Janssen CarePath

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®.

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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

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INVEGA SUSTENNA® paliperidone palmitate 39mg, 78mg, 117mg, 156mg, 234mg | INVEGA TRINZA® paliperidone palmitate 273mg, 410mg, 546mg, 819mg | RisperdalCONSTA® risperidone Long-Acting Injection 12.5mg, 25mg, 37.5mg, 50mg

Patient Enrollment Form

UPDATE 2.19

FAX: 877-785-1124 Questions? Call us: 877-524-3579, Monday–Friday, 8:00 AM–8:00 PM ET

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Healthcare Professional (HCP)

HCP Name ____
Site Name ____
Address ____
City ____ State ____ ZIP ____
Email ____
Phone ____
Fax ____
NPI # ____ State License # ____
Site Contact(s)* ____
Site Contact Phone ____
Site Type: ☐ Inpatient/Hospital ☐ Outpatient Clinic/Private Practice ☐ Correctional ☐ Telepsychiatry

*By including a facility contact name other than the HCP, the HCP is authorizing the facility contact to accurately relay HCP directions to Janssen CarePath. The HCP will provide appropriate oversight to ensure orders are accurately relayed and that the HCP is informed about all program information relevant to the clinical care of the patient.

Prescription ☐ CHECK HERE IF A COPY OF THE PRESCRIPTION IS ATTACHED AND SIGN BELOW.

Patient Name ____
DOB (MM/DD/YYYY) ___/___/____ Sex ☐M ☐F
Phone ____
Address ____
City ____ State ____ ZIP ____
Preferred Language: ☐ English ☐ Spanish ☐ Other ____
Is patient new to this medication? ☐Yes ☐ No
Diagnosis/ICD Code ____
Please list any known drug allergies ____

☐ **INVEGA SUSTENNA® (paliperidone palmitate) 39 mg, 78 mg, 117 mg, 156 mg, 234 mg**
☐ Day 1 Dose ____ mg IM Injection Date ___/___/___
☐ Day 8 Dose ____ mg IM Injection Date ___/___/___ (+/−4 days of scheduled dose)
☐ Maintenance Dose ____ mg IM every 4 weeks
Injection Date ___/___/___
(See Prescribing Information for missed-dose recommendations)
Refills ____ Directions ____

Prescription ☐ CHECK HERE IF A COPY OF THE PRESCRIPTION IS ATTACHED AND SIGN BELOW.

☐ **INVEGA TRINZA® (paliperidone palmitate) 273 mg, 410 mg, 546 mg, 819 mg**
☐ Dose ____ mg IM every 3 months
Injection Date ___/___/___
(See Prescribing Information for missed-dose recommendations)
Refills ____ Directions ____

☐ **RISPERDAL CONSTA® (risperidone) 12.5 mg, 25 mg, 37.5 mg, 50 mg**
☐ Dose ____ mg IM every 2 weeks
QTY ____ Injection Date ___/___/___
Refills ____ Directions ____

I certify that the above medication is medically necessary and that the information provided is accurate to the best of my knowledge. By my signature, I also acknowledge that I have obtained the patient's authorization to release the above information and such other information as may be required by Janssen CarePath to provide the offerings selected. I appoint Janssen CarePath, on my behalf, to convey this prescription to the dispensing pharmacy of the patient's choice. I further certify that (a) any offering provided through Janssen CarePath on behalf of any patient is not made in exchange for any express or implied agreement or understanding that I would recommend, prescribe, or use Janssen CarePath or any other product or service for anyone, and that (b) my decision to prescribe the products set forth on this page and request Janssen CarePath offerings for my patient was based solely on my determination of medical necessity as set forth herein, and that (c) I will not seek reimbursement for any offering provided by or through Janssen CarePath from any government program or third-party insurer.

X ____ ___/___/___
☐ Dispense as written Date

X ____ ___/___/___
☐ Substitution accepted Date

X ____ ___/___/___
Supervising Physician Signature (if applicable) Date

Supervising Physician Name (print name) ____

THIS PRESCRIPTION IS ONLY VALID IF RECEIVED BY FAX, MEETING STATE REGULATIONS

Insurance ☐ CHECK HERE IF YOU ARE ATTACHING A COPY OF THE INSURANCE CARDS.

Primary Insurance Name ____
Phone ____
Cardholder Name ____
Policy # ____ Group # ____
If patient has a separate prescription coverage plan, please list below.
Prescription Plan Name ____
Phone ____
Policy # ____ Group # ____
BIN # ____ PCN # ____

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

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DON'T FORGET! HCP must sign and date, even if a prescription is attached.

