



Please sign and fax the completed HCP Request Form to Amgen SupportPlus at **1-833-626-5384**.

Please NOTE: Amgen is committed to respecting the privacy of patients. Clinical notes and additional documents are **NOT required** for us to provide the services requested below. Review of clinical documentation sent to Amgen SupportPlus could delay our response time back to your office. Please **DO NOT** provide anything beyond the information requested on this HCP Request Form.

Services Requested

I want a benefit verification. I want specialty pharmacy triage.

I want prior authorization requirements. Preferred Specialty Pharmacy (SP) Name _____

I want to check the status of a prior authorization or appeal. SP Fax Number _____ SP Phone Number _____

Medication (select one brand)

Enbrel® (etanercept) Otezla® (apremilast) AMJEVITA™ (adalimumab-atto)

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

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

Mandatory Patient, Insurance, and Prescriber Information

Section 1: Patient Information

First Name _____ Middle Initial _____ Last Name _____

Sex at Birth: Male Female Prefer not to say

Date of Birth (MM/DD/YYYY) _____

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.*

Section 2: Insurance Information Patient has no insurance

Policy Holder: First Name _____ Middle Initial _____ Last Name _____

Medical Benefit Insurance: Provider _____ Policy Number _____ Group Number _____ Phone Number _____

Pharmacy Benefit Insurance: Provider _____ Member ID _____ PCN (If Applicable) _____

Group ID _____ BIN (If Applicable) _____

Section 3: Prescriber Information

First Name _____ Last Name _____ Facility Name _____

Address 1 _____

Address 2 _____ City _____ State _____ ZIP _____

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

Indication(s)

Primary Indication _____

Secondary Indication _____

Specialty Pharmacy Triage Prescription Information

Provide the patient's start date if you directly provided the in-office sample to your patient. Date Sample Was Provided to Patient: Month _____ / Day _____ / Year _____

Formulation and Strength _____

Dosing _____

Quantity _____ Refills _____

Mandatory Signatures

Prescriber Signature (Dispense as Written) _____

Supervising Physician Signature (Where Required) Month _____ / Day _____ / Year _____

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.