the Savings Program on your behalf if you have a **Patient Assignment of Benefits consent on file**. The Assignment of Benefits form can be found at [JanssenCarePath.com](https://www.JanssenCarePath.com) or by calling Janssen CarePath at 877-CarePath (877-227-3728). Please complete the form, then sign and return the form to your provider.

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

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 that covers SPRAVATO[®] (esketamine) Nasal Spray CIII.
- Are enrolled in the SPRAVATO[®] Risk Evaluation and Mitigation Strategy (REMS). Learn more at [SpravatoREMS.com/Patients](https://www.SpravatoREMS.com/Patients).

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. 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 receiving a Savings Program benefit, you confirm that you have read, understood, and agree to the program requirements shown on this page, and 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 enroll in 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 enroll in 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 877-CarePath (877-227-3728).

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