

Understanding  
Your Patients'  
Benefits

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

**Spravato**<sup>®</sup>  
(esketamine)   
nasal spray

Please see full [Prescribing Information](#), including Boxed WARNINGS and [Medication Guide](#) for SPRAVATO<sup>®</sup>.  
Provide the Medication Guide to your patients and encourage discussion.

## Quick Guide to the Verification of Benefits (VOB) Form

When you send a benefits investigation request, Janssen CarePath will verify both medical and pharmacy insurance benefits within 2 business days and provide your office with a VOB.

### Case Information

Includes key information including:

- Product Name
- Date Benefits Verified
- Dosage Form and Strength
- Primary and Secondary Diagnoses
- Prescriber/Referring Provider Name and Practice Name
- General Notes



### Primary Medical Insurance

- Outcome (prior authorization coverage)
- Member Status

### Coverage Summary

Provides key details including:

- Product J-Code
- Availability of Medical Buy & Bill and Medical Assignment of Benefits Coverage
- Coverage (Major Medical, Behavioral Health)
- Behavioral Health Organization Name, if applicable
- Prior Authorization/Pre-determination/Pre-certification Required
- Required Documentation
- Payer Decision Turnaround Time and Submission Method

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### Verification of Benefits

Patient Name: <Data>  
Patient DOB: <Data>  
SR#: <Data>

Case Information			
Product Name:			
Date Benefits Verified:		Dosage Form & Strength:	
Primary Diagnosis:		Secondary Diagnosis:	
Prescriber/Referring Provider Name:			
Practice/Referring Practice Name:			
General Notes			
[Treatment Location #1 – Selected by HCP]		[Treatment Location #2]	[Treatment Location #3]
Treatment Location REMS Certification Status	[Certified, Not Certified]	[Certified, Not Certified]	[Certified, Not Certified]
Treatment Location Payer Network Status	[In Network, Out of Network]	[In Network, Out of Network]	[In Network, Out of Network]
Primary Medical Insurance			
Outcome:		Member Status:	
Coverage Summary			
Product J-Code:		Availability of Medical Buy & Bill: [Yes, No]	
		Availability of Medical Assignment of Benefits Coverage: [Yes, No]	
Coverage: [Major Medical, Behavioral Health]			
If applicable, Behavioral Health Organization Name:			
[Prior Authorization/Pre-determination/Pre-certification] Required:			
Required Documentation:			
Payer Decision Turnaround Time:		Submission Method:	
Contact Information			
Attention to:		Fax:	
		Phone:	
PA on File: [Yes, No]		[Prior Authorization/Pre-determination/Pre-certification] ID:	
[Prior Authorization/Pre-determination/Pre-certification] Effective & Expiration Dates:			
[Prior Authorization/Pre-determination/Pre-certification] Process:			
Plan-Specific Details			
Quantity Limit:	In Network: [Covered, Not Covered]	Out of Network: [Covered, Not Covered]	
Deductible			
Deductible Met			
Out-of-pocket Maximum			
Out-of-pocket Maximum Met			
Co-pay/Coinsurance			

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### Header

- Patient Name and Date of Birth
- Service Request Number

### Treatment Information

- Name of Treatment Location(s)
- Treatment Location REMS Certification Status and Payer Network Status

### Contact Information

- Attention to
- Fax and Phone Numbers
- PA on File
- Prior Authorization/Pre-determination/Pre-certification: ID, Effective & Expiration Dates, and Process

### Plan-Specific Details

- Quantity Limit
- In Network and Out of Network:
  - Deductible and amount met
  - Out-of-pocket Maximum and amount met
  - Co-pay/Coinsurance

(continued on next page)

**Plan-Specific Details (cont'd)**

- Payer Provided Medical Additional Instructions
- Plan and Policy information

**Primary Pharmacy Insurance**

- Outcome (prior authorization coverage)
- Member Status

**Coverage Summary**

Provides key details including:

