

A photograph of two women running through a grassy field at sunrise. The woman on the left is wearing a blue and green jacket, and the woman on the right is wearing a striped long-sleeve shirt and green shorts. The background shows a hazy landscape with mountains under a bright sky.

# Thank you for all that you do to coordinate patient access to appropriate medications

Please see the following pages  
for helpful tips for your benefit  
verification calls

janssen  Immunology

PHARMACEUTICAL COMPANIES OF 

# QUICK TIPS FOR BENEFIT VERIFICATION CALLS

**A few helpful tips to streamline your phone calls and confirm patient coverage when speaking with:**



- Health Plans
- Medical Groups
- Hospitals



## **What if a payer is suggesting a different product from the one your office requested?**

- If trial of another biologic product is mentioned, please note that there are currently no interchangeable biological products. Verify policy and your patient's coverage rights, and consider asking:

**"Is that a mandated requirement or voluntary trial suggestion?"**

- To confirm factual requirements for coverage, consider asking:

**"Can you confirm the mandated step therapy requirements for this patient prior to receiving coverage for [insert product]?"**

# QUICK TIPS FOR BENEFIT VERIFICATION CALLS *(continued)*



## What if a payer is suggesting a different site of care or Specialty Pharmacy?

- For example, if you are trying to send a patient to a Hospital Outpatient Department for infusion and the payer is asking you to consider another site, such as an In-Office Infusion Center or Home Infusion, consider asking:

**"Is an In-Office Infusion Center or Home Infusion a mandated requirement?"**

- Or, if you are trying to use a specific Specialty Pharmacy and the payer is asking you to consider a different one, consider asking:

**"Is this Specialty Pharmacy a mandated requirement?"**

- This will ensure you have all the facts when determining the best site of care and Specialty Pharmacy options for your patient.



## What if coverage is denied, or there are mandated steps through other products which may not be medically advisable for a patient?

- Ask for an explanation of why the product was denied
- Check for any missing or inaccurate information based on any required criteria for use
- If these steps do not solve the problem, there are still options available—**see the following page for a checklist of questions and next steps**



# COVERAGE DENIALS CHECKLIST

**In the event of coverage denials, consider the following steps to request coverage for your patient:**

- Ask for an explanation of why the product was denied
- Check for any missing or inaccurate information based on any required criteria for use
- Use the Exceptions & Appeals process, and provide a Letter of Medical Necessity, if applicable
  - *Instructions for Exceptions & Appeals are typically available on plan websites*
- Request to speak with the Medical Director
- Request a Peer-to-Peer review with a board-certified specialist

**Remember, you can always seek assistance from your Janssen Sales Representative or Janssen CarePath.**

Janssen  
**CarePath**

Janssen CarePath is your one source for resources focused on access, affordability, and treatment support for your patients to help them start and stay on the Janssen medications prescribed.

**Call 877-CarePath (877-227-3728), Mon–Fri 8:00 AM to 8:00 PM ET, or visit [www.JanssenCarePath.com](http://www.JanssenCarePath.com).**

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