janssen Link

Site Program Enrollment Form

This Site Program Enrollment Form allows all prescribers of the enrolling site ("the Site") to participate in the Janssen Link Program. By signing and submitting this document, the Site hereby attests and agrees that all of the Site's prescribers and support staff participating in the Janssen Link program ("participating prescribers") will be educated on and strictly adhere to the terms and conditions of the Janssen Link Program as set forth below. This attestation and agreement is a condition of the Site's enrollment and participation in the Janssen Link Program and applies to all participating prescribers, whether or not such prescriber is a signatory to the Site Program Enrollment Form.

This program is not available to individuals who use any state or federal government subsidized healthcare program to cover a portion of medication costs, such as Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Administration.

Janssen Link, a program offered by Janssen CarePath, is for eligible patients who have been prescribed TREMFYA® (guselkumab), subcutaneous STELARA® (ustekinumab), or SIMPONI® (golimumab) for on-label use. It enables patients to receive these brands at no cost if their commercial insurance provider delays (>5 business days) or denies their prescription.

- **Janssen Link will provide ongoing support for eligible patients until they receive coverage for their treatment**
  - **If coverage determination (ie, prior authorization) is delayed >5 business days or is denied AND you choose to challenge the coverage denial, eligible patients will receive TREMFYA®, subcutaneous STELARA®, or SIMPONI® at no cost until they receive coverage or until the end of the current program year.**
  - **Janssen CarePath will verify eligibility to continue in the program for all enrolled patients in January of the following year (excluding those who were enrolled in November/December).**
  - **Patients who remain eligible can re-enroll for the next program year (March 1st – February 28th) if the participating prescriber chooses for the patient's treatment to continue. Patients can continue to re-enroll indefinitely as long as eligibility criteria are met and the prescriber and patient choose to continue treatment.**

The following program requirements and eligibility criteria must be met:

- Any physician who writes a prescription for TREMFYA®, STELARA®, or SIMPONI® for an eligible commercially insured patient and has enrolled in the Janssen Link Program may participate
- Physician writes a prescription for a subcutaneous product covered by the program for an FDA-approved indication
- Prescribing physician submits an electronic enrollment or faxes the Prescription Enrollment Form to Janssen CarePath – 844-322-9402 for TREMFYA®, 866-769-3903 for STELARA®, or 855-224-5072 for SIMPONI®
- The prescribing physician completes and submits a form of coverage determination (ie, prior authorization or prior authorization with an exception) to the commercial insurance
- Commercial insurance coverage determination has been delayed >5 business days, or has denied the treatment prescribed
- If coverage is denied, the prescribing physician challenges the coverage determination (ie, prior authorization with an exception, exception, letter of medical necessity or appeal)

Ineligible reasons for prior authorization denial:

- Missing information on coverage determination form
- Use for a non-FDA-approved indication
- Invalid clinical rationale

Participating sites authorize Janssen CarePath to:

- Complete a benefits investigation
- Confirm benefits and prior authorization (PA) requirements
- Provide PA form assistance and status monitoring, including the exceptions and appeals processes
- Call eligible patients if coverage determination is delayed >5 business days or denied to discuss their participation in the Janssen Link program*
- Coordinate shipment of TREMFYA®, subcutaneous STELARA®, or SIMPONI® from the program Specialty Pharmacy to eligible patients at no charge until they have coverage or until the end of the current program year
- Support the transition of patients to commercial product if a favorable coverage determination is made within 90 days of the PA submission
- Conduct an annual verification of insurance coverage in January of each year for patients enrolled in the program to confirm eligibility for continued participation for each year needed

*Based on the information Janssen CarePath may provide, patients may choose not to participate in the Janssen Link program. Janssen CarePath cannot accept any information without an executed Business Associate Agreement or patient authorization, which can be found on the Prescription Information and Enrollment Form on file. In addition, a Prescription Information and Enrollment Form for the prescribed medication must be submitted for each patient for whom treatment is requested.

Fax completed Program Enrollment Form to 844-322-9982.

Questions? Call 877-CarePath (877-227-3728) Monday–Friday, 8:00 AM–8:00 PM ET

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By completing this form, the Site agrees to:

- Not purchase TREMFYA®, subcutaneous STELARA®, or SIMPONI® on behalf of Janssen Link patient participants, and not bill commercial payers for any part of the prescribed subcutaneous treatment
- Complete and submit a form of coverage determination (ie, prior authorization or prior authorization with an exception) to the commercial insurance
- If coverage is denied, ensure the prescribing physician challenges the coverage determination if the prescribing physician continues to determine that the product is the most clinically appropriate treatment option (ie, prior authorization with an exception, exception, letter of medical necessity or appeal)

Please provide the information requested below to enroll in the Janssen Link program.

Be sure to sign this form.

As the contact for the Site ("Site Contact"), by signing and submitting this form, I am requesting the Site to be enrolled in the Janssen Link program (the "Program"). I understand that my personal information, the Site's information, as well as the Site's participating prescribers information will be used by Janssen Biotech, Inc., our affiliates, and our service providers to manage this Program. The Program may contact me as the Site Contact to verify information about any patient attempting to be enrolled in the Program. The uses and disclosures of the personal information I provide as Site Contact will be governed by Janssen's Privacy Policy available at JanssenCarePath.com/Privacy-Policy. I understand that for questions or concerns about this policy and use of any personal information thereunder, I may contact Janssen CarePath at 877-227-3728. Finally, I understand that the Site may withdraw from participating in the Program by calling 877-227-3728. Janssen Biotech, Inc., reserves the right to cancel or modify the Janssen Link program at any time.

PLEASE PRINT

Site Name _____

Site Address _____

City _____ State _____ ZIP Code _____

Site Phone _____ Site Fax _____ E-mail _____

Site Contact's Name _____

_____

Authorized Signature _____ Date _____

Tremfya® (guselkumab) | Stelara® (ustekinumab) | Simponi® golimumab

Please see the full Prescribing Information and Medication Guide for TREMFYA® (guselkumab) or STELARA® (ustekinumab) available at JanssenCarePath.com.

Please see the full Prescribing Information, including Boxed WARNINGS, and Medication Guide for SIMPONI® (golimumab) available at JanssenCarePath.com.

Provide the appropriate Medication Guide to your patients and encourage discussion.

Fax completed Program Enrollment Form to 844-322-9982.

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