Insurance

- Check this box if attaching a copy of the patient's insurance cards

OR

- 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**.

Please see full Prescribing Information, including Boxed WARNING, for INVEGA SUSTENNA®, INVEGA TRINZA®, and RISPERDAL CONSTA®.

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INVEGA SUSTENNA® paliperidone palmitate extended-release injectable suspension 39mg, 78mg, 117mg, 156mg, 234mg

INVEGA TRINZA® paliperidone palmitate extended-release injectable suspension 273 mg, 410 mg, 546 mg, 819 mg

RisperdalCONSTA® risperidone Long-Acting Injection 12.5mg, 25mg, 37.5mg, 50mg

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Patient Enrollment Form

UPDATE 2.19

FAX: 877-785-1124 Questions? Call us: 877-524-3579, Monday–Friday, 8:00 AM–8:00 PM ET

Alternate Patient Contact (optional)

This contact information will be used to coordinate care if the patient cannot be reached or is unable to manage his/her care. See full HIPAA Patient Authorization for Janssen CarePath on pages 4 and 5 of this Patient Enrollment Form for a full description of what may be discussed with the alternate patient contact listed below.

Name ______

Relationship to Patient ______

Phone ______

Prior Authorization CHECK THE BOX BELOW IF YOU WOULD LIKE TO OPT OUT OF PRIOR AUTHORIZATION FORM ASSISTANCE AND STATUS MONITORING.

Prior Authorization Form Assistance and Status Monitoring

Janssen CarePath assists your office in providing the requirements of the patient's health plan related to prior authorization for treatment with their Janssen medication. Assistance includes obtaining the health plan-specific prior authorization form and providing it to your office for completion and submission in the office's sole discretion. Janssen CarePath also actively monitors the status of prior authorization submission to the patient's plan and provides status updates to your office with respect to the patient's prior authorization for treatment with their Janssen medication.

I do **NOT** wish to receive Prior Authorization Form Assistance or Status Monitoring. ☐

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

Program Offerings CHECK THE BOX NEXT TO EACH OFFERING YOU WOULD LIKE FOR YOUR PATIENT.

Care Transition Support

Janssen CarePath can help coordinate the transition of patients to the next healthcare setting by notifying the outpatient facility of patient's discharge and the next injection due date. Janssen CarePath will also confirm the outpatient facility's ability to administer the injection by the needed date.

By completing the fields below, I am requesting that information and assistance be provided to help my patient transition to the next healthcare setting.

Outpatient Facility and/or HCP Name ______

Phone ______ Contact(s) ______

Address ______

City ______ State ____ ZIP ______

☐ If next healthcare setting cannot provide injection on needed date or Janssen CarePath is unable to confirm that the next healthcare setting can provide injection on needed date, schedule an injection appointment with an alternate site of care. **If box is checked, complete Alternate Site of Care Options for Injection section below.**

Alternate Site of Care Options for Injection (if available in your geography)

Janssen CarePath will help identify an appropriate alternate site of care and schedule the patient's injection appointment at that site. By selecting one of the injection coordination options below, I understand that Prior Authorization Form Assistance and Status Monitoring will also be provided, if applicable.

☐ Fax me a list of available locations.

☐ Contact my patient to select a location.

If my patient does not select a location within 48 hours of being contacted by Janssen CarePath, I am ordering that the location closest to my patient be selected.

☐ Select a location closest to my patient.

☐ Use the following approved alternate site of care:

______

By naming the above location, I attest that I do not have a financial relationship with the alternate site of care listed. **A list of approved alternate sites of care can be found at JanssenConnectLocator.com.**

Reminder Alerts Only

☐ Please provide reminder alerts for my patient who will be receiving injections in my office, per my patient's request.

☐ My patient is interested in receiving text alerts in addition to receiving phone calls.*

Preferred number to use for my patient's reminders ______

My patient's next injection at my office is scheduled for: ____/____/______

*Please provide mobile number above. Standard text message rates apply.

