aimovig ally™

personalized services and support

Aimovig Ally™

completing the Service Request Form

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 (≥ 3% of Aimovig™-treated patients and more often than placebo) were injection site reactions and constipation.

Please see accompanying Aimovig™ full Prescribing Information.

aimovig™ (erenumab-aooe) injection 70 mg/mL

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With our all-in-one Service Request Form, getting your patients started on Aimovig™ is simple. It's important to complete both pages and to sign where indicated. **Forms that are submitted without signatures cannot be processed.**
To avoid errors and incomplete submissions, submit electronically at www.iassist.com.

Page 1: Patient Information

Complete pages 1 and 2, sign where indicated, and fax to our support team at **833-873-1499**.

Make sure that your patient's ID #, Rx Group #, Rx BIN #, and Rx PCN # are complete and accurate.

Commercially insured patients may check this box for information about the Aimovig™ Copay Program.

Your patient must sign here after reading the Patient Authorization on pages 4 and 5.

Optional:
Available to uninsured patients and certain underinsured patients who do not have coverage for Aimovig™ and have a financial need.

Optional:
To apply to the Amgen Safety Net Foundation, your patient must sign here after reading the Patient Authorization and Certification on pages 5 and 6.

aimovig (erenumab-aooe) injection 70 mg/mL

SERVICE REQUEST FORM AND PRESCRIPTIONS
ATTN Prescriber: Please attach a separate prescription or utilize eRx if this section does not comply with your state prescription laws.
ALL FIELDS REQUIRED, UNLESS NOTED.

Fax: 833-873-1499
Phone: 833-AIMOVIG (833-246-6844)
Monday - Friday, 8 am - 8 pm ET

aimovig ally

Our Service Request Form is the only form you'll need to get started with Aimovig Ally™
To save time you can submit this form electronically at www.iassist.com, or you can fax pages 1 and 2 to 833-873-1499.

1 Patient Information

Patient's Name (first, MI, last)

Sex: ❑ Male ❑ Female | Date of Birth (mm/dd/yyyy)

Cell Phone | Home Phone

Street Address

City | State | Zip Code

E-mail

OK to leave detailed message about Aimovig™ (erenumab-aooe) on: ❑ Cell Phone ❑ Home Phone

2 Prescription Insurance Information

If you do not have insurance, please see the optional Amgen Safety Net Foundation Application in section 3 below. *(Please include a copy of your insurance card(s) [front and back] to determine your coverage for Aimovig™.)*

Beneficiary/Cardholder Name | ID #

Prescription Insurance/Primary Insurance | Phone #

Rx Group # | Rx BIN # | Rx PCN #

Secondary Insurance | ID #

Rx Group # | Rx BIN # | Rx PCN #

❑ Please send me a sharps disposal container

❑ **I would like to be contacted to enroll in the Aimovig™ Copay Program (for commercially insured patients only)**

STOP **Patient Authorization** **I certify that I have read and agree to the attached Patient Authorization on pages 4 and 5.** **STOP**

Signature is required for enrollment in services

✗ **Patient's (or Personal Representative's) Signature** | Date (mm/dd/yyyy) | **Print Patient's (or Personal Representative's) Name**

❑ **I also certify that I have read and agree to receive text messages and calls as explained in the Telephone Consumer Protection Act (TCPA) consent on page 5. (optional)**

3 Optional Amgen Safety Net Foundation

You may be able to receive Aimovig™ at no cost from Amgen Safety Net Foundation if you meet the following eligibility requirements:

- Resident of the United States or its territories
- Those in one of the following insurance situations:
  - Uninsured
  - Patient's Insurance Plan excludes the Amgen product
- Patient demonstrates a financial need: Income at or below 500% of the federal poverty limit (FPL)
- Certain standard Medicare Part D patients with product coverage that cannot afford their out-of-pocket costs may be eligible. These patients must:
  - Meet additional financial criteria demonstrating their inability to afford the product
  - Not be eligible for Medicaid or Medicare's low-income subsidy (LIS)
  - Satisfy all payer guidelines and prior authorization (PA) requirements prior to applying for assistance
  - Not have any other financial support options

To apply for support, answer the following questions:

❑ Yes ❑ No **1.** I have lived in the United States, American Samoa, Guam, Puerto Rico, or the U.S. Virgin Islands for 6 months or longer.

