



# WE KNOW HOW HARD THE FIRST STEP CAN BE.

But you don't have to take it alone.

The Amgen FIRST STEP™ Program is here to help all eligible commercially insured patients who have been prescribed certain Amgen products\*



\*Terms and conditions apply. See pages 10-11 for details. This program is not open to patients receiving prescription reimbursement under any federal, state, or government-funded healthcare program. Not valid where prohibited by law.

**FOR MORE INFORMATION, VISIT [AMGENFIRSTSTEP.COM](http://AMGENFIRSTSTEP.COM), OR  
CALL 1-888-65-STEP1 (1-888-657-8371), MONDAY-FRIDAY, 9 AM TO 8 PM EST**

We know your journey is just beginning. But we're here for you every step of the way—especially the first step.

The Amgen FIRST STEP™ Program can help eligible commercially insured patients cover their out-of-pocket prescription costs, including deductible, co-insurance, and co-payment.\*

- **\$0** out-of-pocket for first dose or cycle
- **\$5** out-of-pocket for subsequent doses or cycles, **up to the brand program benefit maximum**. See terms and conditions on pages 10-11
- No income eligibility requirement

\*Not valid where prohibited by law.

# Amgen FIRST STEP™ is at the center of your treatment journey.



The Amgen FIRST STEP™ Prepaid MasterCard® is issued by Comerica Bank pursuant to license by MasterCard® International Incorporated. No cash or ATM access. MasterCard® is a registered trademark of MasterCard® International Incorporated. This card can be used only to cover the co-payment for eligible prescriptions covered under the program at participating merchant locations where Debit MasterCard® is accepted.

Please see [full Prescribing Information](#), including **Boxed WARNINGS** and [Medication Guide](#), for BLINCYTO®.

Please see [full Prescribing Information](#), including **Boxed WARNINGS** for KANJINTI™.

Please see [full Prescribing Information](#), including **Boxed WARNING**, for Vectibix®.

# Checking eligibility and enrolling in the program is fast and easy.

You have 3 options to join the program:



## OPTION 1

Your doctor's office can help you enroll (page 6)



## OPTION 2

Your participating specialty/retail pharmacy can help you enroll (page 7)



## OPTION 3

You can enroll yourself over the phone or online (page 8)



## OPTION 1: Your doctor's office can help you enroll

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1. Work with your doctor's office to enroll in Amgen FIRST STEP™ and activate your program card\*
2. Receive treatment with the Amgen product
3. Contact your health plan to request an itemized explanation of benefits (EOB)<sup>†</sup> if your doctor's office is not able to obtain additional documentation required by this program. [See page 9 to learn how to obtain an itemized EOB](#)
4. Pay reduced out-of-pocket for the Amgen product after your doctor's office uses the program card

\*Your doctor's office or pharmacy can help you with enrollment, but you must answer the eligibility questions.

<sup>†</sup>An itemized EOB is a statement from your health plan that typically indicates the amount your insurance covers, along with your responsibility in out-of-pocket costs, for each service and/or product provided by your doctor's office.



## **OPTION 2:** Your participating specialty/retail pharmacy can help you enroll

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1. After being prescribed the Amgen product, work with your participating specialty/retail pharmacy to enroll in Amgen FIRST STEP™ and activate your program card\*
2. When it is time for the specialty/retail pharmacy to collect your out-of-pocket payment, the specialty/retail pharmacy will confirm that you are eligible for Amgen FIRST STEP™ Program support
3. Pay reduced out-of-pocket cost for the Amgen product after your specialty/retail pharmacy uses the program card
4. Your specialty/retail pharmacy ships medication directly to the site of care or to you, and you receive treatment with the Amgen product

\*Your doctor's office or pharmacy can help you with enrollment, but you must answer the eligibility questions.