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

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Program Offerings

- Check the appropriate box(es) for the offering(s) you would like to request for your patient:
  - Care Transition Support
  - Alternate Site of Care Options for Injection (if available in the patient's geography)
  - Reminder Alerts Only
- Fill in all requested information for each offering selected

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ONCE-MONTHLY INVEGA SUSTENNA® paliperidone palmitate extended-release injectable suspension 39mg, 78mg, 117mg, 156mg, 234mg

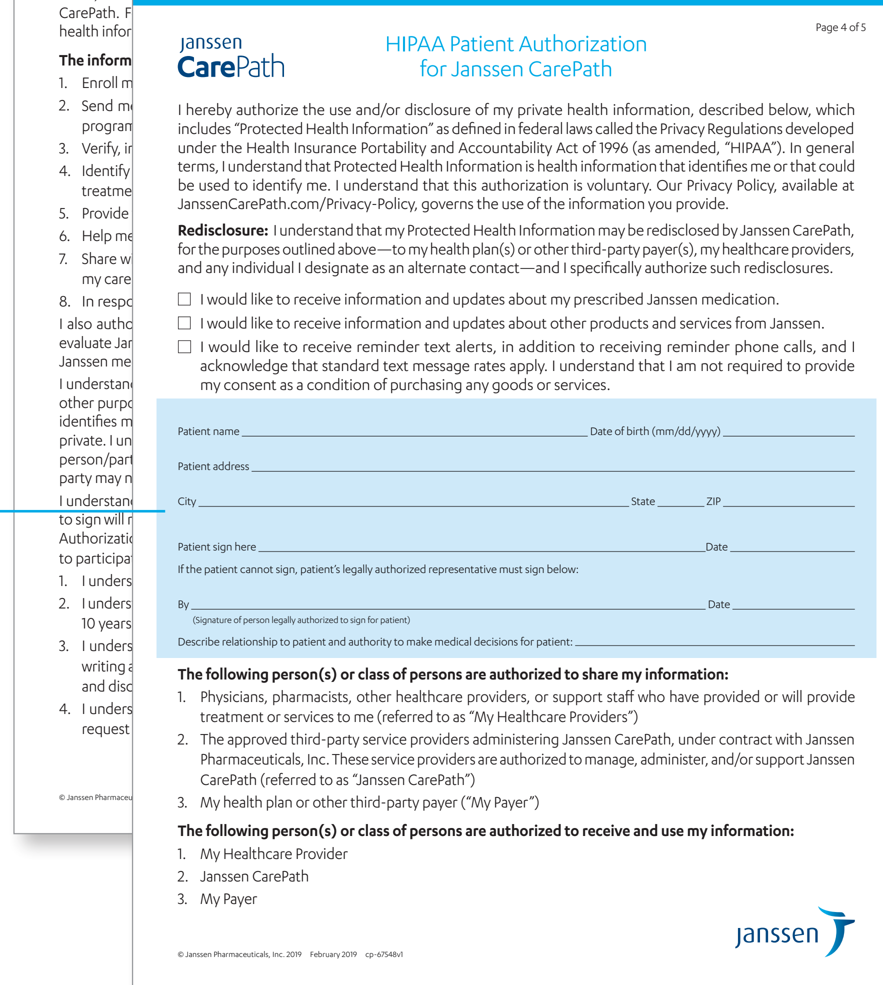
INVEGA TRINZA® paliperidone palmitate extended-release injectable suspension 273 mg, 410 mg, 546 mg, 819 mg

RisperdalCONSTA® risperidone Long-Acting Injection 12.5mg, 25mg, 37.5mg, 50mg

HIPAA Patient Authorization Form for Janssen CarePath

- Have your patient read, sign, and date the HIPAA Patient Authorization Form
- Give your patient a copy of the signed HIPAA Patient Authorization Form and keep the original for your records

DON'T FORGET! Your patient has the option to check the box(es) to **OPT IN** to receive information and updates about their prescribed Janssen medication, information about other Janssen products and services, and reminder text alerts.



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Description of the information that may be used and/or shared:

My "Personal Health Information," which includes my diagnosis, prescribed therapy, insurance information, name, address, phone number, and a description of the resources I have requested or received from Janssen CarePath.

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HIPAA Patient Authorization for Janssen CarePath

I hereby authorize the use and/or disclosure of my private health information, described below, which includes "Protected Health Information" as defined in federal laws called the Privacy Regulations developed under the Health Insurance Portability and Accountability Act of 1996 (as amended, "HIPAA"). In general terms, I understand that Protected Health Information is health information that identifies me or that could be used to identify me. I understand that this authorization is voluntary. Our Privacy Policy, available at JanssenCarePath.com/Privacy-Policy, governs the use of the information you provide.

