

Understanding  
Your Patients'  
Benefits

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

**Spravato**<sup>®</sup>  
(esketamine)   
nasal spray

Following receipt of the Benefits Investigation Form, Janssen CarePath will verify insurance benefits within two business days and provide your office with a Verification of Benefits (VOB).

## Case Information

Includes key information including:

- Product Name
- Date Benefits Verified
- Dosage Form and Strength
- Primary and Secondary Diagnoses
- Prescriber/Referring Provider Name and Practice Name
- General Notes


## Primary Medical Insurance

- Outcome (prior authorization coverage)
- Member Status

## Coverage Summary

Provides key details including:

- Product J-Code, S-Code, or G-Code
- Availability of Medical Buy & Bill and Medical Assignment of Benefits Coverage
- Coverage (Major Medical, Behavioral Health)
- Behavioral Health Organization Name, if applicable
- Prior Authorization/Pre-determination/Pre-certification Required
- Required Documentation
- Payer Decision Turnaround Time and Submission Method

janssen CarePath		Spravato <sup>®</sup> (esketamine) 		Page 1 of 3	Patient Name: <Data>
<b>Verification of Benefits</b>					
Patient DOB: <Data>					
SR#: <Data>					
<b>Case Information</b>					
Product Name:					
Date Benefits Verified:			Dosage Form & Strength:		
Primary Diagnosis:			Secondary Diagnosis:		
Prescriber/Referring Provider Name:					
Practice/Referring Practice Name:					
<b>General Notes</b>					
[Treatment Location #1 – Selected by HCP]		[Treatment Location #2]		[Treatment Location #3]	
Treatment Location REMS Certification Status	[Certified, Not Certified]	[Certified, Not Certified]	[Certified, Not Certified]	[Certified, Not Certified]	[Certified, Not Certified]
Treatment Location Payer Network Status	[In Network, Out of Network, Payer did not disclose]	[In Network, Out of Network, Payer did not disclose]	[In Network, Out of Network, Payer did not disclose]	[In Network, Out of Network, Payer did not disclose]	[In Network, Out of Network, Payer did not disclose]
<b>Primary Medical Insurance</b>					
Outcome:			Member Status:		
<b>Coverage Summary</b>					
Product J-Code:			Availability of Medical Buy & Bill: [Yes, No]		
			Availability of Medical Assignment of Benefits Coverage: [Yes, No]		
Coverage: [Major Medical, Behavioral Health]					
If applicable, Behavioral Health Organization Name:					
[Prior Authorization/Pre-determination/Pre-certification] Required:					
Required Documentation:					
Payer Decision Turnaround Time:			Submission Method:		
<b>Contact Information</b>					
Attention to:			Fax:		
			Phone:		
PA on File: [Yes, No]			[Prior Authorization/Pre-determination/Pre-certification] ID:		
[Prior Authorization/Pre-determination/Pre-certification] Denied Date:					
[Prior Authorization/Pre-determination/Pre-certification] Effective & Expiration Dates:					
[Prior Authorization/Pre-determination/Pre-certification] Process:					
<b>Plan-Specific Details</b>					
Quantity Limit:	In Network: [Covered, Not Covered]	Out of Network: [Covered, Not Covered]			
Deductible					
Deductible Met					
Out-of-pocket Maximum					
Out-of-pocket Maximum Met					
Copay/Coinsurance					
Please see full Prescribing Information, including Boxed WARNINGS and Medication Guide for SPRAVATO <sup>®</sup> , available at JanssenCarePath.com. Provide the Medication Guide to your patients and encourage discussion.					
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## Header

- Patient Name and Date of Birth
- Service Request Number

## Treatment Information

- Name of Treatment Location(s)
- Treatment Location REMS Certification Status and Payer Network Status

## Contact Information

- Attention to
- Fax and Phone Numbers
- PA on File
- Prior Authorization/Pre-determination/Pre-certification: ID, Denied Date, Effective and Expiration Dates, and Process

## Plan-Specific Details

- Quantity Limit
- In Network and Out of Network:
  - Deductible and amount met
  - Out-of-pocket maximum and amount met
  - Copay/Coinsurance

(continued on next page)

**Plan-Specific Details (cont'd)**

- Janssen CarePath Savings Program statement
- Payer Provided Medical Additional Instructions
- Plan and Policy information

**Primary Pharmacy Insurance**

- Outcome (prior authorization coverage)
- Member Status

**Coverage Summary**

Provides key details including:

- Product NDC
- Pharmacy Coverage
- Prior Authorization/Pre-determination/Pre-certification Required
- Required Documentation
- Turnaround Time and Submission Method

janssen CarePath   Spravato (esketamine) nasal spray		Page 2 of 3	Patient Name: <Data> Patient DOB: <Data> SR#: <Data>
<b>Verification of Benefits</b>			
<Savings Program Statement>			
Payer Provided Medical Additional Instructions:			
Payer Name:	Plan Type:		
Policy Number:	Member ID Number:		
Policy Effective Date:	Policy End Date:		
Primary Payer Contact:	Primary Payer Phone:		
<b>Administration Overview: Observation Period</b> [insert cover codes only]			
Coverage: [Major Medical, Behavioral Health]	In Network: [Covered, Not Covered, Unknown]	Out of Network: [Covered, Not Covered, Unknown]	
Deductible			
Deductible Met			
Out-of-pocket Maximum			
Out-of-pocket Maximum Met			
Copay/Coinsurance			
Office Visit			
Payer Provided Reimbursement Code Notes:			
<b>Primary Pharmacy Insurance</b>			
Outcome:	Member Status:		
<b>Coverage Summary</b>			
Product NDC:	Pharmacy Coverage: [Yes, No]		
	[Prior Authorization/Pre-determination/Pre-certification] Required: [Yes, No]		
Required Documentation:			
Turnaround Time:	Submission Method:		
<b>Contact Information</b>			
Attention to:	Fax:		
	Phone:		
PA on File: [Yes, No]	[Prior Authorization/Pre-determination/Pre-certification] ID:		
[Prior Authorization/Pre-determination/Pre-certification] Denied Date:			
[Prior Authorization/Pre-determination/Pre-certification] Effective & Expiration Dates:			
[Prior Authorization/Pre-determination/Pre-certification] Process:			
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**Administration Overview: Observation Period**

- Coverage (Major Medical, Behavioral Health)
- In Network and Out of Network:
  - Deductible and amount met
  - Out-of-pocket Maximum and amount met
  - Copay/Coinsurance
  - Office Visit
  - Payer Provided Reimbursement Code Notes

**Contact Information**

- Attention to
- Fax and Phone Numbers
- PA on File
- Prior Authorization/Pre-determination/Pre-certification: ID, Denied Date, Effective & Expiration Dates, and Process

**Plan-Specific Details**



- Quantity Limit
- Deductible and amount met
- Out-of-pocket Maximum and amount met
- Copay/Coinsurance
- Janssen CarePath Savings Program statement
- Payer Provided Pharmacy Additional Instructions
- Plan and Policy information

**Payer Preferred Pharmacy**

- Pharmacy Name
- Phone
- Payer Status
- Product Acquisition Method
- REMS Certification Status
- Address
- Pharmacy Type
- Link to Form, if applicable
- Pharmacy Notes

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Patient Name: <Data>  
Patient DOB: <Data>  
SR#: <Data>

**Verification of Benefits**

Plan-Specific Details			
Quantity Limit:	Deductible:	Deductible Met:	
Out-of-pocket Maximum:	Out-of-pocket Maximum Met:	Copay/Coinsurance:	
<Savings Program Statement>			
Payer Provided Pharmacy Additional Instructions:			
Payer Name:		Plan Type:	
Policy Number:		Member ID Number:	
Policy Effective Date:		Policy End Date:	
Primary Payer Contact:		Primary Payer Phone:	
Payer Preferred Pharmacy	Payer Mandated/Preferred Pharmacy 1: [Pharmacy Name]	Pharmacy 2: [Pharmacy Name]	Pharmacy 3: [Pharmacy Name]
Phone	[Insert Phone #]	[Insert Phone #]	[Insert Phone #]
Payer Status	[In Network, Out of Network]	[In Network, Out of Network]	[In Network, Out of Network]
Product Acquisition Method (Medical, Rx, or Both)	[Medical, Rx, Both]	[Medical, Rx, Both]	[Medical, Rx, Both]
REMS Certification Status	[Yes, No – Visit <a href="#">SpravatoREMS.com</a> ]	[Yes, No – Visit <a href="#">SpravatoREMS.com</a> ]	[Yes, No – Visit <a href="#">SpravatoREMS.com</a> ]
Address	[Insert Address]	[Insert Address]	[Insert Address]
City, State	[Insert City, State]	[Insert City, State]	[Insert City, State]
ZIP Code	[Insert ZIP Code]	[Insert ZIP Code]	[Insert ZIP Code]
Pharmacy Type (Retail or Specialty)	[Retail, SP]	[Retail, SP]	[Retail, SP]
If applicable, link to form	[Insert link]	[Insert link]	[Insert link]
Pharmacy Notes:			

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## 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



**Need  
help?**

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



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