

AMGEN[®] Support⁺ | Patient Request Form



Please fax the completed Patient Request Form to Amgen SupportPlus at **1-833-626-5384** and let your patient know to expect a call from Amgen SupportPlus to help them enroll in the patient support program.

By completing and faxing this form, you represent that your patient is aware of the disclosure of their personal health information to Amgen and its agents for Amgen's patient support services, including reimbursement and verification services and the services provided by field reimbursement professionals in your office, as part of the patient's treatment with this product and that you have obtained appropriate patient authorizations as needed.

Current Medication(s)

ENBREL[®] (etanercept)

Please see the ENBREL[®] full [Prescribing Information](#), including [Medication Guide](#).

Otezla[®] (apremilast)

Please see the Otezla[®] full [Prescribing Information](#).

AMJEVITA[™] (adalimumab-atto)

Please see the AMJEVITA[™] full [Prescribing Information](#), including [Medication Guide](#).

Prescriber Information

First Name

Last Name

NPI Number (required)

Facility Name

Address 1

Address 2

City

State

ZIP

Phone Number

Fax Number

Office Contact Name

Patient Information

First Name

Middle Initial

Last Name

____ / ____ / ____
Date of Birth (MM/DD/YYYY)

Sex at Birth: Male Female Prefer not to say

Address 1

Address 2

City

State

ZIP

Home Phone Number*

Mobile Phone Number*

Email Address

*By providing a phone number, you represent that your patient is aware of the disclosure and has given permission to be contacted by Amgen.