

## **PROVIDER TIP SHEET: REQUESTING REPLACEMENT PRODUCT**

### **What is replacement enrollment?**

Amgen Safety Net Foundation offers replacement product for physician-administered medications. Under this model, providers administer Amgen product from their existing commercial stock to qualifying Foundation patients and then request replacement for this product from the Foundation. These products must be administered in an outpatient setting to be eligible for replacement.

Foundation products included in the replacement model are Aranesp® (darbepoetin alfa), EPOGEN® (Epoetin alfa) for dialysis only, Kyprolis® (carfilzomib), Neulasta® (pegfilgrastim), NEUPOGEN® (Filgrastim), Nplate® (romiplostim), Parsabiv™ (etelcalcetide), Prolia® (denosumab) injection, Vectibix® (panitumumab) injection, and XGEVA® (denosumab).

### **Does replacement enrollment cover product administered before the patient becomes enrolled?**

Yes, once a patient is enrolled, replacement product may be requested for dates of administration up to six months prior to the patient's enrollment start date.

Aranesp® received through the Foundation is subject to the requirements of the ESA APPRISE Oncology Program. Healthcare providers must be enrolled in the ESA APPRISE Oncology Program in order to receive Aranesp® product replacements for Oncology. For questions regarding the ESA APPRISE Oncology Program, please contact the ESA APPRISE Oncology Call Center at 1-866-284-8089, Monday through Friday, 8:00 am to 8:00 pm Eastern Time.

### **How do I request product replacement**

Step 1: Get the *Product Replacement Request Form*

- Go to [www.amgensafetynetfoundation.com](http://www.amgensafetynetfoundation.com) and click on the Forms tab

Step 2: Complete the *Product Replacement Request Form*

- You can submit multiple replacement request for multiple patients on one form
- You must fill out all fields on the form

Step 3: Obtain appropriate physician or facility contact signature

- A physician or facility contact must initial, sign and date the form
- The Foundation encourages physician signatures on the form to enable orders to be shipped in exact quantities requested. Without a physician signature, the Foundation must under-ship to the closest wholesale (full-box) quantity and credit any remaining balance to the facility's account.

Step 4: Fax the completed *Product Replacement Request Form* to **1 866- 549-7239**

### **When will I receive requested replacement product?**

Once we receive the completed form, we will process the request within 3-5 business days. Your replacement product will be shipped once per month on your scheduled shipping day. If a scheduled monthly shipping day has not been set up for your facility, a patient assistance program counselor will contact you to verify your address and set a date.

### **If you have other questions?**

Go to [www.amgensafetynetfoundation.com](http://www.amgensafetynetfoundation.com) and click on the **Resources** tab for answers to Frequently Asked Questions and other Tip Sheets. You can speak to a patient assistance program counselor by calling **1-888-762-6436**, Monday through Friday, 9am to 8pm Eastern Time.