

Janssen Link, a program offered by Janssen CarePath, ensures your eligible patients receive subcutaneous SIMPONI[®] (golimumab) or STELARA[®] (ustekinumab) if commercial insurance delays (more than 5 business days) or denies their treatment.

- ▶ **Janssen Link will provide ongoing support until your patients receive coverage for treatment through the rest of the current program year**
 - **If prior authorization is denied after an appeal has been filed, eligible patients will receive SIMPONI[®] or STELARA[®] at no charge until the end of the current program year.**
 - **Patients who begin participation in the program during the months of November or December will be approved through the following calendar year.**

Who is eligible?

Commercial patients who:

- Have been prescribed SIMPONI[®] or STELARA[®] for an FDA-approved indication
- Have commercial insurance that has delayed (more than 5 business days) or denied their treatment

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, or any other federal or state healthcare plan, including pharmaceutical assistance programs.

How it works:

- You prescribe SIMPONI[®] or STELARA[®] for an FDA-approved indication
- You complete the Prescription Enrollment Form (PEF) and fax it to 855-224-5072 for SIMPONI[®] or 866-769-3903 for STELARA[®]
- Janssen Link supports your patients by:
 - Confirming benefits and prior authorization (PA) requirements
 - Completing a benefits investigation
 - Providing PA form assistance and status monitoring, including the exceptions and appeals processes
 - Calling your eligible patients to tell them about Janssen Link
 - Coordinating shipment of SIMPONI[®] or STELARA[®] to eligible patients at no charge until they have coverage or until the end of the current program year
 - Transitioning your patients to the commercial product if an appeal is made and there is a favorable decision within 90 days

I authorize Janssen CarePath to:

- Provide prior authorization (PA) form assistance and PA status monitoring
- Complete a benefits investigation and contact my eligible patients to discuss their participation in the Janssen Link program*
- Provide appeal/exception status monitoring
- Coordinate prescriptions with Wegmans Specialty Pharmacy
- Conduct an automatic re-verification of insurance coverage in January for my patients enrolled in the program to confirm eligibility for continued participation

By completing this form I agree to:

- Request PA form assistance and status monitoring
- Submit an appeal/exception to the payer if the PA is denied
- Not purchase SIMPONI[®] or STELARA[®] on behalf of Janssen Link patient participants, and not bill commercial payers for any part of the cost of SIMPONI[®] or STELARA[®]
- Your patients may participate in Janssen Link regardless of whether you prescribe any other Janssen products
- Any physician who writes a prescription for SIMPONI[®] or STELARA[®] for an eligible patient and has enrolled in the Janssen Link program may participate
- A Prescription Enrollment Form (PEF) must be submitted for each patient for whom treatment with SIMPONI[®] or STELARA[®] is requested

* 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

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

Patients can connect with Janssen Link for the next program year if they remain eligible and you would like their treatment to continue.

Be sure to sign this form.

By signing and submitting this form, I am requesting to be enrolled in the Janssen Link program (the "Program"). I understand that my personal, site, and site staff information will be used by Janssen Biotech, Inc., our affiliates, and our service providers to manage this Program. The Program may contact me to verify information about my patient's treatment specific to this program. The uses and disclosures of the personal information you provided will be governed by our Privacy Policy available at JanssenCarePath.com/Privacy-Policy. For questions or concerns about the personal information you provided, contact us at 877-227-3728. I understand that I 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 _____

Physician Name(s) (list all participating physicians) _____

Authorized Signature _____ Date _____



Please see the full Prescribing Information, including Boxed Warnings, and Medication Guide for SIMPONI® (golimumab) available at JanssenCarePath.com. Please see the full Prescribing Information and Medication Guide for STELARA® (ustekinumab) available at JanssenCarePath.com. Provide the appropriate Medication Guide to your patients and encourage discussion.

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