

Janssen Link Annual Reverification on the Janssen CarePath Provider Portal

For your patients who are prescribed TREMFYA® (guselkumab), subcutaneous STELARA® (ustekinumab), or SIMPONI® (golimumab) and are already enrolled in Janssen Link

Convenient 24-hour online access to reverification information with real-time status updates

If you already have a portal account, log in. If you are a new portal user, call Janssen CarePath at 877-CarePath (877-227-3728), Monday–Friday, 8:00 AM to 8:00 PM ET, to set up your account.

The screenshot shows the Janssen CarePath Patient Dashboard. At the top, there are navigation tabs: "Patient Dashboard" (selected), "Additional Resources", "Site Information", "Messages (1)", and a user profile for "Daniel Simmons". Below these are four main icons: "All Patients", "Savings Program", "Insurance Coverage", and "Janssen Link Reverification" (which is highlighted with a blue background and a mouse cursor). A text block below the icons states: "As part of the Janssen Link program requirements, Janssen Link confirms eligibility criteria are met for continued participation for patients already enrolled by conducting verification of insurance coverage annually and any time for patients who have a coverage change throughout the program year. Not completing the reverification process may lead to discontinuation or disruption of a patient's currently prescribed Janssen treatment." A "Need Help?" button is visible in the bottom right corner.

On **Your Patient Dashboard**, click on the **Janssen Link Reverification** tab.

- You will be prompted to review the 4 steps needed to complete reverification and acknowledge that you have read and understand the process (one time only).

Step 1: Review your patient's information and select if reverification is needed

- Select an option from the drop-down menu, then click **Submit**.
- By selecting **Yes**, you agree to submit a coverage determination to commercial insurance to verify the patient's continued eligibility for Janssen Link.

The screenshot shows a table of patient information. The table has columns for Patient ID, Patient Name, Prescriber Name, Date of Birth, Product, Prior Authorization Status, Appeal/Exception Status, Janssen Link Eligibility Status, Reverification Needed, and Action Required. A dropdown menu is open for the "Reverification Needed" column, showing three options: "Yes", "No, patient no longer with provider", and "No, patient no longer on product". A mouse cursor is pointing at the "Yes" option. Above the table, there are search and filter controls, including a search bar, "Export List", "Filter List", and "Add/Remove Columns" buttons. A warning message "Warning: PHI Included" is visible above the table.

Patient ID	Patient Name	Prescriber Name	Date of Birth	Product	Prior Authorization Status	Appeal/Exception Status	Janssen Link Eligibility Status	Reverification Needed	Action Required
PT-01173858	Wilson, Sam	Joseph Cane	10/20/1990	STELARA®				Select	
PT-01173859	Johnson, Ted	Joseph Cane	11/02/1992	STELARA®					
PT-01173860	Smith, Sally	Joseph Cane	09/02/1960	SIMPONI®					

Please see full Prescribing Information and Medication Guides for **STELARA®** and **TREMFYA®**. Please see full Prescribing Information, including Boxed Warnings, and Medication Guide for **SIMPONI®**. Provide the appropriate Medication Guide to your patients and encourage discussion.

Step 2: Track your patient's Prior Authorization (PA) and provide response information

The **Action Required** column will let you know what actions you must take to complete reverification for your patient.

Patient ID	Patient Name	Prescriber Name	Date of Birth	Product	Prior Authorization Status	Appeal/Exception Status	Janssen Link Eligibility Status	Reverification Needed	Action Required
PT-01173858	Wilson, Sam	Joseph Cane	10/20/1990	STELARA®	In Progress – Not Submitted		Evaluating	Select	Select Reverification Needed
PT-01173859	Johnson, Ted	Joseph Cane	11/02/1992	STELARA®	Submitted		Evaluating	Yes	PA Response Required
PT-01173860	Smith, Sally	Joseph Cane	09/02/1960	SIMPONI®	Denied	In Progress – Missing Information	Enrolled	Yes	Appeal/Exception
PT-01173861	Anne, Jo	Joseph Cane	02/02/1967	SIMPONI®	Approved		Not Eligible	Yes	
PT-01173862	Smith, John	Joseph Cane	03/02/1971	TREMFYA®	Unable to Contact		Evaluating	Yes	

Step 3: Submit Appeal/Exception to challenge coverage determination

If coverage is denied, you must challenge the coverage denial with a Letter of Exception (LOE), Letter of Medical Necessity (LMN), or an appeal within 90 days. Enter the response details and click **Submit**.

Appeals Response Details

Populate the following Appeals response details returned by the patient's insurance provider. Please ensure that the Appeals Decision is dated within the last 30 days of the current calendar year. You can optionally choose to upload the Appeals document returned by the patient's insurance provider to facilitate keeping track of your patient's access journey.

Response: Appeals ID: Submitted Date:

Instructions to Follow-Up:

Name: Document Type: Size:

Document types supported: .jpeg, .jpg, .png, .tif, .tiff, .pdf
 Make sure your filename does not include any of the special characters \$ # : * | () * * : / and \
 Do not upload a password protected file.
 You can only upload one file at a time and total file size should be less than 3MB.

Exceptions Response Details

Populate the following Exceptions response details returned by the patient's insurance provider. Please ensure that the Exceptions Decision is dated within the last 30 days of the current calendar year. You can optionally choose to upload the Exceptions document returned by the patient's insurance provider to facilitate keeping track of your patient's access journey.

Response: Exceptions ID: Submitted Date:

Instructions to Follow-Up:

Name: Document Type: Size:

Document types supported: .jpeg, .jpg, .png, .tif, .tiff, .pdf
 Make sure your filename does not include any of the special characters \$ # : * | () * * : / and \
 Do not upload a password protected file.
 You can only upload one file at a time and total file size should be less than 3MB.

Step 4: Track Appeal/Exception and provide response information

When the reverification process for a patient is complete, the **Action Required** column is marked **Completed**.

PT-01173860	Smith, Sally	Joseph Cane	09/02/1960	SIMPONI®	Denied	In Progress – Missing Information	Enrolled	Yes	Appeal/Exception Submission Required
PT-01173861	Anne, Jo	Joseph Cane	02/02/1967	SIMPONI®	Approved		Not Eligible	Yes	Completed
PT-01173862	Smith, John	Joseph Cane	03/02/1971	TREMFYA®	Unable to Contact		Evaluating	Yes	PA Response Required

For Janssen Link document program requirements, visit [JanssenCarePath.com](https://www.janssen-carepath.com).



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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Please see full Prescribing Information, including Boxed Warnings, and Medication Guide for **SIMPONI®**.

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