

Janssen Link, a program offered by Janssen CarePath, ensures your *eligible* patients receive TREMFYA™ (guselkumab), subcutaneous STELARA® (ustekinumab), or SIMPONI® (golimumab) if commercial insurance delays or denies their treatment.

- ▶ Janssen Link will provide ongoing support for your patients until they receive coverage for their treatment
 - If prior authorization is delayed >5 business days or is denied, eligible patients will receive TREMFYA™, STELARA®, or SIMPONI® at no cost until they receive coverage or until the end of the current program year.
 - Janssen CarePath will reverify* benefits for all enrolled patients in January of the following year (excluding those who were enrolled in *November/December*).
 - After the reverification* process, patients who remain eligible can re-enroll for the next program year (March 1st – February 28th) if you want their treatment to continue.

Patients are *eligible* for Janssen Link if they have:

- Been prescribed a subcutaneous Janssen treatment for an FDA-approved indication
- The prescribing physician submits a Prescription Enrollment Form (PEF) to Janssen CarePath
- The prescribing physician completes and submits a form of coverage determination (ie, prior authorization, letter of medical necessity, etc) to the commercial insurance
- A biologic fail-first policy must be in place with the commercial payer†
- Commercial insurance has been delayed >5 business days, or denied the treatment prescribed

Ineligible denial reasons:

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

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 the subcutaneous Janssen treatment for an FDA-approved indication
 - You complete the Prescription Enrollment Form (PEF) and fax it to Janssen CarePath, 844-322-9402 for TREMFYA™, 866-769-3903 for STELARA®, or 855-224-5072 for SIMPONI®
 - You submit a coverage determination form
 - Program year runs from March 1–February 28
 - Patients may participate in Janssen Link regardless of whether you prescribe any other Janssen products
 - Any physician who writes a prescription for TREMFYA™, STELARA®, or SIMPONI® for an eligible patient and has enrolled in the Janssen Link Program may participate
- Janssen Link supports your patients by:
- Completing a benefits investigation
 - Confirming benefits and prior authorization (PA) requirements
 - Providing PA form assistance and status monitoring, including the exceptions and appeals processes
 - Calling your eligible patients if coverage is delayed >5 business days or denied to enroll them in Janssen Link
 - Coordinating shipment of TREMFYA™, STELARA®, or SIMPONI® 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 PA form assistance and 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 reverification* of insurance coverage in January for my patients enrolled in the program to confirm eligibility for continued participation for each year needed

* Quarterly insurance coverage reverification for TREMFYA™. No action required unless insurance coverage changes.

† Biologic fail-first policy does not apply to coverage for TREMFYA™.

‡ 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

By completing this form I agree to:

- Request PA form assistance and status monitoring
- Attempt to submit an appeal/exception to the payer if the PA is denied
- Not purchase TREMFYA™, STELARA®, or SIMPONI® on behalf of Janssen Link patient participants, and not bill commercial payers for any part of the prescribed subcutaneous treatment
- Submit a Prescription Enrollment Form (PEF) to Janssen CarePath for each patient for whom treatment with TREMFYA™, STELARA®, or SIMPONI® is requested

TRICARE® is a registered trademark of the Department of Defense (DoD), DHA.

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

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 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.

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