AMGEN Support+ | Co-Pay Program

Together, we've got this

We're here to support you on your path.

The Amgen SupportPlus Co-Pay Program is here to help eligible commercially insured patients who have been prescribed certain Amgen products*



*Eligibility criteria and program maximums apply. See AmgenSupportPlus.com/copay for full Terms and Conditions.

Helping eligible patients lower their out-of-pocket costs.



The Amgen SupportPlus Co-Pay Program can help eligible commercially insured patients cover their out-of-pocket prescription costs, including deductible, co-insurance, and co-payment.*

- Pay as little as **$0* out-of-pocket** for each dose or cycle (excluding Prolia® and EVENITY®)†
- For Prolia® and EVENITY®, pay as little as **$25 out-of-pocket** for each dose
- Can be applied to deductible, co-insurance, and co-payment*
- No income eligibility requirement

* Eligibility criteria and program maximums apply. See AmgenSupportPlus.com/copay for full Terms and Conditions.

† $25 out-of-pocket cost for each dose of Prolia® (denosumab) and EVENITY® (romosozumab-aqqg) through Amgen SupportPlus.

Whether you have one Amgen therapy or several, finding co-pay support starts here.

AVSOLA®
(infliximab-axxq)

BLINCYTO®
(blinatumomab)

EVENITY®
(romosozumab-aqqg)

IMLYGIC®
(talimogene laherparepvec)

KANJINTI®
(trastuzumab-anns)

KYPROLIS®
(carfilzomib)

LUMAKRAS®
(sotorasib)

MVASI®
(bevacizumab-awwb)

NEULASTA® ONPRO® KIT
(pegfilgrastim) prefilled syringe and/or on-body injector

NEUPOGEN®
(filgrastim) injection

NPLATE®
(romiplostim)

PROLIA®
(denosumab)

RIABNI™
(rituximab-arrx)

VECTIBIX®
(panitumumab)

XGEVA®
(denosumab)

Please click here for full Prescribing Information for the listed products.

Options to enroll in and how to use the AmgenSupportPlus CoPay Program.



Option 1: Through the doctor's office or direct patient enrollment

1. Offices can assist patients with enrollment* or patients can enroll themselves
   - Online: AmgenSupportPlus.com/copay
   - Phone: (866) 264-2778
2. The co-pay card details can be accessed via the online portal or by calling (866) 264-2778
3. **Submitting a Claim:** The office or patient sends in the itemized EOB† to the Amgen SupportPlus Co-Pay Program **after each treatment** using one of the options below.

   Online: Submit a claim by uploading it to your account on AmgenSupportPlus.com/copay

   Fax: 844-369-9961

   EDI: HCP offices may submit claims using EDI (electronic data interchange) capabilities if available via their existing EHR system. Visit the resources tab at AmgenSupportPlus.com/copay for more information.

   Mail:
   Amgen SupportPlus Co-Pay Program
   100 Passaic Avenue, Suite 245
   Fairfield, NJ 07004
4. Once the claim is approved, the Amgen SupportPlus Co-Pay Card can be used to reduce the patient out-of-pocket cost

Option 2:
With participating pharmacies

1. After being prescribed an Amgen product, patients can work with participating specialty or retail pharmacies to enroll* in the Amgen SupportPlus Co-Pay Program and also activate a virtual co-pay card.

2. The specialty pharmacy will process the claim with card information listed here:
   - Member ID
   - RxBIN
   - PCN
   - Group Number

3. The pharmacy will help coordinate the shipment of your medication directly to the site of care or to you so that it is available for administration

*Healthcare representatives, including pharmacists, may not enroll patients in the Co-Pay Card Program. However, they may assist eligible commercially insured patients with enrollment. The patient must be physically present, or on the phone, during the enrollment to (1) answer the eligibility questions; (2) indicate that they read, understood, and accepted the Terms and Conditions; and (3) indicate that they read and agreed to the Patient Authorization.

†An itemized EOB is an explanation of benefits from a health plan that typically indicates the amount of insurance coverage for each service and/or treatment at the doctor's office, as well as the patient's normal out-of-pocket costs.

