Janssen CarePath

Initiating Benefits Investigation

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

Spravato® (esketamine) CIII nasal spray

Janssen CarePath

Completing the Benefits Investigation Form (BIF)

Once a treatment decision has been made to prescribe SPRAVATO®, use the BIF to provide information about your office and your patient for therapy with SPRAVATO®.

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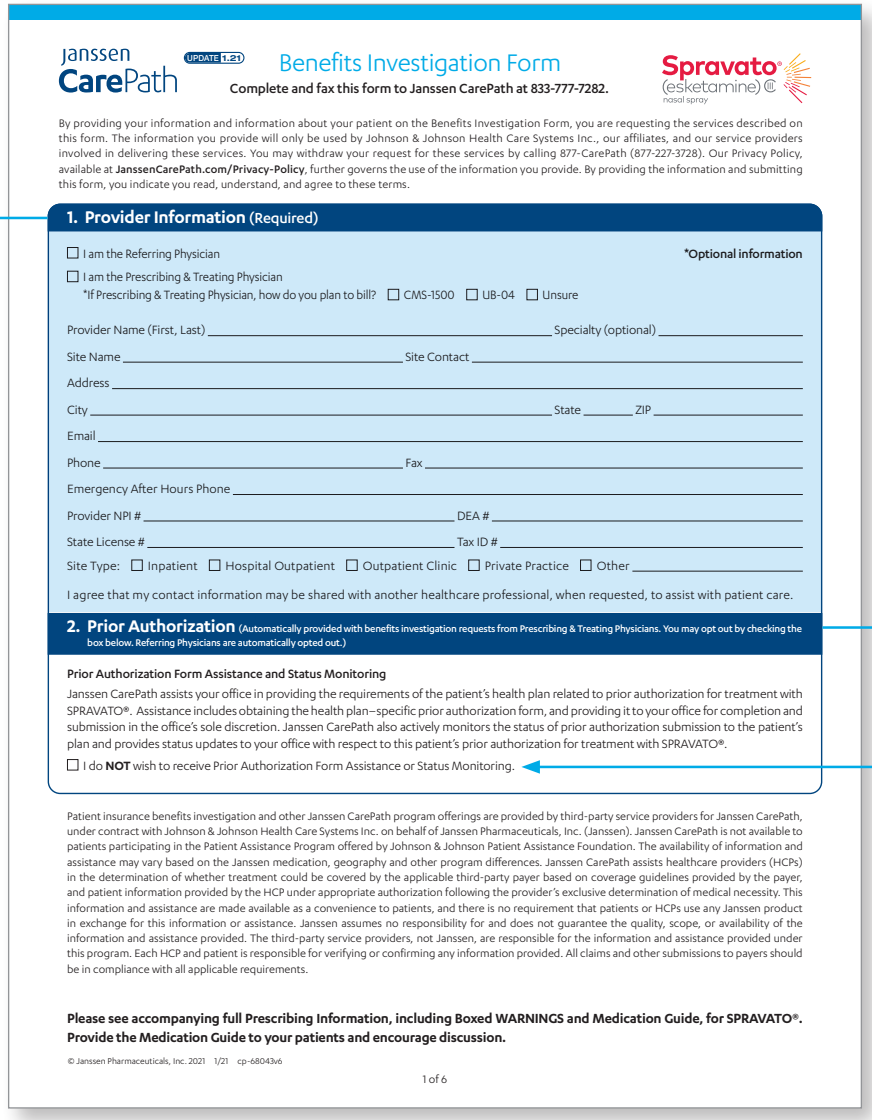
Provider Information

- Check the appropriate box:
  - Select "I am the Referring Physician" if you plan to refer your patient to a REMS-certified treatment center for SPRAVATO® treatment
  - Select "I am the Prescribing & Treating Physician" if you plan to prescribe SPRAVATO® and treat the patient at your REMS-certified healthcare setting. Be sure to indicate how you plan to bill by checking "CMS-1500", "UB-04", or "Unsure"
- Provide all required contact information
- List the Provider Name and an alternate Site Contact who is authorized to relay HCP orders to Janssen CarePath
- List accurate fax number where patient Verification of Benefits will be sent



Janssen CarePath UPDATE 1.21

Benefits Investigation Form

Complete and fax this form to Janssen CarePath at 833-777-7282.

