

You pay **\$5** per dose*

Call StelaraSupport™ or go to STELARAinfo.com to request and activate your Instant Savings Card.



Once you enroll and activate your Instant Savings Card for **STELARA®**, you can use your card when you are filling your prescription at a specialty or retail pharmacy.

*\$20,000 maximum program benefit per calendar year. Not valid for patients enrolled in Medicare, Medicare Part D, or Medicaid. For eligibility, requirements, and restrictions, see next page.

StelaraSupport™ —we're here to help



Explanation of your health insurance benefits and coverage options



Information on other cost support programs



Coordination of prescription information and medication delivery



Medication reminders



Access to a nurse for answers to your questions

For more information, please call:



1-877-STELARA (1-877-783-5272)
Monday–Friday, 8:00 AM–8:00 PM ET

STELARA® is not for everyone; only your doctor can decide if STELARA® is right for you. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please click [here](#) to read the [Medication Guide](#) for STELARA® also available at STELARAinfo.com and discuss any questions or concerns with your doctor.

Restrictions apply. See eligibility requirements.



You may be eligible for the StelaraSupport™ Instant Savings Program benefits if you:

- Have been prescribed STELARA® (ustekinumab);
- Currently have commercial insurance that covers medication costs for STELARA®

If you use a retail pharmacy, present your StelaraSupport™ Instant Savings Card each time you fill your prescription for STELARA®. If your pharmacy cannot process your card, or your physician chooses to obtain STELARA® for you, you can still receive a rebate. Please complete the StelaraSupport™ Instant Savings Program Rebate Form and return the form with the required documentation.



Other restrictions

- This offer may not be combined with any other coupon, discount, prescription savings card, free trial, or other offer.
- This program is only available to individuals using private or commercial health insurance to cover a portion of their medication costs, including plans available through state and federal health care exchanges. This program is not available to individuals who use any state or federal government subsidized healthcare program to cover a portion of medication costs, such as Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Administration. Patients confirm that they will not seek reimbursement from any of these programs or from pharmaceutical patient assistance foundations and accounts such as a Flexible Spending Account (FSA), Healthcare Savings Account (HSA) or Health Reimbursement Account (HRA).
- The selling, purchasing, trading, or counterfeiting of this card is prohibited.
- Offer good only in the U.S. and Puerto Rico. Janssen Biotech, Inc., reserves the right to rescind, revoke, or amend this offer without notice at any time. Void where prohibited, taxed, or otherwise restricted by law.
- Offer for new enrollment expires December 31, 2016. Before the calendar year ends, you will receive information and eligibility requirements for a continued benefit in the program. For Massachusetts residents only, this offer is subject to change per state legislation.
- Before you activate your card, it is important that you understand that you will be asked to provide personal information that may include your name, address, phone number, e-mail address, and information related to your insurance and treatment. This information is necessary to permit Janssen Biotech, Inc., the manufacturer of STELARA®, and companies that work with Janssen Biotech, Inc., including vendors and other affiliates, to provide benefits to you related to the activation and use of your StelaraSupport™ Instant Savings Card. The information you provide will be shared with companies supporting the program and as required by law.

StelaraSupport™, the Janssen Biotech, Inc., support system, 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 **1-877-STELARA (1-877-783-5272)**.