

Direct Medical Reimbursement Form

This form is to be used for reimbursement of a patient's copayment or out-of-pocket expenses that were directly incurred. If you received an Explanation of Benefits (EOB) for your WEZLANA™ (ustekinumab-auub) infusion, you may request reimbursement by following the steps below. Payment of the reimbursement is subject to verification. This form must be received within 180-days of date of infusion, unless otherwise instructed by an Amgen® SupportPlus representative. For additional questions, please call 1-866-269-4471.

WEZLANA™ is distributed by Nuvaila™, and the Wezlana Co-Pay Program is administered by Amgen® SupportPlus.

1. Please print and fill-out the form below completely

2. Please include a photocopy of your EOB that clearly displays:

- Your first and last name
- Name of the medication (brand name or generic), or National Drug Code (NDC) number
- Date of infusion
- Your financial responsibility for WEZLANA™

3. Mail these materials to:

Amgen SupportPlus for WEZLANA™
P.O. Box 1117
Morristown, NJ 07962

4. Once we have all the required information, please allow up to 5 business days for your check to be mailed.

If you have any questions, please contact a reimbursement specialist at 1-866-269-4471.

First Name: _____

Last Name: _____

Date of Birth: _____

Address: _____

Suite/Apartment Number: _____

City/State/ZIP Code: _____

Insurance Name: _____

Signature/Date:

By signing above, I certify that I have complied with the Eligibility Criteria associated with this offer **as defined on the next page.**

By signing this form, I agree to the one-time use of my information to process my request for reimbursement of my copayment or out-of-pocket expenses that I directly incurred. I understand that more information on Amgen's privacy practices is available in its privacy statement at <https://www.amgen.com/privacy>.



SUMMARY OF TERMS AND CONDITIONS

It is important that every patient read and understand the full Amgen® SupportPlus Co-Pay Card Terms and Conditions. The following summary is not a substitute for reviewing the Terms and Conditions in their entirety.

As further described below, in general:

The Amgen SupportPlus Co-Pay Card is open to patients with commercial insurance that covers an Amgen SupportPlus product, regardless of financial need. The program is not valid for patients whose prescription for an Amgen SupportPlus product is paid for in whole or in part by Medicare, Medicaid, or any other federal or state healthcare program. It is not valid for cash paying patients or where prohibited by law. (See ELIGIBILITY section in full Terms & Conditions.)

The Amgen SupportPlus Co-Pay Card may help lower your Amgen SupportPlus product out-of-pocket medication costs. Out-of-pocket costs may include copayment, co-insurance, and deductible out-of-pocket costs. The Amgen SupportPlus Co-Pay Card does not cover any other costs related to office visits or administration of the product. The Amgen SupportPlus Co-Pay Card provides support up to the Maximum Program Benefit or Patient Total Program Benefit. If a patient's commercial insurance plan imposes different or additional requirements on patients who receive Amgen SupportPlus Co-Pay Card benefits, Amgen has the right to modify or eliminate those benefits. Whether you are eligible to receive the Maximum Program Benefit or Patient Total Program Benefit is determined by the type of plan coverage you have. Please ask your Amgen SupportPlus Representative to help you understand eligibility for the Amgen SupportPlus Co-Pay Card, whether your particular insurance coverage is likely to result in your reaching the Maximum Program Benefit or your Patient Total Program Benefit amount by calling 1-833-44AMGEN (1-833-442-6436). (See PROGRAM BENEFITS section in full Terms & Conditions.)

Amgen SupportPlus patient may pay as little as \$0 out-of-pocket for each prescription fill, dose or cycle of the Amgen SupportPlus product.

Amgen will pay the remaining eligible out-of-pocket costs on behalf of the patient until the Amgen payments have reached either the Maximum Program Benefit and/or the Patient Total Program Benefit. Patients are responsible for all amounts that exceed this limit. Please ask your Amgen SupportPlus Support Representative to help you understand eligibility for the Amgen SupportPlus Co-Pay Card by calling 1-833-44AMGEN (1-833-442-6436). (See PROGRAM DETAILS section in full Terms & Conditions.)

I. ELIGIBILITY

Eligibility Criteria: Subject to program limitations and terms and conditions, the Amgen SupportPlus Co-Pay Card is open to patients who have been prescribed an Amgen SupportPlus product and who have commercial or private insurance that covers an Amgen SupportPlus product, including state and federal plans commonly referred to as "healthcare exchanges plans". This program helps eligible patients cover out-of-pocket medication costs related to an Amgen SupportPlus product, up to program limits. The Amgen SupportPlus Co-Pay Card does not cover any other costs related to office visits or administration of an Amgen SupportPlus product. There is no income requirement to participate in this program.

This offer is not valid for patients whose prescription for an Amgen SupportPlus product is paid for in whole or in part by Medicare, Medicaid, or any other federal or state healthcare program. It is not valid for cash-paying patients or where prohibited by law. A patient is considered cash-paying where the patient has no insurance coverage for an Amgen SupportPlus product or where the patient has commercial or private insurance but Amgen in its sole discretion determines the patient is effectively uninsured because such coverage does not provide a material level of financial assistance for the cost of an Amgen SupportPlus product prescription. This offer is only valid in the United States, Puerto Rico, and the US territories.

