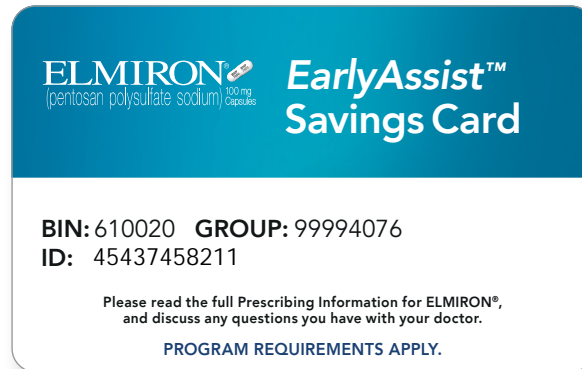


Here's an ELMIRON® *EarlyAssist*™ Savings Card



Present this card at a participating retail pharmacy along with a valid prescription. Your eligibility to use the ELMIRON® *EarlyAssist*™ Savings Card is dependent upon meeting the [program requirements](#) each time you present the card when filling your prescription.

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

**Pharmacists: Please see below for processing instructions.
Non-Transferable. Patient must submit a valid prescription.**

Patient: Present this offer along with a signed prescription for ELMIRON®. Your eligibility to use the ELMIRON® *EarlyAssist*™ Savings Card is subject to meeting the program requirements at the time of each use. By using the ELMIRON® *EarlyAssist*™ Savings Card, you confirm that you have read, understood, and agree to the program requirements shown below and at OrthoElmiron.com/coupon. This offer is provided to you as a service by Janssen Pharmaceuticals, Inc. Program terms will expire at the end of each calendar year. Program subject to change or discontinuation without notice, including in specific states. This program is only available to individuals 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). This offer may not be redeemed for cash. 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.

Pharmacist: For insured patients, process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit SECONDARY claim to PDM under BIN # 610020. You will be reimbursed for the face value of the offer plus a dispensing fee, provided you and the customer have complied with the terms of this offer. Cash value: 1/20¢. No alterations of this offer will be accepted. Out-of-pocket cost assistance may not exceed patient's out-of-pocket cost or amount set by the program's limits, whichever is less. **For questions regarding setup, claim transmission, patient eligibility, registration, or other issues, call 855-434-6285, Monday-Sunday, 8:00 AM-12:00 AM ET.**

Offer valid only for the product indicated. Any other use may constitute fraud. The selling, purchasing, trading, or counterfeiting of this card is prohibited by federal law, and such activities may result in imprisonment for not more than 10 years or fines not more than \$250,000, or both. OFFER CANNOT BE COMBINED WITH ANY OTHER COUPON, DISCOUNT, PRESCRIPTION SAVINGS CARD, FREE TRIAL, OR OTHER OFFER. Customer is responsible for any sales tax. Tax charged on pre-offer price where required. No cash back. Offer good only in the United States and its territories. Void where prohibited, taxed, or otherwise restricted by law.