

Annual Reverification of Benefits Form for STELARA® (ustekinumab)

To assist your office and streamline Annual Reverification of benefits for your patients, Janssen CarePath is providing you this template for you to list your **STELARA® patients using the dosage form and strength of 45 mg/0.5 mL in a single-dose vial** and who have an anticipated policy termination date in December 2018 or in the beginning of 2019.

Please follow the steps listed below and make every attempt to complete this form accurately. We will use the infusion dates provided by your office to manage the flow of benefits investigations during the annual reverification period.

- **Only add your STELARA® patients using the dosage form and strength of 45 mg/0.5 mL in a single-dose vial.**
- Check the appropriate box below for the patients' benefits you wish to have reverified for the new benefit year.
- Designate their infusion date by circling the anticipated date on the calendar. Provide their current and new insurance information and ICD-10 code. In order to return benefits to your office before the scheduled infusion, January 1-4 has been removed. Typically, payers cannot provide benefits for the new calendar year until after the first week of January. Janssen CarePath will not be able to verify benefits for patients with infusions scheduled between January 1-4, 2019.
- Make a copy of the completed form for your records and keep it in the binder provided.
- Return the patient list to Janssen CarePath by December 5, 2018, by faxing to 877-299-8791 or by sending it via express mail in the 2-day prepaid priority shipping envelope provided with the list.
- As additional insurance information becomes available, please submit a BIF via fax at 844-250-7193, through the Provider Portal, or call Janssen CarePath. If your patient now has a secondary benefit, please call your Janssen CarePath Care Coordinator.
- You will receive a fax confirming that the Annual Reverification Form has been received. Janssen CarePath will reverify benefits based on the infusion date circled on the reverification form.
- On December 12, 2018, you will receive a fax with the infusion dates you provided for each patient. Please review the list for accuracy. Notify Janssen CarePath of any changes by December 14, 2018.
- **If an infusion date is not provided, benefits will be reverified after all patients submitted to Janssen CarePath with infusion dates are completed.**

[Site Name] [Site Record ID] [Site Library ID]

Patient Name MD Name	Date of Birth	Do you want benefits reverified? Date Last Verified	Current Insurance Prior Authorization Services	If Insurance Has Changed, New Insurance	Site of Service ICD-10 Code	Anticipated Infusion Date during New Benefit Year [‡] Please circle the appropriate date for anticipated day of infusion																																																																																				
Patient Name MD Name	DOB	<input type="checkbox"/> Yes <input type="checkbox"/> No [Last Verified]	Company: Policy#: Group#: Phone#: [Policy Term Date]: Prior Authorization Form Preparation?* Yes / No Prior Authorization Status Monitoring?† Yes / No	Company: Policy#: Group#: Phone#: Insured: Insured DOB: Anticipated Effective Date:	<input type="checkbox"/> MD Office <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Home Infusion <input type="checkbox"/> Hospital Inpatient ICD-10 Code:	<div> January <table> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>Th</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>5</td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr> <tr><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr> <tr><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td></tr> <tr><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td></tr> </table> </div> <div> February <table> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>Th</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1 2</td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td></tr> <tr><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td></td><td></td></tr> </table> </div>	S	M	T	W	Th	F	S							5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			S	M	T	W	Th	F	S							1 2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28		
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Patient Name MD Name	DOB	Secondary Insurance	Company: Policy#: Group#: Phone#: Policy Term Date: Prior Authorization Form Preparation? * Yes / No Prior Authorization Status Monitoring? [†] Yes / No	Company: Policy#: Group#: Phone#: Insured: Insured DOB: Anticipated Effective Date:		January S M T W Th F S 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	February S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

If your patient has a new secondary insurance benefit plan that is not listed with your patient's information above, please contact [Care Coordinator] at Janssen CarePath at 877-CarePath (877-227-3728), Monday through Friday, 8:00 AM to 8:00 PM ET.

Please see the enclosed full Prescribing Information and Medication Guide for STELARA® (ustekinumab). Provide the Medication Guide to your patients and encourage discussion.

*By requesting the Prior Authorization Form Preparation, you request that Janssen CarePath assist your office in providing the requirements of this patient's health plan related to prior authorization for treatment with STELARA®. You understand that assistance includes obtaining the health plan-specific prior authorization form, and providing it based upon the patient-specific information provided on this form. You understand that the partially completed prior authorization form will be provided to my office by Janssen CarePath for possible completion and submission in the office's sole discretion.

†By requesting the Prior Authorization Status Monitoring, you request that Janssen CarePath actively monitor the status of the prior authorization submission. You request that Janssen CarePath provide status updates to your office with respect to this patient's prior authorization for treatment with STELARA®.

‡Include the anticipated infusion date even if you don't have the patient's new insurance information. This will ensure that you receive a benefits investigation for the upcoming year. You may call or fax the updated insurance information once you receive it.

Patient insurance benefits investigation and other Janssen CarePath program offerings are provided by third-party service providers for Janssen CarePath, under contract with Johnson & Johnson Health Care Systems Inc. on behalf of Janssen Pharmaceuticals, Inc., Janssen Biotech, Inc., and Janssen Products, LP (Janssen). Janssen CarePath is not available to patients participating in the Patient Assistance Program offered by Johnson & Johnson Patient Assistance Foundation. The availability of information and assistance may vary based on the Janssen medication, geography and other program differences. Janssen CarePath assists healthcare providers (HCPs) in the determination of whether treatment could be covered by the applicable third-party payer based on coverage guidelines provided by the payer, and patient information provided by the HCP under appropriate authorization following the provider's exclusive determination of medical necessity. This information and assistance are made available as a convenience to patients, and there is no requirement that patients or HCPs use any Janssen product in exchange for this information or assistance. Janssen assumes no responsibility for and does not guarantee the quality, scope, or availability of the information and assistance provided. The third-party service providers, not Janssen, are responsible for the information and assistance provided under this program. Each HCP and patient is responsible for verifying or confirming any information provided. All claims and other submissions to payers should be in compliance with all applicable requirements.