

Rebate Form

Submit this form if your pharmacy can't process your XARELTO withMe Savings Card.

Get started

Receive a rebate in 4 steps

STEP 1

You must be enrolled and meet the XARELTO withMe Savings Card requirements before filling your prescription. You can register online at XARELTOwithMe.com or by calling 888-XARELTO (888-927-3586).

STEP 2

If you are not sure you are eligible, contact XARELTO withMe at 888-XARELTO (888-927-3586).

STEP 3

Complete and sign the form and indicate the days of supply received for your XARELTO® medicine. Include a copy of the pharmacy receipt. Valid receipt will include your name, medicine, date, and amount paid for your XARELTO® medicine.

STEP 4

Mail this signed form along with your pharmacy receipt to the address on the next page. Eligible commercially insured patients will receive a rebate check. Rebate requests must be submitted within 365 days of the date of service. Eligibility will be subject to meeting the Savings Card requirements at the time of each use.

The support and resources provided by XARELTO withMe are not intended to provide medical advice, replace a treatment plan you receive from your doctor or nurse, or serve as a reason for you to start or stay on treatment.

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

Rebate Form XARELTO® (rivaroxaban)

Read instructions on previous page, then complete the information below.

The information you provide will only be used by Johnson & Johnson Health Care Systems Inc., our affiliates, and our service providers to provide benefits to you related to the use of the XARELTO withMe Savings Card. You may withdraw from the Savings Card program by calling 888-XARELTO (888-927-3586). Our [Privacy Policy](#) governs the use of the information you provide.

☐ By providing consent, you agree to the collection and use of your Sensitive Personal Information (SPI). Examples of SPI may include, but are not limited to, health-related information. We use this information consistent with our Privacy Policy, including to personalize the information you receive, fulfill any requests you submit, and to research, develop, and improve our products and services. By checking the box, you indicate that you read, understand, and agree to such collection and use of your SPI.

***Required**

*Name

Gender ☐ M ☐ F

*Date of Birth (mm/dd/yyyy)

*Address

*City

*State

*ZIP Code

*E-mail

*Phone

How many days' supply of your XARELTO® medicine did you receive?

*11-digit Savings Card ID # found on the front of the card

The XARELTO withMe Savings Card is only for people using commercial or private health insurance who must pay an out-of-pocket cost for their prescribed XARELTO®. This includes plans from the Health Insurance Marketplace. The XARELTO withMe Savings Card 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 the XARELTO withMe Savings Card from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account.

You must meet the Savings Card requirements every time you use the card. Terms will expire at the end of each calendar year. The XARELTO withMe Savings Card may change or end without notice, including in specific states. XARELTO withMe Savings Card participants are subject to a limit per fill. Savings Card benefits are set at the discretion of J&J and may change without notice.

To use the XARELTO withMe Savings Card, you must follow any health plan requirements, including telling your health plan how much co-payment support you get from this program, if required. By using the Savings Card, you confirm that you have read, understood, and agree to the requirements, and you are giving permission for information related to your Savings Card 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. Offer good only in the United States and its territories, including Puerto Rico. Void where prohibited, taxed, or limited by law. **REBATE FORM CANNOT BE BOUGHT, TRANSFERRED, OR SOLD. REBATE FORM CANNOT BE COMBINED WITH ANY OTHER OFFER, DISCOUNT, PRESCRIPTION SAVINGS CARD, OR FREE TRIAL.** Use of the XARELTO withMe Savings Card is subject to the program requirements, which can be found at [XARELTOwithMe.com/SavingsCard](#).

By signing, dating, and submitting this form, you confirm that **you:**

- **have enrolled in the XARELTO withMe Savings Card and have your Savings Card.**
Note: XARELTO withMe cannot process this rebate form if you do not have your Savings Card; and
- meet the program requirements of the Savings Card, which may also be found at [XARELTOwithMe.com/SavingsCard](#).

*Signature

*Date

Questions? Call 888-XARELTO (888-927-3586), Monday-Friday, 8:00 AM-8:00 PM ET



Mail to:

XARELTO withMe Savings Card
2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560

You will receive your rebate check in about three weeks.

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

Clear Form

Print Form

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