

# Aimovig<sup>®</sup> copay card



eligible commercially insured patients

pay as little as  
**\$5 per month for Aimovig<sup>®</sup>\***



\*Eligibility criteria apply. Program maximums apply. See full terms and conditions on the next page.

## simple steps for enrolling



visit [aimovigcopaycard.com](http://aimovigcopaycard.com)

to sign up and get your Copay Card information



give your card information to your pharmacist

with the Pharmacist Instructions included in this brochure



get Aimovig<sup>®</sup>

at your local pharmacy

Use the spaces below to fill in your Copay Card **GROUP** and **MEMBER** numbers. You will need these numbers when you bring your card to the pharmacy.

GROUP NUMBER

MEMBER NUMBER

BIN NUMBER

004682

PNC

CN

## Pharmacist instructions

Submit the claim to the primary third-party payer first, then submit the balance due to "Change Healthcare" as a secondary payer with the patient responsibility amount and a valid other coverage code (OCC) of "8."

If eligible, the patient is responsible for the first \$5, and reimbursement will be received from Change Healthcare up to program maximum limits.

The Aimovig<sup>®</sup> Copay Card is not valid for any patient uninsured or receiving prescription reimbursement under any federal-, state-, or government-funded healthcare program (e.g. Medicare).

**PLEASE NOTE:** Every pharmacy has different systems and procedures. For any questions, the pharmacist or pharmacy tech can call the **AimAlly<sup>™</sup> support team at 833-Aimovig (833-246-6844)**.



## AIMOVIG® COPAY CARD TERMS AND CONDITIONS

### SUMMARY OF TERMS AND CONDITIONS

It is important that every patient read and understand the full Aimovig® (erenumab-aooe) Copay Card Terms and Conditions. The following summary is not a substitute for reviewing the Terms and Conditions in their entirety.

As further described below, in general:

- The Aimovig® Copay Card is open to patients with commercial insurance, regardless of financial need. The program is not valid for patients whose Aimovig® prescription is paid for in whole or in part by Medicare, Medicaid, or any other federal or state programs. It is not valid for cash-paying patients or where prohibited by law. (See ELIGIBILITY section below.)
- With the Aimovig® Copay Card, a commercially insured patient who meets eligibility criteria may pay as little as a \$5 copay per month for their Aimovig® monthly out-of-pocket costs. Monthly out-of-pocket costs include co-payment, co-insurance, and deductible out-of-pocket costs. Amgen will pay the remaining eligible out-of-pocket costs on behalf of the patient up to a Maximum Monthly Benefit, a Maximum Annual Program Benefit and/or the Patient Total Program Benefit. Patients are responsible for all amounts that exceed these limits. (See PROGRAM DETAILS section below.)
- The program provides assistance up to a Maximum Monthly Benefit except that the Maximum Monthly Benefit will not apply to the first 2 uses of the Aimovig® Copay Card for Aimovig® in any given calendar year.
- Offer is subject to change or discontinuation without notice.
- The Aimovig® Copay Card provides support up to the Maximum Monthly Benefit, the Maximum Annual Program Benefit and/or Patient Total Program Benefit. If a patient's commercial insurance plan imposes different or additional requirements on patients who receive Aimovig® Copay Card benefits, Amgen has the right to reduce or eliminate those benefits. Whether you are eligible to receive the Maximum Monthly Benefit, Maximum Program Benefit or Patient Total Program Benefit is determined by the type of plan coverage you have. Please ask your Aimovig Ally™ Support Team to help you understand eligibility for the Aimovig® Copay Card, and whether your particular insurance coverage is likely to result in your reaching the Maximum Monthly Benefit, the Maximum Annual Program Benefit, or your Patient Total Program Benefit, by calling 1-833-AIMOVIG (1-833-246-6844). (See PROGRAM BENEFITS section below.)

