HCP BENEFIT VERIFICATION REQUEST FORM

AMGEN Support+

Ensure all fields are filled out as they're mandatory for processing, including a **correct and legible fax number to protect your patient's personal health information**. **DO NOT** provide anything beyond the information requested on this form, such as Clinical notes which are **NOT required**. Fax this completed form to Amgen® SupportPlus at 1-833-626-5384.

Medication

☐ Otezla® (apremilast)
Please see the Otezla® full Prescribing Information.

Has the patient started or is currently taking the prescribed medication? ☐ Yes ☐ No

Patient, Insurance, and Prescriber Information

Section 1: Patient Information

First Name _____ Middle Initial _____ Last Name _____

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

Address 1 _____

Section 2: Insurance Information

Medical Benefit Insurance: Insurance Provider/Plan Name _____ Policy Number _____

Pharmacy Benefit Insurance: Insurance Provider/Plan Name _____ Member ID _____

BIN (If Applicable) _____

Section 3: Prescriber Information

First Name _____ Last Name _____ Facility Name (optional) _____

Address 1 _____

Phone Number _____ Fax Number _____ NPI Number _____ Office Contact Name (optional) _____

By completing and faxing this form, you represent that your patient has requested and authorized the disclosure of their personal health information to Amgen and its agents for Amgen to provide the patient support services described in this paragraph. You represent that you have explained to the patient, and the patient indicated they understand and have consented to, the following: 1) Amgen and its agents will use the patient's name, date of birth, contact information, prescriptions, and other necessary health information listed in this form for reimbursement services related to this prescription, including to verify their insurance benefits, and to contact the patient directly for the administration of these patient support services; 2) Amgen will then disclose the patient's personal information to the insurer(s) listed on this form for the same purposes; 3) the patient can withdraw their consent by contacting Amgen at 1-833-442-6436 or visiting www.amgen.com/DataSubjectRights, but if the patient does not agree to, or withdraws consent for, these uses and disclosures, the patient cannot receive these patient support services for this medication which necessarily requires Amgen to process the patient's personal information; and 4) the patient can view more details about Amgen's privacy practice at www.amgen.com/privacy.

For any questions, please call 1-833-442-6436.

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