

Savings Program

for eligible commercially insured patients

Pay \$5 per dose

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

Get savings on your out-of-pocket medication costs for STELARA®. Depending on your health insurance plan, savings may apply toward deductible, co-pay, and co-insurance.

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



By phone
844-4withMe
(844-494-8463)



By fax or mail
Complete [Patient Enrollment Form](#) *
*You will activate your card upon receipt of enrollment confirmation by mail.

Am I eligible?

You may be eligible for the STELARA withMe Savings Program if you are age 6 and older, use commercial or private health insurance for STELARA®, and must pay an out-of-pocket cost for your medication. There is no income requirement.

STELARA withMe Savings Program is based on medication costs only and does not include costs to give you your treatment.

Other requirements

- This program is only available for people age 6 and older using commercial or private health insurance and must pay an out-of-pocket cost for their Janssen medication. This includes plans from the Health Insurance Marketplace. This program is not available 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 at the time of each Savings Program request.
- Program terms will expire at the end of each calendar year. The program may change or discontinuation without notice, including in specific states.
- Patients who are members of health plans (often termed "maximizer" or "optimizer" programs) that claim to reduce or eliminate their patients' out-of-pocket co-pay, co-insurance, or deductible obligations for certain prescription drugs based upon the availability of, or patient's enrollment in, manufacturer sponsored co-pay assistance for such drugs will have a \$6,000 annual maximum program benefit per calendar year (not applicable to patients in Maine). If you have enrolled in one of these plans, please inform STELARA withMe at 844-4withMe (844-494-8463).
- 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 getting a Savings Program benefit, 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 activate your card, 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 STELARA®, and our service providers to enroll you in the STELARA withMe Savings Program. We may also use the information you give us to learn more about the people who use STELARA®, and to improve the information we give them. Janssen Biotech, Inc., will not share your information with anyone else except where legally allowed.
- If you use medical/primary insurance to pay for your medication, you need to submit a rebate request with an Explanation of Benefits (EOB) to get payment from the Savings Program. With your permission, your provider may submit the rebate request and EOB for you. Please make sure you and your provider know who will submit the rebate request.
- 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 STELARA withMe at any time by calling 844-4withMe (844-494-8463).

Janssen Biotech, Inc., is not liable for unintended or unauthorized use of the STELARA® Mastercard® if it is lost or stolen. The STELARA withMe Savings Program Prepaid Mastercard is issued by Pathward, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated. STELARA withMe Savings Program is not a Pathward or Mastercard product or service, nor is the optional offer endorsed by them.

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

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 **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



If you use your **medical/primary insurance** to pay for your medication through your doctor, treatment provider, or pharmacy:

- You may use your card to receive a rebate, **OR**
- You may assign your benefits directly to your treatment provider. Please discuss this option with your 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 STELARA® (ustekinumab)
 - Your provider or pharmacy submits your claim to your healthcare insurance provider
- You and your provider receive an EOB statement from your insurance
 - You are responsible for submitting the EOB to STELARA withMe Savings Program, or you can request your provider to submit the EOB on your behalf (see *How to submit a rebate request* below)
- STELARA withMe Savings Program reviews your EOB, and issues rebate to your card, to you by check, or to your provider if you have assigned your benefits to your provider

Remember to bring your card to your treatment appointment. Your card is not a credit card. There is no charge for your card. If for any reason your provider or pharmacy cannot process your card, please call us at 844-4withMe (844-494-8463). You may be able to submit a [Rebate Form](#) to receive a check. Proof of medication payment required.

With an 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?

Call **844-4withMe** (844-494-8463)
Monday–Friday, 8:00 AM–8:00 PM ET
Visit [JanssenCarePath.com/Stelara](https://www.janssen.com/carepath/stelara)

How to submit a rebate request If you have created an online Patient Account, you may submit online in your account. If you would like to receive a rebate check payable to you by mail, you must complete a [Rebate Request Form](#) and provide proof of medication payment.

At your request, your provider may submit rebate requests to the Savings Program on your behalf via the Provider Portal or by fax or mail.



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



Fax:
844-250-7193



Mail:
STELARA withMe Savings Program
2250 Perimeter Park Drive, Suite 300
Morrisville, NC 27560

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

Information about your insurance coverage, cost support options, and treatment support is given to you by service providers for STELARA withMe via Janssen CarePath. The information you get does not require you to use any Janssen product. STELARA withMe cost support is not for patients in the Johnson & Johnson Patient Assistance Foundation.

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