

TAVNEOS® SPECIALTY PHARMACIES		
	Biologics By McKesson	PANTHERx Rare Pharmacy
Fax:	1-800-823-4506	1-866-312-4206
ePrescribe to:	Biologics	PANTHERx Specialty Pharmacy
Address:	11800 Weston Parkway Cary, NC 27513	1120 Stevenson Mill Rd., Suite 400 Coraopolis, PA 15108
NCPDP #:	3430369	6008002
Phone #:	1-833-TAVNEOS (1-833-828-6367)	

### Instructions for HCP:

- Complete all sections of this form (Section 4 needs to be completed only if Quick Start is being requested). An incomplete form submission may delay the start of treatment.
- Sign & date Rx or submit eRx.
- Fax this completed Patient Enrollment Form to ONE TAVNEOS Specialty Pharmacy.

## 1 PRESCRIBER INFORMATION

Prescriber Name \_\_\_\_\_ NPI # \_\_\_\_\_ Specialty \_\_\_\_\_  
 Clinic/Facility \_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 2 PATIENT INFORMATION

Patient Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Male  Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ OK to leave VM?  Yes  No Mobile Phone (if different) \_\_\_\_\_ OK to leave VM?  Yes  No  
 Email \_\_\_\_\_ OK to email?  Yes  No Preferred language \_\_\_\_\_  
 Alternate Authorized Contact (for patient) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## 3 CLINICAL INFORMATION

<input type="checkbox"/> I77.82 ANCA-associated vasculitis, ANCA positive vasculitis (GPA or MPA)	<input type="checkbox"/> M31.30 Granulomatosis with polyangiitis (GPA)* without renal involvement	<input type="checkbox"/> I77.6 Unspecified Arteritis <sup>†</sup> <small><sup>†</sup>The diagnosis is related to antineutrophil cytoplasmic antibody (ANCA)-Associated Vasculitis or MPA/GPA, specifically; and confirmed or awaiting confirmation using one or more lab tests: ANCA serum/biopsy/urinalysis.</small>
<input type="checkbox"/> M31.3 Granulomatosis with polyangiitis (GPA)*	<input type="checkbox"/> M31.7 Microscopic polyangiitis (MPA)	
<input type="checkbox"/> M31.31 Granulomatosis with polyangiitis (GPA)* with renal involvement	<input type="checkbox"/> Other ICD-10 Code _____ Description (required) _____	

\*GPA is formerly known as Wegener's granulomatosis.

Current Medication(s) \_\_\_\_\_  
 Known Drug Allergies \_\_\_\_\_

## 4 QUICK START PROGRAM REQUEST (only required if requesting Quick Start)

This program initially provides up to a 30-day supply of TAVNEOS® to eligible patients whose insurance plan requires an authorization and whose HCP believes a delay in therapy could lead to negative clinical outcomes. This program can also provide up to a 30-day initial supply of TAVNEOS® to eligible patients being discharged from an inpatient setting to support continuity of care.

**Quick Start Request:** I authorize the dispensing pharmacy to dispense, using a copy of the Rx written on this form, attached, or provided electronically, per program business rules.

**Only complete this section if your patient started TAVNEOS® in the hospital.**

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_  
 Was TAVNEOS® newly initiated and administered in the inpatient setting?  Yes  No Date of Admission \_\_\_\_\_ Date of Discharge (anticipated) \_\_\_\_\_  
 Outpatient HCP \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## 5 PRESCRIPTION (Rx)

If your state law requires it, or you prefer to submit a separate Rx, please submit via the appropriate method.<sup>‡</sup>

Specialty Pharmacy Prescription: TAVNEOS® (avacopan)	Quick Start Prescription: TAVNEOS® (avacopan)
Strength <u>10 mg</u> Quantity <u>180</u> <input type="checkbox"/> 11 refills, or _____ refills	Strength <u>10 mg</u> Quantity <u>90</u> Refills <u>1</u>
Directions for Use: <u>Take three (3) capsules by mouth twice daily with food</u>	Directions for Use: <u>Take three (3) capsules by mouth twice daily with food</u>

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>‡</sup>The information contained in this document will become a legal prescription. Follow all state Medical Board guidelines when completing or submit a separate prescription if necessary.

# TAVNEOS<sup>®</sup>

(avacopan)

## 6 INSURANCE INFORMATION

Does the patient have insurance?  Yes  No

Please complete the information below if there is insurance and you do NOT have the patient's insurance card.

or

Please provide a copy of the patient's insurance card(s).

Prescription Drug Insurance Provider \_\_\_\_\_ Rx Insurance Phone \_\_\_\_\_ Patient's Member ID # \_\_\_\_\_

Is there an approved Prior Authorization (PA) on file?  Yes  No

## 7 HCP ATTESTATION & AUTHORIZATION

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, to assess the patient's eligibility for the TAVNEOS<sup>®</sup> Quick Start and Copay programs, and, if eligible, to enroll the patient in the programs, 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-TAVNEOS (833-828-6367) or visiting [www.amgen.com/DataSubjectRights](http://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](http://www.amgen.com/privacy).

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