❑ Yes ❑ No **2.** I have lived in my current state for 6 months or longer.

3. My household makes $_____ Yearly (Include the gross income of all individuals in your household. Gross income includes all Social Security, Social Security disability income [SSDI], unemployment, pensions, and any other income. You may be asked to provide proof of income).

4. How many individuals live in your household, including yourself? _____ (Your household size includes all individuals you reported on your most recent U.S. Tax Return. If you did not file a Tax Return, please include all individuals that live with you (e.g., you, your children, your spouse, your parents, and other family).

❑ Yes ❑ No **5.** I am either a U.S. citizen, or a resident alien who has resided in the U.S. for 5 years or longer.

❑ Yes ❑ No **6.** I am Uninsured.

❑ Yes ❑ No **7.** My insurance plan excludes Aimovig™.

❑ Yes ❑ No **8.** I am a Medicare Part D patient that cannot afford my cost share.
- If yes, have you been denied Medicare's LIS (Extra Help)? ❑ Yes ❑ No

❑ Yes ❑ No **9.** Do you have Medicaid? If yes, is it Emergency Medicaid? ❑ Yes ❑ No

❑ Yes ❑ No **10.** Have you been denied Medicaid? (You may be asked to provide proof of Medicaid denial.)

STOP **Patient Signature for Amgen Safety Net Foundation** **STOP**

Signature is only required if you are applying for the optional Amgen Safety Net Foundation

I certify that I have read and agree to the Amgen Safety Net Patient Authorization and Certification on pages 5 and 6.
Amgen Safety Net Foundation does not charge a fee for participation. If you use a third-party who charges a fee for help with your enrollment or refills of your medicine(s), this money is not paid to Amgen Safety Net Foundation.

✗ **Patient's (or Personal Representative's) Signature** | Date (mm/dd/yyyy) | **Print Patient's (or Personal Representative's) Name**

Please see Indication and Important Safety Information on page 3.

Please see back page for Indication and Important Safety Information for Aimovig™.

Page 2: Prescriber & Prescription Information

Be sure that your NPI # and the ICD-10 diagnosis code are accurate and complete.

Complete your patient's prescription for Aimovig™. This prescription is used to transfer to your patient's designated commercial pharmacy.

Sign here after reading the Certification for Aimovig Ally™ to process your patient's prescription.

Optional:
If you would like your patient to try 2 months of product at no cost, complete this prescription.

Optional:
Commercially insured patients who experience barriers to coverage may be eligible for product at no cost. Complete this prescription to enroll your patient.

Optional:
Sign here after reading the Certification for Aimovig Ally™ to process your patient's prescription for the Aimovig™ Free Trial Offer and/or Bridge to Commercial Coverage program.

aimovig (erenumab-aooe) injection 70 mg/mL

SERVICE REQUEST FORM AND PRESCRIPTIONS
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ALL FIELDS REQUIRED, UNLESS NOTED.

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Monday - Friday, 8 am - 8 pm ET

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Patient's Name: _____ Date of Birth: _____

4 Prescriber Information

Prescriber's Name | NPI # | Tax ID #

Practice Name | Office Contact Name

Street Address | Phone (and ext) | Fax

City | State | Zip Code | Primary diagnosis ICD-10: _____

E-mail | ❑ Request for in-home supplemental injection training (Prescriber confirms that in-office training will be provided.)

5 Pharmacy Prescription

Aimovig™ (erenumab-aooe) 70 mg/mL SureClick®: ❑ Inject 70 mg OR ❑ Inject 140 mg Frequency: Subcutaneous once monthly

Preferred Pharmacy: _____

Dispense: ❑ One 70 mg/mL SureClick® ❑ Two 70 mg/mL SureClick® ❑ Dispense as written Refills: _____

STOP **Prescriber Certification** **STOP**

I certify that the above therapy is medically necessary and that the information provided is accurate, to the best of my knowledge. I certify that I am the prescriber who has prescribed Aimovig™ to the previously identified patient and that I provided the patient with a description of Aimovig Ally™.

