FOR PATIENTS WITH PRIVATE OR COMMERCIAL INSURANCE

AMGEN® Support+

Getting started with the Amgen® SupportPlus Co-Pay Program

Your guide to enrolling in the Amgen SupportPlus Co-Pay Program*



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

AMGEN®

Steps to using the Amgen SupportPlus Co-Pay Program

AMGEN Support+

1 ENROLL in the co-pay program

Online
AmgenSupportPlus.com/copay

OR

By phone
by calling 1-866-264-2778

Once enrolled into the Amgen SupportPlus Co-Pay Program, you will receive a welcome letter with your co-pay card information within 5 to 7 business days.

If you get your medicine through your provider's office or an alternate site of care, proceed to section 2: SUBMIT.

The Amgen SupportPlus Co-Pay Card Program is not valid for patients whose prescription for an Amgen product is paid for in whole or in part by Medicare, Medicaid, or any other federal or state healthcare program. Patients may not seek reimbursement for the value received from the Amgen SupportPlus Co-Pay Card from any third-party payers, including a flexible spending account or healthcare savings account.

Program enrollment lasts 3 years

2 SUBMIT your co-pay claim

After you receive your Amgen medication, you'll get an **explanation of benefits (EOB)** from your insurance.

An explanation of benefits is a statement from your health insurance plan describing what costs it will cover for medical care or products you've received.

An explanation of benefits needs to be submitted to the co-pay program **within 180 days** of the date of approval documented on the explanation of benefits.

Your explanation of benefits should include the following information:

- ☐ Payer/insurance name
- ☐ Provider name
- ☐ Patient name
- ☐ Date of service
- ☐ Name of drug/code*
- ☐ Billed amount
- ☐ Allowed amount
- ☐ Patient responsibility

Options for submitting your co-pay claim:

Online
AmgenSupportPlus.com/copay

OR

Fax
1-844-369-9961

OR

Mail
PO Box 2169, Morristown, NJ 07926

*For PAVBLU™ and BKEMV® only, confirm that the EOB includes the administration/service code.

3 PROCESS your payment



Co-Pay Card
Provide your doctor's office with the following information for payment:

- ✓ Member ID
- ✓ Card number
- ✓ Expiration date
- ✓ CVC code

You can find this information in your welcome letter or by visiting your Patient Portal at AmgenSupportPlus.com/copay.

Once your explanation of benefits has been received and approved, funds will be available on your Amgen SupportPlus Co-Pay Card within 3 to 5 business days.

If you receive your medication from the specialty pharmacy, provide the following information, which can also be found in your welcome letter:

- ✓ Member ID
- ✓ BIN
- ✓ PCN
- ✓ Group Number

If you paid out-of-pocket for your medication, and your commercial insurance covers your Amgen medication, you can get reimbursed by check. Submit a Check Request Form with your claim submission. This is found on the Resources tab of Amgen SupportPlus Patient Co-Pay Portal.

Help lower your out-of-pocket costs with the Amgen SupportPlus Co-Pay Program*



If you have private or commercial insurance, you may be eligible for the Amgen SupportPlus Co-Pay Program.

- **Pay as little as $0* out-of-pocket** for each dose or cycle
- **Can be applied** to deductible, co-insurance, and co-payment
- **No income eligibility requirement**

Scan QR code to access AmgenSupportPlus.com/copay

Summary of Amgen® SupportPlus Co-Pay Card Terms and 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:
AVSOLA® (infliximab-axxq), BKEMV® (eculizumab-aeeb), BLINCYTO® (blinatumomab), EVENITY® (romosozumab-aqqg), IMDELLTRA™ (tarlatamab-dlle), IMLYGIC® (talimogene laherparepvec), KANJINTI® (trastuzumab-anns), KYPROLIS® (carfilzomib), LUMAKRAS® (sotorasib), MVASI® (bevacizumab-awwb), NEULASTA® (pegfilgrastim), NEUPOGEN® (filgrastim), NPLATE® (romiplostim), PAVBLU™ (aflibercept-ayyh), PROLIA® (denosumab), RIABNI® (rituximab-arrx), VECTIBIX® (panitumumab), and XGEVA® (denosumab).

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 and/or in-office administration costs (PAVBLU and BKEMV only) for an Amgen SupportPlus product is paid for in whole or in part by Medicare, Medicaid, or any other federal or state healthcare program. The Amgen SupportPlus Co-Pay Card cannot be combined with any other savings, free trial, free goods or similar offer related to any of the products listed above. 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 and in-office administration (PAVBLU and BKEMV only) costs. Patients who are residents of Massachusetts or Rhode Island are not eligible for injection administration support. 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. 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 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
- Patients may also receive up to $1,000 per calendar year for out-of-pocket costs for in-office administration (PAVBLU and BKEMV only). Patients who are residents of Massachusetts or Rhode Island are not eligible for injection administration support

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 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.

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

© 2025 Amgen Inc. All rights reserved. USA-CBU-82481 10/25