Completing the Patient Enrollment Form

Helping you help your patients get started with the Janssen medication you prescribed

Please see full Prescribing Information, including Boxed WARNING, for INVEGA SUSTENNA®, INVEGA TRINZA®, and RISPERDAL CONSTA®.
Completing the Patient Enrollment Form (PEF)

Once a treatment decision has been made to prescribe INVEGA SUSTENNA®, INVEGA TRINZA®, or RISPERDAL CONSTA®, use the PEF to provide information about your patient and your office to request Janssen CarePath to support therapy with INVEGA SUSTENNA®, INVEGA TRINZA®, or RISPERDAL CONSTA®.

**Healthcare Professional (HCP)**
- Provide all required contact information
- List Site Contact authorized to relay HCP orders to Janssen CarePath
- List accurate fax number where patient Summary of Benefits will be sent

**Prescription**
- Please provide all required patient information, including date of birth
- Check the appropriate box to indicate patient’s language preference
- Include Diagnosis/ICD-10 Code
- Completely fill out all required prescription information
- Check the appropriate box for INVEGA SUSTENNA®, INVEGA TRINZA®, or RISPERDAL CONSTA®
- Provide dose, injection date, and number of refills

**Insurance**
- Check this box if attaching a copy of the patient’s insurance cards
- Fill in all required insurance information
- Include separate prescription drug insurance (if applicable)

**Important:** To ensure the patient’s Summary of Benefits is provided in a timely manner, please complete ALL required fields highlighted in **BLUE**.

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**INVEGA SUSTENNA** (paliperidone palmitate)
- 273 mg, 450 mg, 546 mg, 819 mg
  - Dose ______ mg IM every 3 months
  - Injection Date ______
  - Directions ______

**INVEGA TRINZA** (paliperidone palmitate)
- 39 mg, 78 mg, 117 mg, 156 mg, 234 mg
  - Day 8 Dose ______ mg IM every 3 months
  - Injection Date ______
  - Maintenance Dose ______ mg IM every 4 weeks
  - Directions ______

**RISPERDAL CONSTA** (lisuride)
- 12.5 mg, 25 mg, 37.5 mg, 50 mg
  - Dose ______ mg IM every 2 weeks
  - Injection Date ______
  - Directions ______

Check here if a copy of the prescription is attached and sign below.

<table>
<thead>
<tr>
<th>Prescription</th>
<th>Dose</th>
<th>Dose Type</th>
<th>Injection Date</th>
<th>Maintenance Dose</th>
<th>Directions</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVEGA SUSTENNA</td>
<td>273 mg</td>
<td>450 mg, 546 mg, 819 mg</td>
<td>3 months</td>
<td>117 mg IM every 4 weeks</td>
<td>Directions</td>
</tr>
<tr>
<td>INVEGA TRINZA</td>
<td>39 mg, 78 mg, 117 mg, 156 mg, 234 mg</td>
<td>Day 8 Dose</td>
<td>3 months</td>
<td>Maintenance Dose</td>
<td>Directions</td>
</tr>
<tr>
<td>RISPERDAL CONSTA</td>
<td>12.5 mg, 25 mg, 37.5 mg, 50 mg</td>
<td>Dose</td>
<td>2 weeks</td>
<td>Dose</td>
<td>Directions</td>
</tr>
</tbody>
</table>

Please see accompanying full Prescribing Information, including Boxed WARNING, for INVEGA SUSTENNA®, INVEGA TRINZA®, and RISPERDAL CONSTA®, also available at JanssenCarePath.com.
Prior Authorization

- Prior Authorization Form Assistance and Status Monitoring support is automatically provided with benefits investigation
- Only check this box if you want to OPT OUT of Prior Authorization Form Assistance and Status Monitoring

Please see accompanying full Prescribing Information, including Boxed WARNING, for INVEGA SUSTENNA®, INVEGA TRINZA®, and RISPERDAL CONSTA®, also available at JanssenCarePath.com.
Understanding Your Patients’ Benefits
Following receipt of the PEF for INVEGA SUSTENNA®, INVEGA TRINZA®, or RISPERDAL CONSTA®, Janssen CarePath will verify insurance benefits and provide your office with a Summary of Benefits and Alternate Site of Care (ASOC) Options for Injection Form.

Summary of Benefits
- Patient name, date of birth, and ID
- Pharmacy and medical benefits information is provided for primary and secondary insurance
- Coverage details include:
  - Plan/payer name
  - Plan phone, policy, and group numbers
  - Deductible and amount met
  - Co-pay/coinsurance
  - Annual out-of-pocket maximum and amount met
  - Spend down
- Payer-Mandated Specialty Pharmacy:
  - Check box indicates whether payer-mandated specialty pharmacy is required
  - Pharmacy name and phone

For assistance with medication costs, patients may visit NS.JanssenCarePathSavings.com

ASOC Options for Injection
- Name and contact information for alternate site(s) of care
- Mileage from patient’s home and type of site
- If multiple locations are listed, check the appropriate box for the preferred location and fax or call Janssen CarePath to schedule the injection*  

*Not available for all locations.
Patient insurance benefits investigation is provided by third-party service providers for Janssen CarePath, under contract with Janssen Pharmaceuticals, Inc. (Janssen). Janssen CarePath is not available to patients participating in the Patient Assistance Program offered by Johnson & Johnson Patient Assistance Foundation. The availability of information and assistance may vary based on the Janssen medication, geography and other program differences. Janssen CarePath assists healthcare providers (HCPs) in the determination of whether treatment could be covered by the applicable third-party payer based on coverage guidelines provided by the payer, and patient information provided by the HCP under appropriate authorization following the provider’s exclusive determination of medical necessity. This information and assistance are made available as a convenience to patients, and there is no requirement that patients or HCPs use any Janssen product in exchange for this information or assistance. Janssen assumes no responsibility for and does not guarantee the quality, scope, or availability of the information and assistance provided. The third-party service providers, not Janssen, are responsible for the information and assistance provided under this program. Each HCP and patient is responsible for verifying or confirming any information provided. All claims and other submissions to payers should be in compliance with all applicable requirements.

Third-party reimbursement is affected by many factors. This document and the information and assistance provided by Janssen CarePath are presented for informational purposes only. They do not constitute reimbursement or legal advice. Janssen CarePath does not promise or guarantee coverage, levels of reimbursement, or payment.

Similarly, all CPT®* and HCPCS codes are supplied for informational purposes only and represent no statement, promise, or guarantee, expressed or implied, by Janssen or its third-party service providers that these codes will be appropriate or that reimbursement will be made. The fact that a drug, device, procedure, or service is assigned an HCPCS code and a payment rate does not imply coverage by the Medicare program, but indicates only how the product, procedure, or service may be paid if covered by the Medicare program.

Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. Accordingly, the information may not be current or comprehensive. Janssen and its third-party service providers strongly recommend you consult your payer for its most current coverage, reimbursement, and coding policies. Janssen and its third-party service providers make no representations or warranties, expressed or implied, as to the accuracy of the information provided. In no event shall the third-party service providers or Janssen, or their employees or agents, be liable for any damages resulting from or relating to any information provided by, or accessed to or through, Janssen CarePath. All HCPs and other users of this information agree that they accept responsibility for the use of this program.