



Understanding
Your Patients'
Pharmacy Benefits

Helping you help your patients get started with
the Janssen medication you prescribed

After Janssen CarePath receives the benefits investigation request, we will verify insurance benefits and provide your office with a Verification of Benefits (VOB) for your patient.

Header

Patient name, DOB, and Case ID appear on the top of every page of the VOB to enhance trackability. The Case ID is generated by Janssen CarePath and is specific to the benefits investigation outlined on the VOB. A new Case ID is created each time a benefits investigation is performed on behalf of your patient.

Case Information

Overview of the prescriber and patient clinical information. Shows the Patient ID generated by Janssen CarePath, which serves as the single patient identifier across all Case IDs for a specific patient.

Primary Pharmacy Insurance

Outlines your patient’s primary pharmacy insurance. Shows the outcome of the benefits investigation and indicates the patient’s status as active or not active.

Coverage Summary*

The Coverage Summary table shows your patient’s pharmacy coverage and details prior authorization requirements, including whether a previous effective prior authorization is on file. If applicable, also indicates whether predetermination is available, recommended, or required.

Plan Terms*

Outlines the annual Individual (and Family, if applicable) Deductible and Out-of-Pocket (OOP) patient responsibility and the amount met to date.

Co-pay/Co-insurance*

Lists the patient’s estimated total cost “today,” as well as the estimated cost to the patient after the deductible has been met.

The Additional Instructions field highlights the patient’s coverage and contains any pertinent details that may be needed.

Medicare Part D Diagram

For your patients who have Medicare Part D insurance, a diagram illustrating the patient’s Part D coverage phase (Deductible, Initial Coverage, Coverage Gap, or Catastrophic) is included. The diagram incorporates the patient’s Plan Terms by Coverage Phase and indicates current financial responsibility for the current benefits investigation.

Payer {Preferred/Mandated} Pharmacies

Lists payer preferred or mandated pharmacies and their telephone numbers, if available.

*The Verification of Benefits contains information that Janssen CarePath is able to obtain from the payer. If any information is missing or removed, it is because Janssen CarePath was unable to collect that specific detail, or because the field was not applicable.

Patient Name: _____ **Patient DOB:** _____
Case ID: _____ **Page** _____

Case Information			
Patient ID:	Date Benefits Verified:		
Product Name:	Dosage Form & Strength:	No.:	
Primary Diagnosis:	Secondary Diagnosis:		
Prescriber Name:	Prescriber Practice Name:		
Site Contact Name:			

Primary Pharmacy Insurance:	
Outcome:	Status: (Active/Not Active)

Coverage Summary			
Product NDC:	Pharmacy Coverage:		
Prior Authorization Required:	Prior Authorization Process:		
Prior Auth On File	Prior Auth ID:	Prior Auth Effective Date:	Prior Auth Expiration Date:
Predetermination:	Predetermination Process:		

Plan Terms			
Deductible (Individual) Total:	Met:	OOP (Individual) Total:	Met:
Deductible (Family) Total:	Met:	OOP (Family) Total:	Met:

Co-pay/Co-insurance		
	Retail	Mail Order
Allowed Day Supply		
Estimated Cost to Patient Today (In-Network)		
Estimated Cost to Patient After Deductible Has Been Met		
Estimated Cost to Patient Today (Out-of-Network)		

Additional Instructions:

Medicare Part D Diagram for Brand-name Prescription Drugs

Patient OOP spent as of today: \$({#})

Estimated \$({#}) remaining patient OOP cost before Catastrophic Phase

Deductible Phase	Initial Coverage Phase	Coverage Gap	Catastrophic Phase
100% Patient Responsibility	{#}% Patient Responsibility {#}% Paid by Plan	{25% Patient Responsibility {70}% Paid by Manufacturer (counts toward OOP) {5}% Paid by Plan (does not count toward OOP)	5% Patient Responsibility 95% Paid by Plan
\$0	\$({#})	\$(3,820)	\$(5,100)

Medicare Statutory Thresholds

*Beneficiaries will enter catastrophic coverage phase when the total of: Patient deductible + Patient cost sharing in the initial coverage phase and in the "coverage gap" + amount of manufacturers' subsidies equals \$5,100.

Please note that the above chart excludes patients qualifying for Extra Help or Low-Income Subsidy (LIS), and the estimates are valid for the Medicare Part D 2019 benefit year only. Medicare Part D coverage resets at the end of each calendar year. The estimate for remaining patient OOP cost before Catastrophic Phase is based on patient use of the Janssen brand-name medication only.

Payer {Preferred/Mandated} Pharmacies	

Pharmacy Notes:

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janssen CarePath		Patient Name:	Patient DOB:
		Case ID:	Page of
Plan Details			
Payer Name:	Plan Name:		
Plan Type:	Policy Number:		
Government Plan:	Group Number:		
Member ID:	PCN Number:		
BIN Number:	Policy Effective Date:		
Policy End Date:	Policy Renewal Date:		
Payer Reference ID:	Payer Phone:		
Self-Funded Plan:			
Secondary Pharmacy Insurance:			
Outcome:	Status:		
Coverage Summary			
Product NDC:	Pharmacy Coverage:		
Prior Authorization Required:	Prior Authorization Process:		
Prior Auth On File	Prior Auth ID:	Prior Auth Effective Date:	Prior Auth Expiration Date:
Predetermination:	Predetermination Process:		
Plan Terms			
Deductible (Individual) Total:	Met:	OOP (Individual) Total:	Met:
Deductible (Family) Total:	Met:	OOP (Family) Total:	Met:
Co-pay/Co-insurance			
	Retail	Mail Order	
Allowed Day Supply			
Estimated Cost to Patient Today (In-Network)			
Estimated Cost to Patient After Deductible Has Been Met			
Estimated Cost to Patient Today (Out-of-Network)			
Additional Instructions:			
Payer (Preferred, Mandated) Pharmacies			
Pharmacy Notes:			
Plan Details			
Payer Name:	Plan Name:		
Plan Type:	Policy Number:		
Government Plan:	Group Number:		
Member ID:	PCN Number:		
BIN Number:	Policy Effective Date:		
Policy End Date:	Policy Renewal Date:		
Payer Reference ID:	Payer Phone:		
Self-Funded Plan:			
Coordination of Pharmacy Benefits			
Selected Pharmacy Insurance:	Coordinated Pharmacy Insurance:		
Pharmacy Insurance Coordination Notes:			
Coverage Overview			
Insurance	Coverage Available	Prior Authorization Requirement	Predetermination Requirement
Primary Pharmacy:	Pharmacy Benefits Available:		
Secondary Pharmacy:	Pharmacy Benefits Available:		

Plan Details

Shows your patient's plan details, including the payer-generated Payer Reference ID from the benefits investigation call, if provided. You may be asked for this ID when speaking directly with the payer regarding the patient's insurance coverage.

Secondary Pharmacy Insurance

If your patient has Secondary Pharmacy Insurance, coverage details are outlined here. This section is similar to the Primary Pharmacy Insurance section on page 1 of the VOB.

Coordination of Pharmacy Benefits

Outlines how pharmacy benefits will be coordinated between your patient's two insurance options.

Coverage Overview

Provides highlights of your patient's insurance coverage.

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help?**

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Monday–Friday, 8:00 AM–8:00 PM ET

Multilingual phone support available

Visit: [JanssenCarePath.com](https://www.JanssenCarePath.com)