



BENEFIT VERIFICATION REQUEST FORM

Please fill in the following 2 pages if you are a healthcare provider requesting insurance verification.

PATIENT INFORMATION			
First Name	MI	Last Name	
Street Address	City	State	ZIP
Phone Number	Date of Birth	/ /	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Alternate Contact/Caregiver Information			
First Name	Last Name	Phone Number	
Relationship to Patient			
Do you have the patient's consent for the program to contact the caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Patient Primary Insurance Information <small>*Pharmacy Insurance Required for LUMAKRAS™ (sotorasib)</small>		Patient Secondary Insurance Information	
Insurance Name		Insurance Name	
Policy #		Policy #	
Policy Holder Name		Policy Holder Name	
Date of Birth		Date of Birth	
Relation to Patient		Relation to Patient	
Insurance Phone #		Insurance Phone #	
Group #		Group #	
PRESCRIBER INFORMATION			
Prescriber Name	State Where Licensed	State License #	
NPI#	Tax ID#		
Physician Name <small>(if different from the prescriber)</small>	State Where Licensed	State License #	
Payer Specific Provider Number			
Facility Name	Facility Type	<input type="checkbox"/> Prescriber Office/Clinic	<input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Inpatient
Facility Address	City	State	ZIP
Primary Contact Name	Title/Role		
Primary Phone #	Primary Fax #	Primary Email	
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.			



DIGITAL DOWNLOAD

For any questions, please call **888-4ASSIST** (888-427-7478)
Please fax completed forms to Amgen Assist 360™ at **888-407-9787**

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MEDICATION AND CODING INFORMATION (Check the medication(s) the patient has been prescribed.) Section 1, cont'd.

Product	HCPCS Codes	ICD/Dx	Secondary ICD code	Tertiary ICD code
<input type="checkbox"/> Aranesp® (darbepoetin alfa) injection	J0881			
<input type="checkbox"/> BLINCYTO® (blinatumomab) injection	J9039			
<input type="checkbox"/> IMLYGIC® (talimogene laherparepvec) suspension for injection	J9325			
<input type="checkbox"/> KANJINTI® (trastuzumab-anns) for injection Treatment naive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q5117			
<input type="checkbox"/> KYPROLIS® (carfilzomib) for injection	J9047			
<input type="checkbox"/> LUMAKRAS™ (sotorasib) 120 mg tablets*	N/A			
<input type="checkbox"/> MVASI® (bevacizumab-awwb) for injection Treatment naive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q5107			
<input type="checkbox"/> Neulasta® (pegfilgrastim) Onpro® kit injection	J2505			
<input type="checkbox"/> Neulasta® (pegfilgrastim) prefilled syringe injection	J2505			
<input type="checkbox"/> NEUPOGEN® (filgrastim) injection	J1442			
<input type="checkbox"/> Nplate® (romiplostim) injection	J2796			
<input type="checkbox"/> Prolia® (denosumab) injection	J0897			
<input type="checkbox"/> RIABNI™ (rituximab-arrx)	J3490/C9399			
<input type="checkbox"/> Vectibix® (panitumumab) injection for IV infusion	J9303			
<input type="checkbox"/> XGEVA® (denosumab) injection	J0897			

Please see [Full Prescribing Information](#), including **Boxed WARNINGS** and [Medication Guide](#), for Aranesp® at aranesp.com.
 Please see [Full Prescribing Information](#), including **Boxed WARNINGS** and [Medication Guide](#), for BLINCYTO® at blincyto.com.
 Please see [Full Prescribing Information](#), including **Boxed WARNINGS**, for KANJINTI® at kanjinti.com.
 Please see [Full Prescribing Information](#), including **Boxed WARNINGS** and [Medication Guide](#), for RIABNI™ at riabni.com.
 Please see [Full Prescribing Information](#), including **Boxed WARNINGS**, for Vectibix® at vectibix.com.

*For a full list of codes, refer to the Centers for Medicare & Medicaid Services 2017 Index^{1,2}

References: 1. Centers for Medicare & Medicaid Services. 2020 Alpha-Numeric HCPCS File. Available at: <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Downloads/2020-HCPCS-Index.pdf>. Accessed October 8, 2020. 2. Centers for Medicare & Medicaid Services. CMS Manual System. Transmittal 3685. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3685CP.pdf>. Accessed October 8, 2020.

For Neulasta® Onpro® Patients: Send a sharps disposal container? Yes No

Site of Care: Physician Office Hospital Outpatient Hospital Inpatient Home Health Mail Order Pharmacy Specialty Pharmacy Retail Pharmacy Other

Optional: Home Health Coverage (If desired, please fill in requested site name for verification.) _____

Reimbursement assistance is provided as a courtesy only. Coding and coverage policies change periodically and often without warning. The healthcare provider is solely responsible for determining coverage and reimbursement parameters and appropriate coding for his/her own patients and procedures. The information provided by Amgen Assist 360™ is not a guarantee of coverage or reimbursement for any product or service.



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