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By providing your information and information about your patient on the Benefits Investigation Form, you are requesting the services described on this form. The information you provide will only be used by Johnson & Johnson Health Care Systems Inc., our affiliates, and our service providers involved in delivering these services. You may withdraw your request for these services by calling 877-CarePath (877-227-3728). Our Privacy Policy, available at **JanssenCarePath.com/Privacy-Policy**, further governs the use of the information you provide. By providing the information and submitting this form, you indicate you read, understand, and agree to these terms.

1. Provider Information (Required)

☐ I am the Referring Physician *Optional information

☐ I am the Prescribing & Treating Physician

*If Prescribing & Treating Physician, how do you plan to bill? ☐ CMS-1500 ☐ UB-04 ☐ Unsure

Provider Name (First, Last) _____ Specialty (optional) _____

Site Name _____ Site Contact _____

Address _____

City _____ State _____ ZIP _____

Email _____

Phone _____ Fax _____

Emergency After Hours Phone _____

Provider NPI # _____ DEA # _____

State License # _____ Tax ID # _____

Site Type: ☐ Inpatient ☐ Hospital Outpatient ☐ Outpatient Clinic ☐ Private Practice ☐ Other _____

I agree that my contact information may be shared with another healthcare professional, when requested, to assist with patient care.

2. Prior Authorization (Automatically provided with benefits investigation requests from Prescribing & Treating Physicians. You may opt out by checking the box below. Referring Physicians are automatically opted out.)

Prior Authorization Form Assistance and Status Monitoring

Janssen CarePath assists your office in providing the requirements of the patient's health plan related to prior authorization for treatment with SPRAVATO®. Assistance includes obtaining the health plan–specific prior authorization form, and providing it to your office for completion and submission in the office's sole discretion. Janssen CarePath also actively monitors the status of prior authorization submission to the patient's plan and provides status updates to your office with respect to this patient's prior authorization for treatment with SPRAVATO®.

☐ I do **NOT** wish to receive Prior Authorization Form Assistance or Status Monitoring.

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). 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.

Please see accompanying full Prescribing Information, including Boxed WARNINGS and Medication Guide, for SPRAVATO®. Provide the Medication Guide to your patients and encourage discussion.

Prior Authorization

- Prior Authorization support is provided with benefits investigation for Prescribing & Treating Physicians
- You may **OPT OUT** by checking this box. Please note—Referring Physicians are automatically opted out of prior authorization support

Important: To ensure the patient's Verification of Benefits is provided in a timely manner, please complete ALL required fields highlighted in **BLUE**.

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Clinical Information

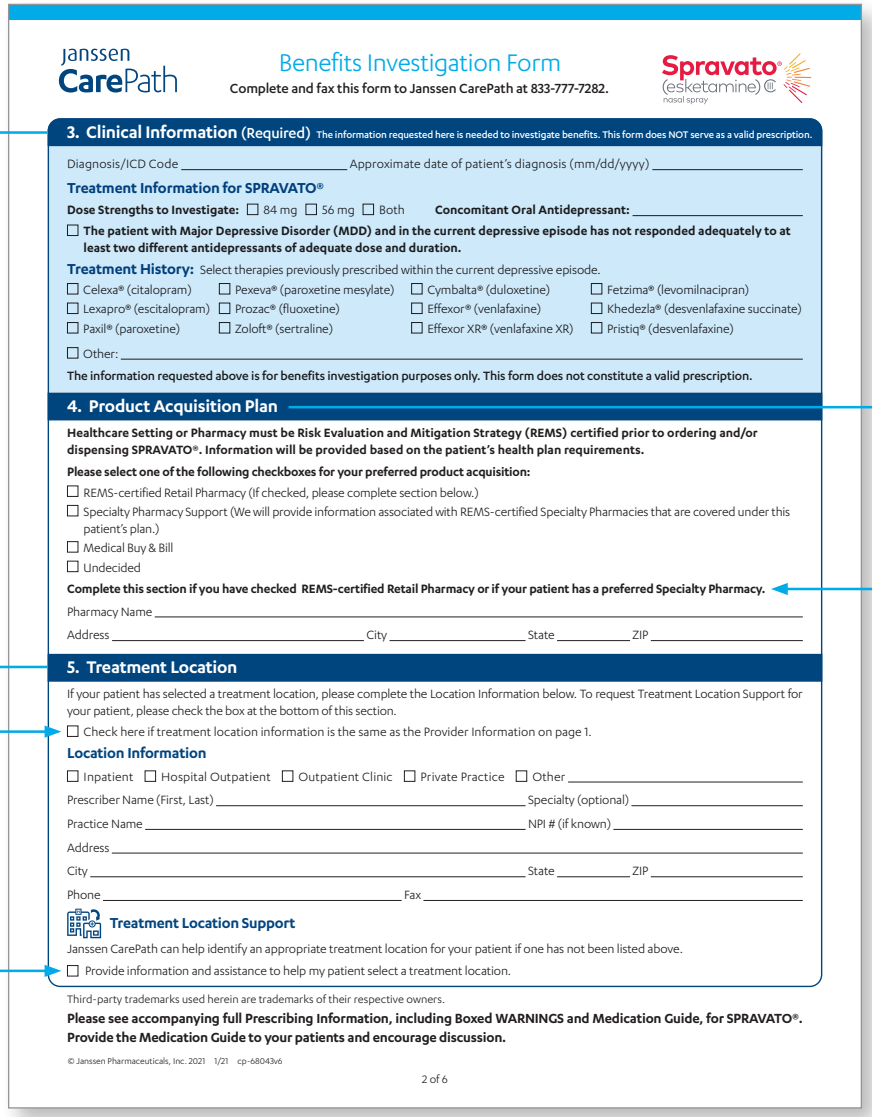
- Fill out required information clinically appropriate for your patient
- Include Diagnosis/ICD-10 Code, Dosage Strengths, and Treatment History