## **OPTION 3:** You can enroll yourself over the phone or online

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1. Visit [AmgenFIRSTSTEP.com](https://www.AmgenFIRSTSTEP.com) or call **1-888-65-STEP1** (1-888-657-8371) to enroll
2. Receive treatment with the Amgen product
3. Contact your health plan to request an itemized EOB. [See page 9 to learn how to obtain an itemized EOB](#)
4. Submit required documentation to Amgen FIRST STEP™
5. Pay reduced out-of-pocket cost for the Amgen product after your doctor's office uses the program card



## HOW TO OBTAIN THE REQUIRED EOB



### CALL YOUR HEALTH PLAN'S MEMBER SERVICES

The phone number can be found on your insurance card



### ASK FOR AN ITEMIZED EOB THAT INDICATES:

The Amgen product you received

The date you received the Amgen product  
(often referred to as the date of service)

Your financial responsibility for the Amgen product



## TO QUALIFY FOR THE AMGEN FIRST STEP™ PROGRAM,\* YOU:

- Must be prescribed BLINCYTO® (blinatumomab) IMLYGIC® (talimogene laherparepvec), KANJINTI™ (trastuzumab-anns), KYPROLIS® (carfilzomib), MVASI™ (bevacizumab-awwb), Neulasta® Onpro®, Neulasta® (pegfilgrastim), NEUPOGEN® (filgrastim), Nplate® (romiplostim), Prolia® (denosumab), Vectibix® (panitumumab), or XGEVA® (denosumab)
- Must have private commercial insurance that covers medication costs for Neulasta®, Neulasta® Onpro®, NEUPOGEN®, Nplate®, XGEVA®, Prolia®, Vectibix®, IMLYGIC®, KYPROLIS®, BLINCYTO®, KANJINTI™, or MVASI™
- Must not be a participant in any federal, state, or government-funded healthcare program such as Medicare, Medicare Advantage, Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), the Department of Defense (DoD), or TRICARE
- May not seek reimbursement for value received from the Amgen FIRST STEP™ Program from any third-party payers, including flexible spending accounts or healthcare savings accounts. If at any time patients begin receiving coverage under any federal, state, or government-funded healthcare program, patients will no longer be eligible to participate in the Amgen FIRST STEP™ Program and must call **1-888-65-STEP1** (1-888-657-8371), Monday through Friday, 9 AM-8 PM EST to stop participation. Restrictions may apply. Amgen reserves the right to revise or terminate this program, in whole or in part, without notice at any time. **This is not health insurance.** Program invalid where otherwise prohibited by law

\* If you become aware that your health plan or pharmacy benefit manager does not allow the use of manufacturer co-pay support as part of your health plan design, you agree to comply with your obligations, if any, to disclose your use of the card to your insurer. Amgen reserves the right to revise or terminate this program, in whole or in part, without notice at any time.

Please see [full Prescribing Information](#), including **Boxed WARNINGS** and [Medication Guide](#), for BLINCYTO®.

Please see [full Prescribing Information](#), including **Boxed WARNINGS** for KANJINTI™.

Please see [full Prescribing Information](#), including **Boxed WARNING**, for Vectibix®.

## COVERAGE LIMITS/PROGRAM MAXIMUMS

- Program covers out-of-pocket medication costs for the Amgen product only. Program does not cover any other costs related to office visit or administration of the Amgen product. Patient is responsible for costs above the maximum benefit amounts detailed below.
- For Neulasta®, Neulasta® Onpro®, NEUPOGEN®, Nplate®, XGEVA®, Vectibix®, IMLYGIC®, and BLINCYTO®: no out-of-pocket cost for first dose or cycle; \$5 out-of-pocket cost for subsequent dose or cycle; **maximum benefit of \$10,000 per patient per calendar year.**
- For KYPROLIS®, KANJINTI™, and MVASI™: no out-of-pocket cost for first dose or cycle; \$5 out-of-pocket cost for subsequent dose or cycle; **maximum benefit of \$20,000 per patient per calendar year.**
- For Prolia®: no out-of-pocket cost for first dose or cycle; \$25 out-of-pocket cost for subsequent dose or cycle; **maximum benefit of \$1,500 per patient per calendar year.**
- Ongoing activation of the Amgen FIRST STEP™ card is contingent on the submission of the required Explanation of Benefits (EOB) form by the healthcare provider's office within 45 days of use of the Amgen FIRST STEP™ card. Patients will be responsible for reimbursing the program for all amounts paid out if the EOB for the date of service is not received within 45 days.

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