

Savings Program

for eligible commercially insured patients

Pay \$5 per fill

Maximum program benefit per calendar year shall apply. Terms expire at the end of each calendar year and may change. Offer subject to change or discontinuance without notice. Restrictions, including monthly maximums, may apply. See program requirements on next page.



Get instant savings on your out-of-pocket costs for BALVERSA[®]. Depending on your health insurance plan, savings may apply toward co-pay, co-insurance, or deductible.

Let's get started

Enroll and get a card



Patients can check eligibility and enroll at MyJanssenCarePath.com/express

Care Team members, such as Providers and Pharmacists, can enroll patients in the Savings Program at JanssenCarePathPortal.com/express

You can use your Savings Program card when filling your prescription for BALVERSA[®].

Please read the full [Prescribing Information](#) and [Patient Information](#) for BALVERSA[®], 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 currently use commercial or private health insurance for BALVERSA[®], and must pay an out-of-pocket cost for your medication. There is no income requirement.

Other requirements

- **This program is only available to people using commercial or private health insurance for their Janssen medication. This includes plans from state and federal healthcare exchanges.** 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.
- Patients who are members of health plans that claim to eliminate their out-of-pocket costs are not eligible for cost support. If you have enrolled in one of these plans, please inform Janssen CarePath at 866-378-1910.
- 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 card, 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.
- Before you enroll in the program, 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 needed for Janssen Biotech, Inc., the maker of BALVERSA[®], and our service providers to enroll you in the Janssen CarePath Savings Program. We may also use the information you give us to learn more about the people who use BALVERSA[®], and to improve the information we give people who use BALVERSA[®]. Janssen Biotech, Inc., will not share your information with anyone else except where legally allowed.
- This program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer. Offer good only in the United States and its territories. Void where prohibited, taxed, or limited by law.

You may end your participation in Janssen CarePath at any time by calling 866-378-1910.

For additional information and resources to help you start and stay on therapy as prescribed by your doctor, visit [Balversa.com](https://www.balversa.com).

Get started at [MyJanssenCarePath.com/express](https://www.MyJanssenCarePath.com/express)

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