The Benefits Investigation and Prescription Form for STELARA® can be found inside along with tips for easily completing and submitting this form.
# Gastroenterologist

Benefits Investigation and Prescription Form

**Complete and Fax this Form to 866-769-3903**. For assistance, call 877-CarePath (877-227-3728), Monday–Friday, 8:00 AM to 9:00 PM ET.

**Janssen CarePath cannot accept any information without an executed Letter of Medical Necessity.**

Please read the enclosed Prescribing Information, including Medication Guide, for STELARA®.

**If you have any questions or need assistance filling out this form, call Janssen CarePath at 877-CarePath (877-227-3728).**

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### SECTION 1

#### 1. PATIENT INFORMATION (REQUIRED)

- **NAME (First, MI, Last)**
- **SEX**
- **DATE OF BIRTH**
- **PHONE**
- **FAX**
- **ADDRESS**
- **CITY**
- **STATE**
- **ZIP**

**Do not use PHARMACY & MEDICAL BENEFITS**

**Pharmacy and medical benefits information is mandatory and critical to processing this form.**

- If you do not provide the pharmacy and medical benefits information, the medical insurance will not be covered.

**GLOBAL LIMITATIONS**

- It is mandatory that all global limitations are noted on this form. Failure to list appropriate codes may result in the inability to process the form.

**Other**

- If you check any of the boxes under SITE OF INFUSION, you must also fill out the following information:
  - **INDUCTION DATE**
  - **INDUCTION DOSE** (if known)
  - **SITE OF INFUSION**

**Don’t forget:** Janssen CarePath cannot automatically enroll both pharmacy and medical benefits on your behalf.

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### SECTION 2

#### 2. PROVIDING INSURANCE INFORMATION

- **PHARMACY INSURANCE**
- **PRACTICE NAME**
- **OFFICE CONTACT**
- **PREScriber NAME (First, Last)**
- **DATE OF INFUSION INDUCTION DOSE (IF KNOWN)**
- **ADDRESS**
- **CITY**
- **STATE**
- **ZIP**

**Global Limitations**

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  - **INDUCTION DATE**
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### SECTION 3

#### 3. PROVIDING A 95%-RAA AND PRIOR MEDICATIONS

- **95%-RAA**
- **Date of 95%-RAA Date**
- **Medication List**
- **Rx STELARA®**

**Global Limitations**

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**Other**

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  - **INDUCTION DOSE** (if known)
  - **SITE OF INFUSION**

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### SECTION 4

#### 4.晚至infusion in Janssen Link. If needed

- **Janssen Link Program**
- **Clinical**
- **Site**
- **Address**
- **City**
- **State**
- **Zip**

**Global Limitations**

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**Other**

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  - **INDUCTION DATE**
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  - **SITE OF INFUSION**

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### SECTION 5

#### 5. PRIOR AUTHORIZATION ASSISTANCE

- **Yes**
- **No**

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  - **INDUCTION DATE**
  - **INDUCTION DOSE** (if known)
  - **SITE OF INFUSION**

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### SECTION 6

#### 6. PRESCRIBER INFORMATION (REQUIRED)

- **PRESCRIBER SIGNATURE**
- **PRESCRIPTION DURATION**
- **DATE**
- **Rx STELARA®**
- **ITEMS INCLUDE**
- **DOSAGE**
- **ROUTE**
- **FREQUENCY**
- **DURATION**
- **REASON**

**Global Limitations**

- It is mandatory that all global limitations are noted on this form. Failure to list appropriate codes may result in the inability to process the form.

**Other**

- If you check any of the boxes under SITE OF INFUSION, you must also fill out the following information:
  - **INDUCTION DATE**
  - **INDUCTION DOSE** (if known)
  - **SITE OF INFUSION**

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### SECTION 7

#### 7. FILL THIS SECTION OUT COMPLETELY IF YOU ARE PRESCRIBING THE MAINTENANCE DOSE

- **STELARA®**
- **Prescribing Information**
- **Medication Guide**

**Global Limitations**

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**Other**

- If you check any of the boxes under SITE OF INFUSION, you must also fill out the following information:
  - **INDUCTION DATE**
  - **INDUCTION DOSE** (if known)
  - **SITE OF INFUSION**

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### SECTION 8

#### 8. DO NOT FORGET: Janssen CarePath will automatically enroll both pharmacy and medical benefits for you.

Please fill out all required sections.