

HOW TO ADD PATIENTS PRESCRIBED REMICADE® (INFLIXIMAB) FOR 2019 REVERIFICATION

This form allows you to add patients prescribed REMICADE® who are not found on your patient lists.

Please make sure you complete all fields including next infusion date and fax to 877-299-8791.

Key fields are:

- Patient demographics including date of birth (DOB)
- Prescriber Name with NPI
- Patient Primary insurance with Member ID, Group #, Insurance Phone #
- Patient Secondary insurance with Member ID, Group #, Insurance Phone #
- ICD-10
- Next Infusion Date

If you have any questions, please call Janssen CarePath at 877-CarePath (877-227-3728), Monday through Friday, 8:00 AM to 8:00 PM ET.

Please see full Prescribing Information, including Boxed Warnings, and Medication Guide for REMICADE®, available at JanssenCarePath.com. Provide the Medication Guide to your patients and encourage discussion.

Patient insurance benefits investigation and other Janssen CarePath program offerings are provided by third-party service providers for Janssen CarePath, under contract with Johnson & Johnson Health Care Systems Inc. on behalf of Janssen Pharmaceuticals, Inc., Janssen Biotech, Inc., and Janssen Products, LP (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.

2019 Annual Reverification – Additional Patient Form for Patients Prescribed REMICADE® (infliximab)

Site Name:		Site Address:	
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1	Patient Name	DOB	Address, City, State & Zip	Primary Insurance	Member ID	Group #	Ins. Phone	ICD-10	Next Infusion Date
Prescriber Name			NPI	Secondary Insurance	Member ID	Group #	Ins. Phone		
2	Patient Name	DOB	Address, City, State & Zip	Primary Insurance	Member ID	Group #	Ins. Phone	ICD-10	Next Infusion Date
Prescriber Name			NPI	Secondary Insurance	Member ID	Group #	Ins. Phone		
3	Patient Name	DOB	Address, City, State & Zip	Primary Insurance	Member ID	Group #	Ins. Phone	ICD-10	Next Infusion Date
Prescriber Name			NPI	Secondary Insurance	Member ID	Group #	Ins. Phone		
4	Patient Name	DOB	Address, City, State & Zip	Primary Insurance	Member ID	Group #	Ins. Phone	ICD-10	Next Infusion Date
Prescriber Name			NPI	Secondary Insurance	Member ID	Group #	Ins. Phone		
5	Patient Name	DOB	Address, City, State & Zip	Primary Insurance	Member ID	Group #	Ins. Phone	ICD-10	Next Infusion Date
Prescriber Name			NPI	Secondary Insurance	Member ID	Group #	Ins. Phone		