✗ **Prescriber's Signature** (No stamps please) | Date (mm/dd/yyyy)

For the purposes of transmitting these prescriptions, I authorize Novartis Pharmaceuticals Corporation and Amgen and their affiliates, business partners, and agents to forward as my agent for these limited purposes these prescriptions electronically, by facsimile, or by mail to the appropriate dispensing pharmacies designated by the patient and/or preferred by the patient's benefit plan.

6 Optional Aimovig™ Free Trial Offer Rx

❑ Free trial only (no reimbursement services requested at this time)
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.

Aimovig™ (erenumab-aooe) 70 mg/mL SureClick®: ❑ Inject 70 mg OR ❑ Inject 140 mg Frequency: Subcutaneous once monthly
Dispense: ❑ One 70 mg/mL SureClick® ❑ Two 70 mg/mL SureClick® ❑ Dispense as written Refills: 1
Ship 1st dose to: ❑ Patient OR ❑ HCP office (if selected patient accepts this may require an additional visit to the office to receive the medication)

Note: The 2nd dose will be shipped directly to the patient.

7 Optional Aimovig™ Bridge to Commercial Coverage Rx

Eligible patients must have commercial insurance, a valid prescription for Aimovig™, previously failed another preventive migraine treatment, and either received a denial from a prior authorization for Aimovig™ or participate in an insurance plan that does not provide coverage for Aimovig™. Program provides up to 12 doses for free to patients while insurance coverage is pursued. Once insurance approval is obtained, patient is no longer eligible for the Program. By recommending enrollment in this Program, Prescriber acknowledges that they intend to pursue commercial coverage of Aimovig™ for their patient. Program requires the submission of an appeal of the prior authorization within 90 days of enrollment and if denied, a second appeal within 120 days. For patients who participate in an insurance plan that does not provide coverage for Aimovig™, Program requires the submission of a medical exception request or equivalent within 6 months of enrollment. No purchase necessary. Program is not health insurance, nor is participation a guarantee of insurance coverage. Program product cannot be submitted for reimbursement under any healthcare program. Program is not available to patients whose medications are reimbursed in whole or in part by Medicare, Medicaid, TRICARE, or any other federal or state program. Patients may be asked to reverify insurance coverage status during the course of the Program. Limitations may apply. Not available to residents of Massachusetts. Novartis Pharmaceuticals Corporation and Amgen reserve the right to rescind, revoke, or amend this Program without notice. Enrollment must occur by 12/31/2018.

Aimovig™ (erenumab-aooe) 70 mg/mL SureClick®: ❑ Inject 70 mg OR ❑ Inject 140 mg Frequency: Subcutaneous once monthly
Dispense: ❑ One 70 mg/mL SureClick® ❑ Two 70 mg/mL SureClick® ❑ Dispense as written Refills: 5

STOP **Prescriber Certification** **STOP**

I understand that any Aimovig™ provided at no charge to the patient under the Free Trial Offer and/or Bridge to Commercial Coverage program is provided on a complimentary basis. I will not submit or cause to be submitted any claims for reimbursement for such product to any third-party payer, including a federal healthcare program, nor will I return any free product for credit. I understand the product is intended solely for the patient for whom it has been prescribed; I will not sell or attempt to sell or otherwise transfer the free product for economic value or another's use. In connection with the Free Trial Offer, I certify that the patient is new to Aimovig™, meaning that he or she is not currently being treated with Aimovig™ and, to the best of my knowledge, has not previously been prescribed Aimovig™.

I certify that the above therapy is medically necessary and that the information provided is accurate, to the best of my knowledge. I certify that I am the prescriber who has prescribed Aimovig™ to the previously identified patient and that I provided the patient with a description of Aimovig Ally™.

✗ **Prescriber's Signature** (No stamps please) | Date (mm/dd/yyyy)

Please see Indication and Important Safety Information on page 3.

need more info?

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

aimovig™ (erenumab-aooe) injection 70 mg/mL

aimovig ally™

personalized services and support

We've made it simple for your patients to start and stay on Aimovig™ as prescribed.

- Our all-in-one Service Request Form is the only form you'll need to get patients started on Aimovig™
- Patients have access to a dedicated support team, educational materials, and helpful resources
- We offer you and your staff one-on-one product support in-office or over the phone

Help patients start enrolling today. Simply call our Aimovig Ally™ support team at 833-AIMOVIG (833-246-6844), Monday - Friday, 8 am - 8 pm ET

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AMGEN® NOVARTIS

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