

# getting Aimovig™ at pharmacies in 3 simple steps



## NEW! Enhanced support services for Aimovig™ through CoverMyMeds®

### PriorAuthPlus®

An ePA solution that provides unique payer PA requirements for Aimovig™, which you can access at the CoverMyMeds® portal

and

### HubExpressSM

A free, live support service with experienced agents who can aid your office by monitoring the progress of PAs and appeals

[www.covermymeds.com](http://www.covermymeds.com) • 866-452-5017

Patients can also sign up for our patient support services and receive helpful resources by calling our Aimovig Ally™ support team at 833-AIMOVIG (833-246-6844), Monday - Friday, 8 am - 8 pm ET

PA=prior authorization.

**\*Program details:** With the Aimovig Ally™ Access Card, commercially insured eligible patients will receive one of the following offers: **If approved by your health plan to take Aimovig™**, pay a \$5 copay per month, with a maximum annual benefit of \$2700. This applies to deductible, co-insurance, and copayments for Aimovig™. This offer is renewable on a yearly basis and the offer is valid for unlimited uses provided the patient re-enrolls. A valid Prescriber ID # is required on the prescription. The offer provides out-of-pocket assistance for a patient in a 1-year period dating from initial activation. Patient is responsible for costs above the annual maximum. **If your health plan requires a prior authorization or your health plan does not cover Aimovig™**, get Aimovig™ at no cost for up to 12 doses, while pursuing approval from your health plan. This offer is not renewable.

**Eligibility rules for the Bridge to Commercial Coverage Offer (Aimovig™ at no cost for up to 12 doses):** Patient must have failed another preventive migraine therapy and healthcare provider must pursue insurance coverage for patient to maintain eligibility for the offer. For continued eligibility, a patient must have received a prior authorization or medical exception denial within 90 days of the first fill of Aimovig™. If the prior authorization or medical exception is denied, an appeal must be denied (or evidence of no appeal process available) within 180 days of the first fill of Aimovig™. For both of these requirements, health plan documentation or attestation may be requested from healthcare provider. For patients who have met these requirements, the maximum length of the program is up to 12 doses or 12 months from enrollment, whichever occurs first.

**†Terms and Conditions for copay offer: Pay a \$5 copay per month, up to a maximum of \$2700 annually.** Patient must be prescribed Aimovig™. Available to patients who are commercially insured and 18 years or older. This offer is not open to patients receiving prescription reimbursement under any federal-, state-, or government-funded healthcare program, such as Medicare, Medicare Advantage, Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), the Department of Defense (DoD), or TRICARE or where prohibited by law. If at any time patients begin receiving coverage under any such federal-, state-, or government-funded healthcare program, patients will no longer be able to use this offer and patient must call 833-AIMOVIG (833-246-6844) to stop participation. Patients may not seek reimbursement for value received from this offer from any third-party payers, including flexible spending accounts or healthcare savings accounts. 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 not health insurance. If you become aware that your health plan or pharmacy benefit manager does not allow the use of manufacturer copay support as part of your health plan design, you agree to comply with your obligations, if any, to disclose your use of the card to your insurer. In order to remain eligible, you must renew participation in the program every 12 months by visiting [www.aimovigaccesscard.com](http://www.aimovigaccesscard.com).

**‡Terms and Conditions for the Bridge to Commercial Coverage Offer (Aimovig™ at no cost for up to 12 doses):** Patient must be prescribed Aimovig™ and have previously failed another preventive migraine treatment. Available to patients who are commercially insured and 18 years or older. This offer is not open to patients receiving prescription reimbursement under any federal-, state-, or government funded healthcare program, such as Medicare, Medicare Advantage, Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), the Department of Defense (DoD), or TRICARE or where prohibited by law. Limited to a maximum of 12 doses while insurance coverage is pursued. Once insurance approval is obtained, patient is no longer eligible for this offer. Ongoing eligibility is subject to demonstrated efforts to pursue commercial coverage. No purchase necessary. Program is not health insurance, nor is participation a guarantee of insurance coverage. 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 833-AIMOVIG (833-246-6844) to stop participation. 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.

Please see accompanying Aimovig™ full Prescribing Information.



for Medicare, Medicaid, or uninsured patients<sup>§</sup>

# getting Aimovig™ through



## Additional support is available

Aimovig Ally™ offers a range of services, including

- Benefit verifications and help with tracking PAs and appeals
- Injection support, including an on-demand injection overview video and live video chats at [www.aimovig.com/demo](http://www.aimovig.com/demo)
- Referrals to other access resources, including the Amgen Safety Net Foundation
- Educational materials and resources to help your patients stay on track

## Aimovig™ Free Trial Offer is available through Aimovig Ally™

With the Aimovig™ Free Trial Offer, patients can try 2 months of product at no cost. Eligibility criteria and program limits apply<sup>||</sup>

Have more questions? Simply call our Aimovig Ally™ support team at 833-AIMOVIG (833-246-6844), Monday - Friday, 8 am - 8 pm ET

PA=prior authorization.

<sup>§</sup>Includes patients who do not have commercial insurance, such as patients with Medicare, Medicaid, Veterans Affairs (VA), and TRICARE, and uninsured patients.

<sup>||</sup>Free trial is optional and available at no cost to patients new to Aimovig™. Patients are eligible to receive two doses of Aimovig™ dispensed directly from the Aimovig Ally™ pharmacy. Doses are delivered on a monthly basis and will be coordinated with the patient. If the dose changes, please contact the Program. No purchase required. Patient may only redeem this offer once. This free trial is not health insurance and is not contingent on or a guarantee of insurance coverage. Trial product cannot be submitted for reimbursement under any healthcare program. Limitations may apply. Not available to residents of Massachusetts. Novartis Pharmaceuticals Corporation and Amgen reserve the right to rescind, revoke, or amend this offer without notice. Enrollment must occur by 12/31/2018.

## INDICATION

Aimovig™ (erenumab-aooe) is indicated for the preventive treatment of migraine in adults.

## IMPORTANT SAFETY INFORMATION

- The most common adverse reactions in clinical studies ( $\geq 3\%$  of Aimovig™-treated patients and more often than placebo) were injection site reactions and constipation.

Please see accompanying Aimovig™ full Prescribing Information.

 

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 **aimovig**<sup>™</sup>  
(erenumab-aooe) injection  
70 mg/mL