### I. ELIGIBILITY

**Eligibility Criteria: Subject to program limitations and terms and conditions**, the Aimovig® (erenumab-aooe) Copay Card is open to patients who have an Aimovig® prescription and who have commercial or private insurance, including plans available through state and federal healthcare exchanges. This program helps eligible patients cover out-of-pocket costs related to Aimovig®, up to program limits. There is no income requirement to participate in this program.

**This offer is not valid for patients whose Aimovig prescription is paid for in whole or in part by Medicare, Medicaid, or any other federal or state programs. It is not valid for cash-paying patients or where prohibited by law. A patient is considered cash-paying where the patient has no insurance coverage for Aimovig or where the patient has commercial or private insurance but Amgen in its sole discretion determines the patient is effectively uninsured because such coverage does not provide a material level of financial assistance for the cost of an Aimovig prescription. This offer is only valid in the United States, Puerto Rico, and the US territories.**



## II. PROGRAM BENEFITS

The Aimovig® Copay Card helps provide out-of-pocket support to eligible patients for their Aimovig® prescription up to program limits. See PROGRAM DETAILS for full description.

The Aimovig® Copay Card offer does not cover out-of-pocket costs for any patient whose selected coverage option under their commercial insurance plan does not apply Aimovig® Copay Card payments to satisfy the patient's co-payment, deductible, or co-insurance for Aimovig®. Patients with these plan limitations are not eligible for the Aimovig® Copay Card but may be eligible for other needs-based assistance provided by Amgen. These programs are often referred to as accumulator adjustment programs. **If you believe your commercial insurance plan may have such limitations, please contact Aimovig Ally™ at 1-833-AIMOVIG (833-246-6844).**

The Aimovig® Copay Card also may provide a reduced benefit amount, unilaterally determined by Amgen in its sole discretion, to satisfy the out-of-pocket cost-sharing requirement for any patient whose plan or plan agent (including, but not limited to, a Pharmacy Benefit Manager (PBM)) requires enrollment in the Aimovig® Copay Card as a condition of the plan or PBM waiving some or all of an otherwise applicable patient out-of-pocket cost-sharing amount. These programs are often referred to as copay maximizer programs. **If you believe your commercial insurance plan may have such limitations, please contact Aimovig Ally™ at 1-833-AIMOVIG (833-246-6844).** Health plans, specialty pharmacies, and Pharmacy Benefit Managers (individually and collectively "Plan Administrators") are prohibited from enrolling patients in the Aimovig® Copay Card. Plan Administrators are prohibited from assisting patients with enrollment in the Aimovig® Copay Card. **The patient, or his/her legal representative, must personally enroll in the Aimovig® Copay in order to be eligible for program benefits.**

If at any time a patient begins receiving prescription drug coverage under any state or government program (including but not limited to Medicare, Medicaid, TRICARE, Department of Defense, or Veteran Affairs programs), the patient will no longer be able to use this card and they must contact Aimovig Ally™ at **1-833-AIMOVIG (833-246-6844)** (Monday through Friday, from 8:00AM to 9:00PM EST) to stop their participation in this program. Patients may not seek reimbursement for the value received from the Aimovig® Copay Card from any third-party payers, including a flexible spending account or healthcare savings account. Participating in this program means that you are ensuring you comply with any required disclosure regarding your participation in the Aimovig® Copay Card of your insurance carrier or Pharmacy Benefit Manager. Restrictions may apply. Offer is subject to change or discontinuation without notice. **This is not health insurance.**

## III. PROGRAM DETAILS

With the Aimovig® Copay Card, a commercially insured patient who meets eligibility criteria may pay as little as a \$5 copay per month for their Aimovig® monthly out-of-pocket costs.

- For all eligible patients, the Aimovig® Copay Card offers:
  - A program benefit that covers the patient's eligible out-of-pocket prescription costs for Aimovig® (copay, deductible, or co-insurance) on behalf of the patient, up to a Maximum Monthly Benefit and/or a Maximum Annual Program Benefit.
  - Aimovig® patients may pay \$5 out of pocket at the first fill and at every refill, and Amgen will pay on behalf of the patient the remaining eligible out-of-pocket prescription costs (up to the Patient Total Program Benefit described below; Aimovig® patients are responsible for all amounts that exceed this limit).
  - The Maximum Monthly Benefit will apply every month except that the first two fills for Aimovig® in each calendar year will not have a Maximum Monthly Benefit.