II. PROGRAM BENEFITS

The Amgen SupportPlus Co-Pay Card may modify the benefit amount, unilaterally determined by Amgen in its sole discretion, to satisfy the out-of-pocket cost sharing requirement for any patient whose plan or plan agent (including, but not limited to, a Pharmacy Benefit Manager (PBM) requires enrollment in the Amgen SupportPlus Co-Pay Card as a condition of the plan or PBM waiving some or all of an otherwise applicable patient out-of-pocket cost sharing amount. These programs are often referred to as co-pay maximizer programs. If you believe your commercial insurance plan may have such limitations, please contact Amgen SupportPlus Support at 1-833-44AMGEN (1-833-442-6436). Health plans and Pharmacy Benefit Managers are prohibited from enrolling or assisting in the enrollment of patients in the Amgen SupportPlus Co-Pay Card. The patient, or his/her legal representative, must personally enroll in the Amgen SupportPlus Co-Pay Card in order to be eligible for program benefits.

If at any time a patient begins receiving coverage for medications under any federal, state, or government healthcare program (including but not limited to Medicare, Medicaid, TRICARE, Department of Defense, or Veteran Affairs programs), the patient will no longer be able to use this card and you must contact Amgen SupportPlus at 1-833-44AMGEN (1-833-442-6436) (Monday through Friday, from 8:00 am to 8:00 pm ET) to stop your participation in this program.

Patients may not seek reimbursement for the value received from the Amgen SupportPlus Co-Pay Card from any third-party payers, including a flexible spending account or healthcare savings account. Participating in this program means that you are ensuring you comply with any required disclosure regarding your participation in the Amgen SupportPlus Co-Pay Card of your insurance carrier or pharmacy benefit manager. Restrictions may apply. Offer subject to change or discontinuation without notice. This is not health insurance.

III. PROGRAM DETAILS

For all eligible patients the Amgen SupportPlus Co-Pay Card offers:

A program benefit that covers the patient's eligible out-of-pocket medication costs for the Amgen SupportPlus product (co-pay, deductible, or co-insurance) on behalf of the patient, up to a Maximum Program Benefit determined by the program per calendar year. The Amgen SupportPlus Co-Pay Card does not cover any other costs related to office visits or administration of an Amgen SupportPlus product.

Amgen SupportPlus patients may pay as little as \$0 out-of-pocket for each prescription fill, dose or cycle.

Amgen will pay the remaining eligible out-of-pocket prescription costs on behalf of the patient until the Amgen payments have reached either the Maximum Program Benefit and/or the Patient Total Program Benefit. Patients are responsible for all amounts that exceed this limit.

Maximum Program Benefit, Patient Total Program Benefit, Benefits May Change, End or Vary Without Notice: The program provides up to a Maximum Program Benefit of assistance to reduce a patient's out-of-pocket medication costs that Amgen will provide per patient for each calendar year, which must be applied to the Amgen SupportPlus patient's out-of-pocket costs (co-pay, deductible, or co-insurance and annual out-of-pocket maximum). Patient Total Program Benefit amounts are unilaterally determined by Amgen in its sole discretion and will not exceed the Maximum Program Benefit. The Patient Total Program Benefit may be less than the Maximum Program Benefit, depending on the terms of a patient's plan, and may vary among individual patients covered by different plans, based on factors determined solely by Amgen, to ensure all programs funds are used for the benefit of the patient. Each patient is responsible for costs above the Patient Total Program Benefit amounts. Please ask your Amgen SupportPlus Support Representative to help you understand whether your particular insurance coverage is likely to result in your reaching the Maximum Program Benefit or your Patient Total Program Benefit amount by calling 1-833-44AMGEN (1-833-442-6436). Participating patients are solely responsible for updating Amgen with changes to their insurance including, but not limited to, initiation of insurance provided by the government, the addition of any coverage terms that do not apply Amgen SupportPlus Co-Pay Card benefits to reduce a patient's out-of-pocket costs, such as accumulator adjustment benefit design or a co-pay maximization program. Participating patients are responsible for providing Amgen with accurate information necessary to determine program eligibility. By accepting payments from Amgen made on behalf of participating patients, participating PBMs and Plans likewise are responsible for providing Amgen with accurate information regarding patient eligibility.

Patients may use the card every time they receive a prescription fill, dose or cycle of the Amgen SupportPlus product, up to the Maximum Program Benefit or Patient Total Program Benefits reset each calendar year. Re-enrollment in the program is required at regular intervals. Patients may continue in the program as long as patient re-enrolls as required by Amgen and continues to meet all of the program's eligibility requirements during participation in the program. Patients can enroll/re-enroll by calling 1-833-44AMGEN (1-833-442-6436).