Treatment Location

- Prescribing & Treating Physicians: check this box if the treatment location information is the same as the Provider Information on page 1
- If the treatment location is not the same, provide treatment location contact information

Treatment Location Support

- Referring Physicians: check this box to request help identifying an appropriate treatment location for your patient



Janssen CarePath

Benefits Investigation Form

Complete and fax this form to Janssen CarePath at 833-777-7282.

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3. Clinical Information (Required) The information requested here is needed to investigate benefits. This form does NOT serve as a valid prescription.

Diagnosis/ICD Code _____ Approximate date of patient's diagnosis (mm/dd/yyyy) _____

Treatment Information for SPRAVATO®

Dose Strengths to Investigate: ☐ 84 mg ☐ 56 mg ☐ Both **Concomitant Oral Antidepressant:** _____

☐ **The patient with Major Depressive Disorder (MDD) and in the current depressive episode has not responded adequately to at least two different antidepressants of adequate dose and duration.**

Treatment History: Select therapies previously prescribed within the current depressive episode.

☐ Celexa® (citalopram) ☐ Pexeva® (paroxetine mesylate) ☐ Cymbalta® (duloxetine) ☐ Fetzima® (levomilnacipran)
☐ Lexapro® (escitalopram) ☐ Prozac® (fluoxetine) ☐ Effexor® (venlafaxine) ☐ Khedezla® (desvenlafaxine succinate)
☐ Paxil® (paroxetine) ☐ Zoloft® (sertraline) ☐ Effexor XR® (venlafaxine XR) ☐ Pristiq® (desvenlafaxine)

☐ Other: _____

The information requested above is for benefits investigation purposes only. This form does not constitute a valid prescription.

4. Product Acquisition Plan

Healthcare Setting or Pharmacy must be Risk Evaluation and Mitigation Strategy (REMS) certified prior to ordering and/or dispensing SPRAVATO®. Information will be provided based on the patient's health plan requirements.

Please select one of the following checkboxes for your preferred product acquisition:

☐ REMS-certified Retail Pharmacy (If checked, please complete section below.)
☐ Specialty Pharmacy Support (We will provide information associated with REMS-certified Specialty Pharmacies that are covered under this patient's plan.)
☐ Medical Buy & Bill
☐ Undecided

Complete this section if you have checked REMS-certified Retail Pharmacy or if your patient has a preferred Specialty Pharmacy.

Pharmacy Name _____

Address _____ City _____ State _____ ZIP _____

5. Treatment Location

If your patient has selected a treatment location, please complete the Location Information below. To request Treatment Location Support for your patient, please check the box at the bottom of this section.