3 ways to receive payment



Debit Card (default method)
After a submitted claim is approved, funds are loaded onto an Amgen-issued debit card



Check
If the office prefers reimbursement via a check, please call (866) 264-2778 so we can mark it as the preferred reimbursement method of choice



Electronic Funds Transfer (EFT)
For healthcare providers only, enrollment is required through AmgenSupportPlus.com/copay, and once set up, payment will be directly deposited into the account provided

1. Log in to the Amgen SupportPlus Customer Portal and navigate to the electronic funds transfer (EFT) section of the Profile tab. If there is no EFT option, call (866) 264-2778 for assistance.
2. Read and accept the Federal ACH (Automated Clearing House) Terms and Conditions.
3. Complete the Bank Account Information form and tap Submit. Please allow up to 10 business days to process the initial setup.

Summary of Amgen® SupportPlus Co-Pay Card Terms & Conditions

It is important that every patient read and understand the full Amgen SupportPlus Co-Pay Card Terms and Conditions. The following summary is not a substitute for reviewing the Terms and Conditions in their entirety.

These terms and conditions apply to the following products:

BLINCYTO® (blinatumomab), IMLYGIC® (talimogene laherparepvec), KANJINTI®(trastuzumab-anns), KYPROLIS® (carfilzomib), LUMAKRAS® (sotorasib), MVASI® (bevacizumab-awwb), NEULASTA® (pegfilgrastim), NEUPOGEN® (filgrastim), NPLATE® (romiplostim), PROLIA® (denosumab), RIABNI™ (rituximab-arrx), VECTIBIX® (panitumumab), XGEVA® (denosumab), EVENITY® (romosozumab-aqqg), and AVSOLA® (infliximab-axxq)

As further described below, in general:

- The Amgen SupportPlus Co-Pay Card is open to patients with commercial insurance that covers an Amgen SupportPlus product listed above, regardless of financial need. The program is not valid for patients whose prescription for an Amgen SupportPlus product is paid for in whole or in part by Medicare, Medicaid, or any other federal or state healthcare program. It is not valid for cash paying patients or where prohibited by law. (See ELIGIBILITY section in the full Terms & Conditions.)
- The Amgen SupportPlus Co-Pay Card may help lower your Amgen SupportPlus product out-of-pocket medication costs. Out-of-pocket costs may include co-payment, co-insurance, and deductible out-of-pocket costs. The Amgen SupportPlus Co-Pay Card does not cover any other costs related to office visits or administration of the product. The Amgen SupportPlus Co-Pay Card provides support up to the Maximum Program Benefit or Patient Total Program Benefit. If a patient's commercial insurance plan imposes different or additional requirements on patients who receive Amgen SupportPlus Co-Pay Card benefits, Amgen has the right to modify or eliminate those benefits. Whether you are eligible to receive the Maximum Program Benefit or Patient Total Program Benefit is determined by the type of plan coverage you have. Please ask your Amgen SupportPlus Support Representative to help you understand eligibility for the Amgen SupportPlus Co-Pay Card, whether your particular insurance coverage is likely to result in your reaching the Maximum Program Benefit or your Patient Total Program Benefit amount by calling (866) 264-2778. (See PROGRAM BENEFITS section in the full Terms & Conditions.)
- Amgen SupportPlus patients may pay as little as:
  - $0 out-of-pocket for each dose or cycle of the Amgen SupportPlus product (excluding Prolia® and EVENITY®)
  - $25 out-of-pocket for each dose of Prolia® or EVENITY®

Amgen will pay the remaining eligible out-of-pocket costs on behalf of the patient until the Amgen payments have reached either the Maximum Program Benefit and/or the Patient Total Program Benefit. Patients are responsible for all amounts that exceed this limit. Please ask your Amgen SupportPlus Support Representative to help you understand eligibility for the Amgen SupportPlus Co-Pay Card by calling (866) 264-2778. (See PROGRAM DETAILS section in the full Terms & Conditions.)

Program coverage through the Amgen SupportPlus Co-Pay Card is contingent on (1) the submission of the required Explanation of Benefits (EOB) form within 180 days of the date of approval documented on the EOB for medical benefit claims or (2) the submission of the claim within 180 days of the date of service for pharmacy benefit claims.

See AmgenSupportPlus.com/copay for full Terms and Conditions.

AMGEN® Support+

For more information,
visit AmgenSupportPlus.com/copay, or
call (866) 264-2778, Monday-Friday, 9 am to 8 pm ET

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