- **Maximum Monthly Benefit, Maximum Annual Program Benefit, and/or Patient Total Program Benefit and Benefits May Change, End, or Vary without notice.**
- The **Maximum Annual Program Benefit** must be applied to the Aimovig® patient's out-of-pocket costs (copay, deductible, or co-insurance).
- The **Patient Total Program Benefit** amounts are unilaterally determined by Amgen in its sole discretion and will not exceed the Maximum Monthly Benefit or Maximum Annual Program Benefit. The Patient Total Program Benefit may be *less than* the Maximum Monthly Benefit or Maximum Annual Program Benefit, depending on the terms of a patient's prescription drug plan, and *may vary among individual patients covered by different plans*, based on factors determined solely by Amgen, to ensure all programs funds are used for the benefit of the patient. Each patient is responsible for costs above the Patient Total Program Benefit amounts. Please ask your Aimovig Ally™ representative to help you understand whether your particular insurance coverage is likely to result in your reaching the Maximum Monthly Benefit, Maximum Annual Program Benefit or your Patient Total Program Benefit amount by calling 1-833-AIMOVIG (833-246-6844) and follow the prompts.
- Participating patients are solely responsible for updating Amgen with changes to their prescription health insurance including, but not limited to, initiation of insurance provided by the government, the addition of any coverage terms that do not apply Aimovig® Copay Card benefits to reduce a patient's out-of-pocket costs, such as accumulator adjustment benefit design or a copay maximization program. Participating patients are responsible for providing Amgen with accurate information necessary to determine program eligibility. By accepting payments from Amgen made on behalf of participating patients, participating PBMs and Plans likewise are responsible for providing Amgen with accurate information regarding patient eligibility.
- Patients may use the card every time they fill their Aimovig® prescription. Benefits reset each calendar year. Re-enrollment in the program is required at regular intervals. Patients may participate in the program as long as s/he re-enrolls as required by Amgen and s/he continues to meet all of the program's eligibility requirements during participation in the program. Patients can enroll/re-enroll by calling 1-833-AIMOVIG (833-246-6844) or by going to [aimovigcopaycard.com](http://aimovigcopaycard.com).

## BRIDGE TO COMMERCIAL COVERAGE OFFER

**Patients who are enrolled in the Bridge to Commercial Coverage Offer** before or by December 31, 2021 can receive Aimovig® free for up to 3 doses over 90 days from the date of the first fill. Starting January 1, 2022 the Bridge to Commercial Coverage Offer will be discontinued and no further enrollment will take place.

- This offer is not valid if patient is uninsured or receiving prescription reimbursement under any federal-, state-, or government-funded healthcare program, such as Medicare, Medicare Advantage, Medicare Part D, the Retiree Drug Subsidy Program, Medicaid, Medigap, Veterans Affairs (VA), the Department of Defense (DoD), or TRICARE or where prohibited by law. Cash Discount Cards and other noninsurance plans are not valid as primary under this offer. If at any time patient begins receiving coverage under any such federal-, state-, or government-funded healthcare program, patient will no longer be able to use this offer and patient must call 1-833-AIMOVIG (833-246-6844) to stop participation. By participating in this offer, patient acknowledges intent to pursue insurance coverage for Aimovig® with their healthcare provider. Once insurance approval is obtained, patient is no longer eligible for this offer. No purchase necessary. This is not health insurance.
- Participation is not a guarantee of insurance coverage. This offer is not renewable. Valid in the United States, Puerto Rico, and the US territories. Other restrictions may apply. This offer is subject to change or discontinuation without notice.
- This is a one-time offer and patients are ineligible to re-enroll.