☐ Check here if treatment location information is the same as the Provider Information on page 1.

Location Information

☐ Inpatient ☐ Hospital Outpatient ☐ Outpatient Clinic ☐ Private Practice ☐ Other _____

Prescriber Name (First, Last) _____ Specialty (optional) _____

Practice Name _____ NPI # (if known) _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Treatment Location Support

Janssen CarePath can help identify an appropriate treatment location for your patient if one has not been listed above.

☐ Provide information and assistance to help my patient select a treatment location.

Please see accompanying full Prescribing Information, including Boxed WARNINGS and Medication Guide, for SPRAVATO®. Provide the Medication Guide to your patients and encourage discussion.

Product Acquisition Plan

- Check the appropriate box to indicate the preferred method of product acquisition for your patient
- Provide pharmacy information if you have checked REMS-certified Retail Pharmacy or if your patient has a preferred Specialty Pharmacy

NOTE: Select "Medical Buy & Bill" if you intend to purchase and store SPRAVATO®, and then administer the product to your patient. After your patient receives treatment, you will need to submit a claim for reimbursement to your patient's healthcare insurance provider.

DON'T FORGET! The healthcare setting or pharmacy must be Risk Evaluation and Mitigation Strategy (REMS)-certified prior to ordering and/or dispensing SPRAVATO®.

Important: To ensure the patient's Verification of Benefits is provided in a timely manner, please complete ALL required fields highlighted in **BLUE**.

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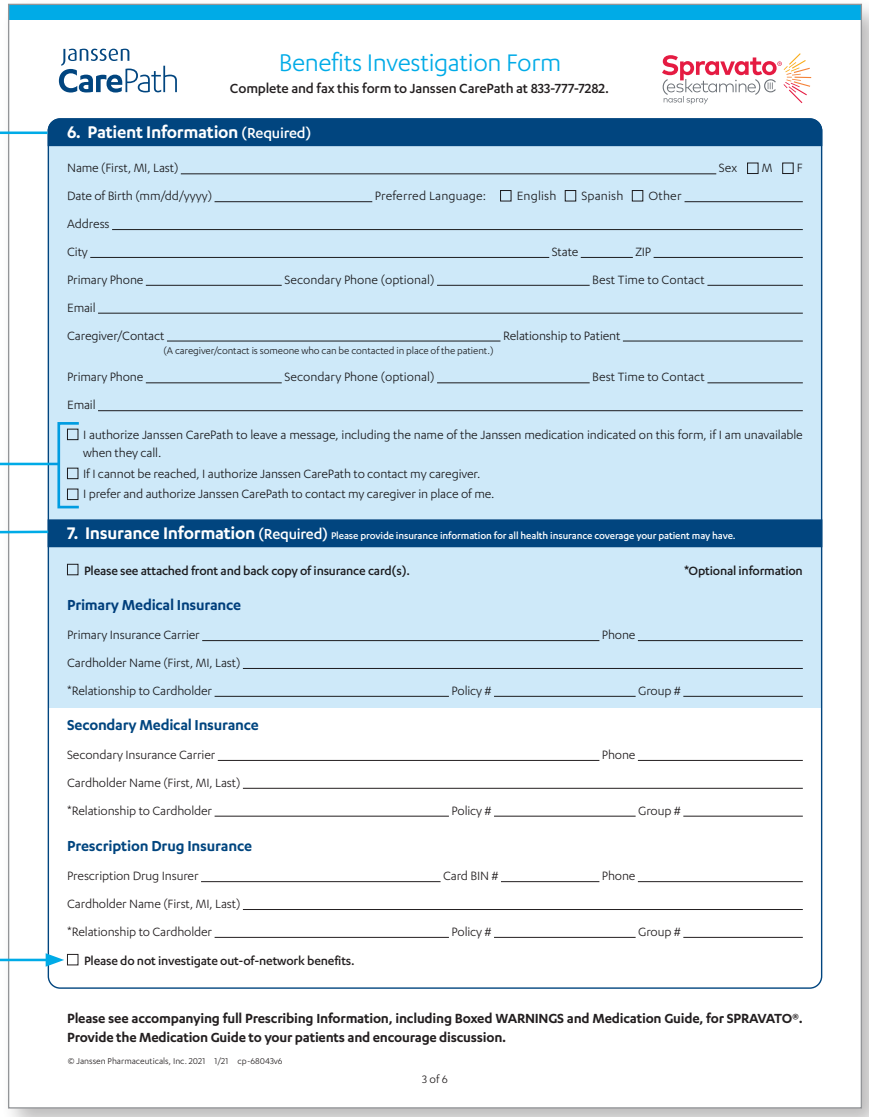
Patient Information

- Please provide all required patient information, including date of birth
- Have the patient check the appropriate box to indicate contact preference

DON'T FORGET! Patient must review and sign the Patient Authorization on pages 5 and 6.

