**Request for Additional Co-pay Support**

Dear Healthcare Provider,

Some health insurance companies have made significant changes to benefits, which have caused changes in the amounts of cost support provided through the STELARA withMe Savings Program. STELARA withMe is adjusting how their Savings Program works for STELARA® (ustekinumab) to help commercially eligible patients get the full benefit of the Savings Program cost support and ensure that the support is used correctly by their pharmacy and health plan. To help provide additional co-pay support to patients who have exhausted their co-pay support, so that they can stay on Janssen therapy, we are asking for your help to complete this form and return it to STELARA withMe.

Please print this form, complete the information, and sign and date it. Submit it to STELARA withMe via fax   
at 866-769-3903.

Thank you,

STELARA withMe

To: STELARA withMe

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Example: Dr. Jane Ramirez)

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Patient Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Patient DOB)

In light of the changes that insurance companies have made related to benefits impacting patients’ access   
to Janssen therapy, I am requesting additional co-pay support consideration from STELARA withMe for (year)\_\_\_\_\_\_\_\_\_\_\_\_.

I attest that:

* Patient has exhausted their co-pay support
* Patient has discontinued, will discontinue, or has shared that they will discontinue Janssen therapy due to the inability to afford the medication
* STELARA® is the most clinically appropriate therapy for the patient
* The patient will resume or continue therapy upon receipt of additional co-pay support from the

STELARA withMe Savings Program

* I have on file written authorization from the patient whose information I am submitting that complies with federal law and enables STELARA withMe to use and disclose the information as necessary to provide additional co-pay support to my patient

Please see full Prescribing Information and Medication Guide for STELARA® available at stelarainfo.com. Provide the Medication Guide to your patients and encourage discussion.

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Signature (eSignatures cannot be accepted) Date

Savings Program is for eligible commercially insured patients. Not valid for patients using Medicare, Medicaid, or other government-funded programs to pay for their medications. Eligibility to receive a Savings Program benefit is subject to meeting the program requirements at the time of each use.

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.