Redisclosure: I understand that my Protected Health Information may be redisclosed by Janssen CarePath, for the purposes outlined above—to my health plan(s) or other third-party payer(s), my healthcare providers, and any individual I designate as an alternate contact—and I specifically authorize such redisclosures.

- ☐ I would like to receive information and updates about my prescribed Janssen medication.
- ☐ I would like to receive information and updates about other products and services from Janssen.
- ☐ I would like to receive reminder text alerts, in addition to receiving reminder phone calls, and I acknowledge that standard text message rates apply. I understand that I am not required to provide my consent as a condition of purchasing any goods or services.

Patient name ______ Date of birth (mm/dd/yyyy) ______

Patient address ______

City ______ State ______ ZIP ______

Patient sign here ______ Date ______

If the patient cannot sign, patient's legally authorized representative must sign below:

By ______ Date ______
(Signature of person legally authorized to sign for patient)

Describe relationship to patient and authority to make medical decisions for patient: ______

The following person(s) or class of persons are authorized to share my information:

1. Physicians, pharmacists, other healthcare providers, or support staff who have provided or will provide treatment or services to me (referred to as "My Healthcare Providers")
2. The approved third-party service providers administering Janssen CarePath, under contract with Janssen Pharmaceuticals, Inc. These service providers are authorized to manage, administer, and/or support Janssen CarePath (referred to as "Janssen CarePath")
3. My health plan or other third-party payer ("My Payer")

The following person(s) or class of persons are authorized to receive and use my information:

1. My Healthcare Provider
2. Janssen CarePath
3. My Payer

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Fax pages 1, 3, 4, and 5 of the completed and signed PEF to Janssen CarePath at **877-785-1124.**

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

Please see full Prescribing Information, including Boxed WARNING, for INVEGA SUSTENNA®, INVEGA TRINZA®, and RISPERDAL CONSTA®.

Janssen CarePath

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.

RisperdalCONSTA
risperidone Long-Acting Injection
12.5mg, 25mg, 37.5mg, 50mg

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

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Janssen CarePath

Fax to 877-785-1124

Summary of Benefits and Alternate Site of Care (ASOC) Options for Injection

Attention to: ____ Date Coverage Verified: ____ Fax: ____

Prescriber: ____ Product: ____

Summary of Benefits

Patient: ____ Patient's Date of Birth: ____

Patient ID: ____ Verified for Diagnosis(es): ____

IMPORTANT INFORMATION

	Pharmacy Benefit		Medical Benefit	
	Primary	Secondary	Primary	Secondary
Plan/Payer Name				
Plan Phone #				
Policy #				
Group #				
Deductible				
Deductible Met $				
Co-pay $				
Coinsurance %				
Annual Out-of-Pocket				
Annual Out-of-Pocket Met				
Spend Down				

Learn about ways to help with Janssen medication costs at NS.JanssenCarePathSavings.com.

Payer-Mandated Specialty Pharmacy Required ☐ **Yes** ☐ **No**

Pharmacy Name ____ **Pharmacy Phone** ____

JANSSEN CONNECT® Network ASOC Options for Injection

	Name	Address	City	State	Phone #	Mileage From Patient's Home*	Type of Site†
☐							
☐							
☐							

▲ By checking this box, I am certifying that neither I nor my employer has a direct or indirect ownership or other financial relationship with the injection center selected.

*If you would like mileage from another location, please contact Janssen CarePath at 877-524-3579.

†Same-day option. This location may have the ability to provide the patient's injection today.

If patient is homebound or unable to travel to injection center locations, please contact Janssen CarePath to determine if patient qualifies for home health services.

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

Need help? Call **877-524-3579**, Monday–Friday, 8:00 AM–8:00 PM ET

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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.

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INVEGA SUSTENNA® paliperidone palmitate 39mg, 78mg, 117mg, 156mg, 234mg
INVEGA TRINZA® paliperidone palmitate 273 mg, 410 mg, 546 mg, 819 mg
Risperdal CONSTA® risperidone Long-Acting Injection 12.5mg, 25mg, 37.5mg, 50mg

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.

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* CPT® – Current Procedural Terminology. CPT® is a registered trademark of the American Medical Association, 2017.

Need help? Call **877-524-3579**
Monday–Friday, 8:00 AM–8:00 PM ET

Visit: JanssenCarePath.com

Please see full Prescribing Information, including Boxed WARNING, for INVEGA SUSTENNA®, INVEGA TRINZA®, and RISPERDAL CONSTA®.

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