Insurance Information

- Fill in all required insurance information
  - Please note that some fields are optional
- Include separate prescription drug insurance (if applicable)
- Provide Phone and Policy numbers
- Check here if you do not want Janssen CarePath to investigate out-of-network benefits for your patient



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6. Patient Information (Required)

Name (First, MI, Last) _____ Sex ☐ M ☐ F

Date of Birth (mm/dd/yyyy) _____ Preferred Language: ☐ English ☐ Spanish ☐ Other _____

Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Secondary Phone (optional) _____ Best Time to Contact _____

Email _____

Caregiver/Contact _____ Relationship to Patient _____

(A caregiver/contact is someone who can be contacted in place of the patient.)

Primary Phone _____ Secondary Phone (optional) _____ Best Time to Contact _____

Email _____

☐ I authorize Janssen CarePath to leave a message, including the name of the Janssen medication indicated on this form, if I am unavailable when they call.

☐ If I cannot be reached, I authorize Janssen CarePath to contact my caregiver.

☐ I prefer and authorize Janssen CarePath to contact my caregiver in place of me.

7. Insurance Information (Required) Please provide insurance information for all health insurance coverage your patient may have.

☐ Please see attached front and back copy of insurance card(s). *Optional information

Primary Medical Insurance

Primary Insurance Carrier _____ Phone _____

Cardholder Name (First, MI, Last) _____

*Relationship to Cardholder _____ Policy # _____ Group # _____

Secondary Medical Insurance

Secondary Insurance Carrier _____ Phone _____

Cardholder Name (First, MI, Last) _____

*Relationship to Cardholder _____ Policy # _____ Group # _____

Prescription Drug Insurance

Prescription Drug Insurer _____ Card BIN # _____ Phone _____

Cardholder Name (First, MI, Last) _____

*Relationship to Cardholder _____ Policy # _____ Group # _____

☐ Please do not investigate out-of-network benefits.

Please see accompanying full Prescribing Information, including Boxed WARNINGS and Medication Guide, for SPRAVATO®. Provide the Medication Guide to your patients and encourage discussion.

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Important: To ensure the patient's Verification of Benefits is provided in a timely manner, please complete ALL required fields highlighted in **BLUE**.