- Product NDC
- Pharmacy Coverage
- Prior Authorization/Pre-determination/Pre-certification Required
- Required Documentation
- Turnaround Time and Submission Method

**Administration Overview: Observation Period**

- Coverage (Major Medical, Behavioral Health)
- In Network and Out of Network:
  - Deductible and amount met
  - Out-of-pocket Maximum and amount met
  - Co-pay/Coinsurance
  - Office Visit
  - Payer Provided Reimbursement Code Notes


**Contact Information**

- Attention to
- Fax and Phone Numbers
- PA on File
- Prior Authorization/Pre-determination/Pre-certification: ID, Effective & Expiration Dates, and Process

**Plan-Specific Details**

- Quantity Limit
- Deductible and amount met
- Out-of-pocket Maximum and amount met
- Co-pay/Coinsurance

(continued on next page)

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		Patient Name: <Data> Patient DOB: <Data> SR#: <Data>
Payer Provided Medical Additional Instructions:		
Payer Name:	Plan Type:	
Policy Number:	Member ID Number:	
Policy Effective Date:	Policy End Date:	
Primary Payer Contact:	Primary Payer Phone:	
<b>Administration Overview: Observation Period</b> [insert cover codes only]		
Coverage: [Major Medical, Behavioral Health]	In Network: [Covered, Not Covered, Unknown]	Out of Network: [Covered, Not Covered, Unknown]
Deductible		
Deductible Met		
Out-of-pocket Maximum		
Out-of-pocket Maximum Met		
Co-pay/Coinsurance		
Office Visit		
Payer Provided Reimbursement Code Notes:		
<b>Primary Pharmacy Insurance</b>		
Outcome:	Member Status:	
<b>Coverage Summary</b>		
Product NDC:	Pharmacy Coverage: [Yes, No]	[Prior Authorization/Pre-determination/Pre-certification] Required: [Yes, No]
Required Documentation:		
Turnaround Time:	Submission Method:	
<b>Contact Information</b>		
Attention to:	Fax:	
	Phone:	
PA on File: [Yes, No]	[Prior Authorization/Pre-determination/Pre-certification] ID:	
[Prior Authorization/Pre-determination/Pre-certification] Effective & Expiration Dates:		
[Prior Authorization/Pre-determination/Pre-certification] Process:		
<b>Plan-Specific Details</b>		
Quantity Limit:	Deductible:	Deductible Met:
Out-of-pocket Maximum:	Out-of-pocket Maximum Met:	Co-pay/Coinsurance:
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**Plan-Specific Details (cont'd)**


- Payer Provided Pharmacy Additional Instructions
- Plan and Policy information

**Pharmacy Information**

- Name
- Phone
- Payer Status
- Product Acquisition Method
- REMS Certification Status
- Pharmacy Notes

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Patient Name: <Data>  
Patient DOB: <Data>  
SR#: <Data>

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Payer Provided Pharmacy Additional Instructions:

Payer Name:		Plan Type:		
Policy Number:		Member ID Number:		
Policy Effective Date:		Policy End Date:		
Primary Payer Contact:		Primary Payer Phone:		
Pharmacy Name	Pharmacy Phone	Payer Status	Product Acquisition Method	REMS Certification Status
[Pharmacy Option #1]	[Insert Phone #]	[In Network/Out of Network]	[Medical, Rx, Both]	[Certified/Not Certified]
[Pharmacy Option #2]	[Insert Phone #]	[In Network/Out of Network]	[Medical, Rx, Both]	[Certified/Not Certified]
[Pharmacy Option #3]	[Insert Phone #]	[In Network/Out of Network]	[Medical, Rx, Both]	[Certified/Not Certified]
Pharmacy Notes:				

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**Access support**  
to help navigate  
payer processes



**Affordability support**  
to help your patients start and stay on  
the Janssen medication you prescribe



**Treatment support**  
to help your patients get informed  
and stay on prescribed treatment



**Need help?** Call **844-777-2828**  
Monday–Friday, 8:00 AM–8:00 PM ET



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