

EOB Clarification Form

Use this form when the Explanation of Benefits (EOB) statement for the below patient does not indicate that they received STELARA[®] (ie, STELARA[®], J3357, or J3358).

Instructions for Completing and Submitting the EOB Clarification Form

1. Complete the information requested below and sign the form.
2. Visit [JanssenCarePathPortal.com](https://www.janssen-carepath.com) to create an account and upload the signed form **or** fax it to 844-250-7193.

Please submit this completed form to ensure your patients receive their rebate promptly.

Provider Name _____

Treatment Location _____ Date _____

In order to determine the patient’s rebate, please provide information for the patient’s treatment with STELARA[®] and the Date of Treatment, as requested below.

The information you provide will be used by Janssen Biotech, Inc., the maker of STELARA[®], our affiliates, and our service providers to determine if your patient is eligible to receive benefits related to their participation in the STELARA withMe Savings Program. This information will be used in evaluating a rebate request. By providing this information, you understand and agree that you are doing so at the request of your patient and that the information you provide is accurate. If your patient wants to stop receiving this information or service, they may withdraw from the program by calling 844-4-withMe (844-494-8463). Our [Privacy Policy](#) governs the use of the information you provide. By completing and submitting this form, you indicate you read, understand, and agree to these terms.

Patient Name _____ Date of Birth (MM/DD/YYYY) _____

Date of Treatment _____

By signing below, you are confirming that this patient received treatment with STELARA[®] on the date listed above.

Signature _____ Print Name _____

If you have any questions about STELARA withMe Savings Program, please call 844-4-withMe (844-494-8463), Monday–Friday, 8:00 AM–8:00 PM ET.

Please see full [Prescribing Information](#) and [Medication Guide](#) for STELARA[®]. Provide the Medication Guide to your patients and encourage discussion.

Please be aware that the STELARA withMe Savings Program is the new name for the Janssen CarePath Savings Program for STELARA® (ustekinumab). As we transition to the new name over the coming months, you will continue to see Janssen CarePath referenced on program materials, communications, and digital platforms, including the Janssen CarePath website and provider portal.

As a reminder, this program is only for people age 6 or older using commercial or private health insurance who must pay an out-of-pocket cost for their Janssen medication. This includes plans from the Health Insurance Marketplace. This program is not for people who use any state or federal government-funded healthcare program. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration. Patients may not seek payment for the value received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account. Patients must meet the program requirements at the time of each Savings Program request. Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states.

Patients who are members of health plans (often called “maximizer” plans) that claim to **reduce** their patients’ out-of-pocket costs will have a reduced maximum program benefit of \$6,000 per calendar year. Out-of-pocket costs may be co-pay, co-insurance, or deductible. Patients who are members of health plans that claim to **eliminate** their out-of-pocket costs are not eligible for cost support. If your patient has enrolled in one of these plans, they must inform STELARA withMe at 844-4-withMe (844-494-8463).

To use this program, your patient must follow any health plan requirements, including telling their health plan how much co-payment support they get from this program. By getting a Savings Program benefit, your patient confirms that they have read, understood, and agree to the program requirements on this page, and are giving permission for information about their Savings Program transactions to be shared with their healthcare provider(s). These transactions include rebates and any funds placed on the card or balance remaining on the card. If your patient uses medical/primary insurance to pay for their medication, they need to submit a rebate request with an Explanation of Benefits (EOB) to get payment from the Savings Program. With your patient’s permission, you may submit the rebate request and EOB for your patient. Please make sure you and your patient know who will submit the rebate request. This program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer. Offer good only in the United States and its territories. Void where prohibited, taxed, or limited by law.

Information about your patient’s insurance coverage, cost support options, and treatment support is given by service providers for STELARA withMe via Janssen CarePath. The information you get does not require you or your patient to use any Janssen product. Because the information we give you comes from outside sources, STELARA withMe cannot promise the information will be complete. STELARA withMe cost support is not for patients in the Johnson & Johnson Patient Assistance Foundation.

Please see full [Prescribing Information](#) and [Medication Guide](#) for STELARA®. Provide the Medication Guide to your patients and encourage discussion.