Janssen CarePath

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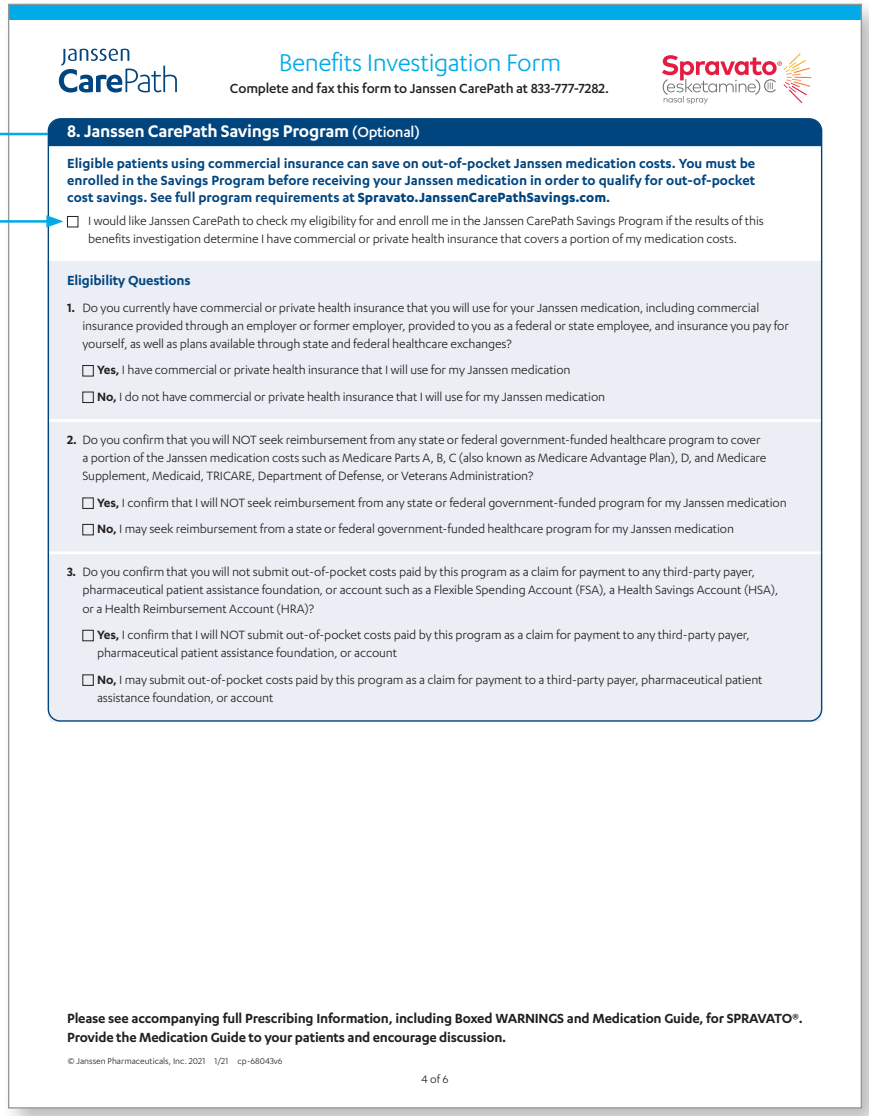
Janssen CarePath Savings Program

- The patient can check this box to enroll in the Janssen CarePath Savings Program for SPRAVATO® if the results of their benefits investigation determine they have commercial or private health insurance that covers a portion of their medication costs
  - Patient must answer all eligibility questions in order to enroll in the Savings Program



Janssen CarePath

Benefits Investigation Form

Complete and fax this form to Janssen CarePath at 833-777-7282.

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8. Janssen CarePath Savings Program (Optional)

Eligible patients using commercial insurance can save on out-of-pocket Janssen medication costs. You must be enrolled in the Savings Program before receiving your Janssen medication in order to qualify for out-of-pocket cost savings. See full program requirements at Spravato.JanssenCarePathSavings.com.

☐ I would like Janssen CarePath to check my eligibility for and enroll me in the Janssen CarePath Savings Program if the results of this benefits investigation determine I have commercial or private health insurance that covers a portion of my medication costs.

Eligibility Questions

1. Do you currently have commercial or private health insurance that you will use for your Janssen medication, including commercial insurance provided through an employer or former employer, provided to you as a federal or state employee, and insurance you pay for yourself, as well as plans available through state and federal healthcare exchanges?

   ☐ **Yes,** I have commercial or private health insurance that I will use for my Janssen medication

   ☐ **No,** I do not have commercial or private health insurance that I will use for my Janssen medication

2. Do you confirm that you will NOT seek reimbursement from any state or federal government-funded healthcare program to cover a portion of the Janssen medication costs such as Medicare Parts A, B, C (also known as Medicare Advantage Plan), D, and Medicare Supplement, Medicaid, TRICARE, Department of Defense, or Veterans Administration?

   ☐ **Yes,** I confirm that I will NOT seek reimbursement from any state or federal government-funded program for my Janssen medication

   ☐ **No,** I may seek reimbursement from a state or federal government-funded healthcare program for my Janssen medication

3. Do you confirm that you will not submit out-of-pocket costs paid by this program 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)?

   ☐ **Yes,** I confirm that I will NOT submit out-of-pocket costs paid by this program as a claim for payment to any third-party payer, pharmaceutical patient assistance foundation, or account

   ☐ **No,** I may submit out-of-pocket costs paid by this program as a claim for payment to a third-party payer, pharmaceutical patient assistance foundation, or account

Please see accompanying full Prescribing Information, including Boxed WARNINGS and Medication Guide, for SPRAVATO®. Provide the Medication Guide to your patients and encourage discussion.

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Janssen CarePath

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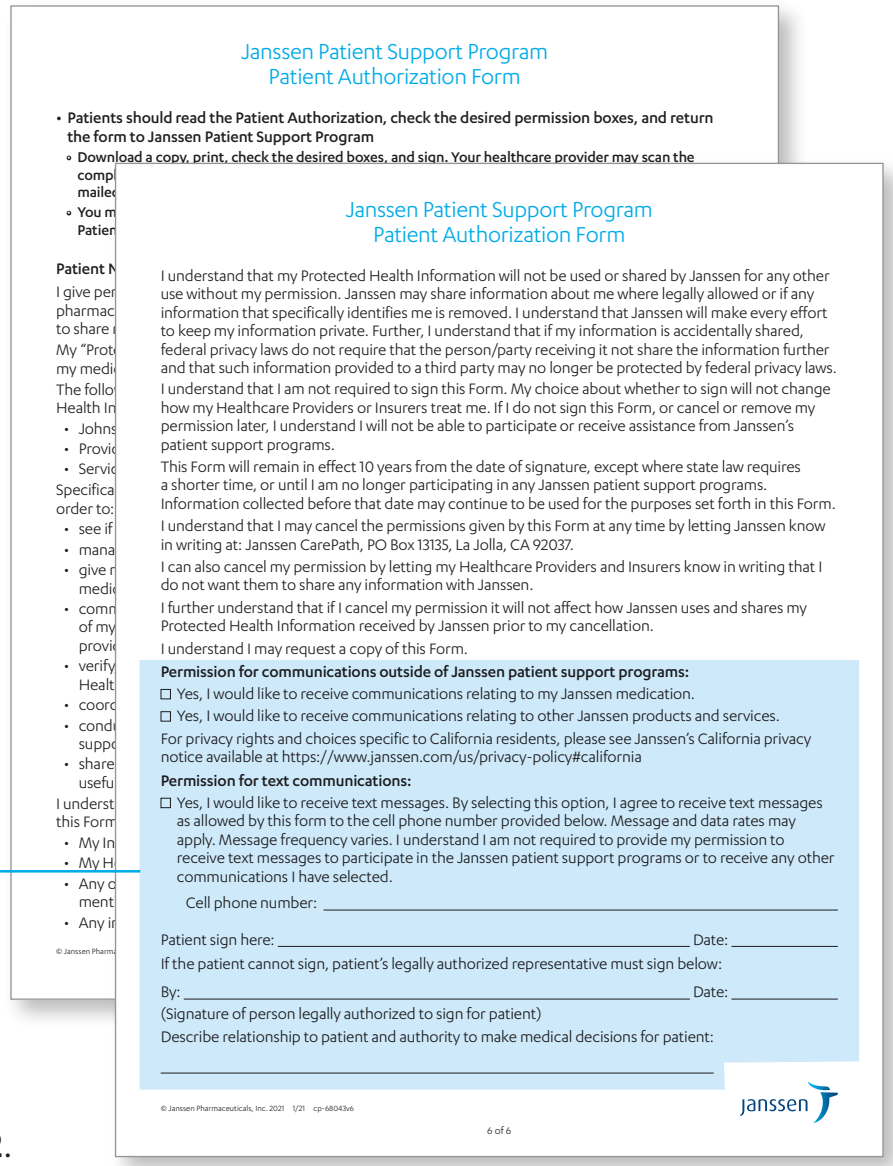
Janssen Patient Support Program Patient Authorization Form

- Have your patient read, sign, and date the Patient Authorization
- Give your patient a copy of the signed Patient Authorization form and keep the original for your records

DON'T FORGET! Have your patient check the box(es) to **OPT IN** if he/she is interested in receiving text messages, as well as information and updates about SPRAVATO® or other Janssen products and services.



Janssen Patient Support Program
Patient Authorization Form

- **Patients should read the Patient Authorization, check the desired permission boxes, and return the form to Janssen Patient Support Program**
  - **Download a copy, print, check the desired boxes, and sign. Your healthcare provider may scan the**
  - **You m**

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© Janssen Pharma

Janssen Patient Support Program
Patient Authorization Form

I understand that my Protected Health Information will not be used or shared by Janssen for any other use without my permission. Janssen may share information about me where legally allowed or if any information that specifically identifies me is removed. I understand that Janssen will make every effort to keep my information private. Further, I understand that if my information is accidentally shared, federal privacy laws do not require that the person/party receiving it not share the information further and that such information provided to a third party may no longer be protected by federal privacy laws.

I understand that I am not required to sign this Form. My choice about whether to sign will not change how my Healthcare Providers or Insurers treat me. If I do not sign this Form, or cancel or remove my permission later, I understand I will not be able to participate or receive assistance from Janssen's patient support programs.

This Form will remain in effect 10 years from the date of signature, except where state law requires a shorter time, or until I am no longer participating in any Janssen patient support programs. Information collected before that date may continue to be used for the purposes set forth in this Form.

I understand that I may cancel the permissions given by this Form at any time by letting Janssen know in writing at: Janssen CarePath, PO Box 13135, La Jolla, CA 92037.

I can also cancel my permission by letting my Healthcare Providers and Insurers know in writing that I do not want them to share any information with Janssen.

I further understand that if I cancel my permission it will not affect how Janssen uses and shares my Protected Health Information received by Janssen prior to my cancellation.

I understand I may request a copy of this Form.

Permission for communications outside of Janssen patient support programs:

☐ Yes, I would like to receive communications relating to my Janssen medication.

☐ Yes, I would like to receive communications relating to other Janssen products and services.

For privacy rights and choices specific to California residents, please see Janssen's California privacy notice available at https://www.janssen.com/us/privacy-policy#california

Permission for text communications:

☐ Yes, I would like to receive text messages. By selecting this option, I agree to receive text messages as allowed by this form to the cell phone number provided below. Message and data rates may apply. Message frequency varies. I understand I am not required to provide my permission to receive text messages to participate in the Janssen patient support programs or to receive any other communications I have selected.

Cell phone number: _____

Patient sign here: _____ Date: _____

If the patient cannot sign, patient's legally authorized representative must sign below:

By: _____ Date: _____

(Signature of person legally authorized to sign for patient)

Describe relationship to patient and authority to make medical decisions for patient:

_____

Fax the completed and signed Benefits Investigation Form to Janssen CarePath at **833-777-7282**.

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Third-party reimbursement is affected by many factors. This document and the information and assistance provided by Janssen CarePath are presented for informational purposes only. They do not constitute reimbursement or legal advice. Janssen CarePath does not promise or guarantee coverage, levels of reimbursement, or payment.

Similarly, all CPT®* and HCPCS codes are supplied for informational purposes only and represent no statement, promise, or guarantee, expressed or implied, by Janssen or its third-party service providers that these codes will be appropriate or that reimbursement will be made. The fact that a drug, device, procedure, or service is assigned an HCPCS code and a payment rate does not imply coverage by the Medicare program, but indicates only how the product, procedure or service may be paid if covered by the Medicare program.

Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. Accordingly, the information may not be current or comprehensive. Janssen and its third-party service providers strongly recommend you consult your payer for its most current coverage, reimbursement, and coding policies. Janssen and its third-party service providers make no representations or warranties, expressed or implied, as to the accuracy of the information provided. In no event shall the third-party service providers or Janssen, or their employees or agents, be liable for any damages resulting from or relating to any information provided by, or accessed to or through, Janssen CarePath. All HCPs and other users of this information agree that they accept responsibility for the use of this program.

*CPT® – Current Procedural Terminology. CPT® is a registered trademark of the American Medical Association, 2019.

Important: To ensure the patient's Verification of Benefits is provided in a timely manner, please complete ALL required fields highlighted in **BLUE**.

Janssen CarePath

We can help make it simple for you to help your patients

Access support
to help navigate payer processes

Affordability support
to help your patients start and stay on the Janssen medication you prescribe

Treatment support
to help your patients get informed and stay on prescribed treatment

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Need help?

Call **877-CarePath** (877-227-3728)
Monday–Friday, 8:00 AM–8:00 PM ET
Multilingual phone support available

Sign up or log in to the Provider Portal at
JanssenCarePathPortal.com

Visit us online
JanssenCarePath.com/HCP/Spravato

Please see full Prescribing Information, including Boxed WARNINGS and Medication Guide, for SPRAVATO®. Provide the Medication Guide to your patients and encourage discussion.

 February 2021 cp-84718v4

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