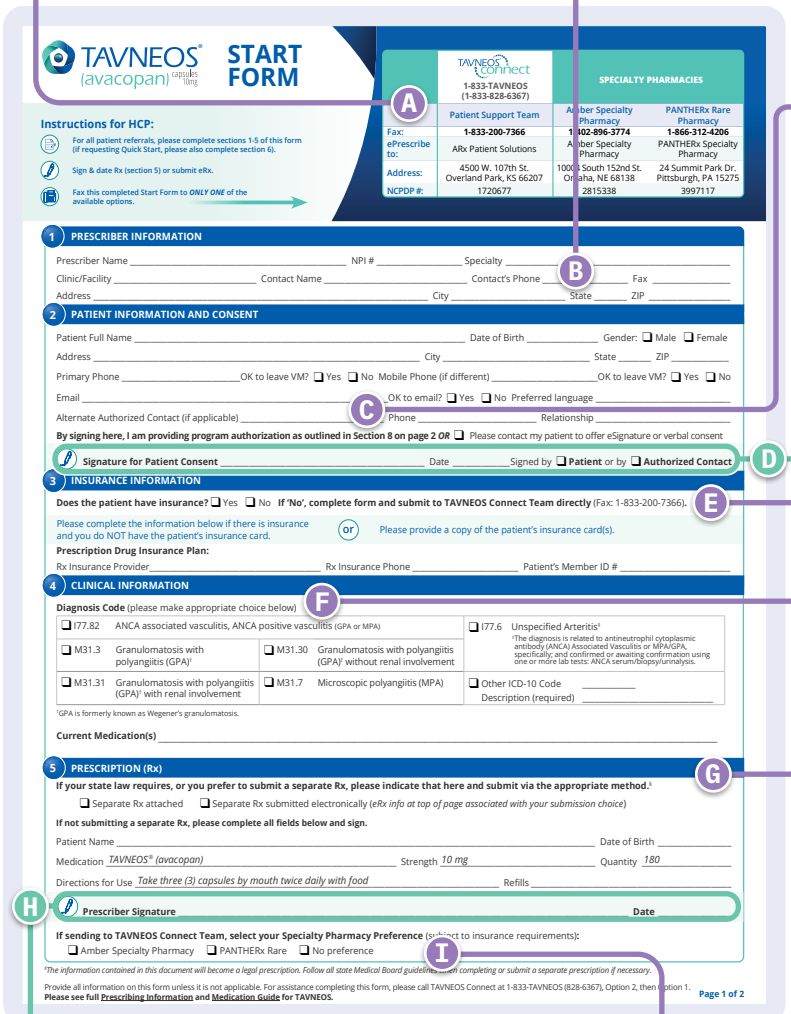
Completing the Start Form

Faxing the TAVNEOS® Start Form to the TAVNEOS® Connect Team is an easy way to get your patients started with treatment and enroll appropriate patients in the Quick Start Program.

✓ To expedite the onboarding process, **use dark ink and complete all required fields**. Incomplete or illegible information will require outreach by the TAVNEOS® Connect Team and may cause delays

A **Fax to the TAVNEOS® Connect Team at 1-833-200-7366**

B Provide key office contact and direct number. Please ensure key contacts are reachable via phone to work with the TAVNEOS® Connect Team and share required information



C If your patient has an authorized contact for healthcare-related communications, be sure to provide their name, relationship to the patient, and contact information. **The patient or their authorized contact may be contacted to provide patient consent and program authorization if the signature is not provided on the form**

D Ask the patient or their authorized contact to review the consent language on page 2 and provide their signature and date

E TAVNEOS® is covered under the pharmacy benefit of many insurance plans. Be sure to provide the patient's "pharmacy" or "prescription drug" insurance plan. Patients without pharmacy or prescription drug insurance coverage may be eligible for the TAVNEOS® Patient Assistance Program

F Select the appropriate diagnosis code

G **The information in the Start Form will become a legal prescription if Section 5 is filled out**. Follow all relevant medical guidelines when completing or submit a separate prescription to ARx Patient Solutions, if necessary

H Ensure prescriber signature is provided

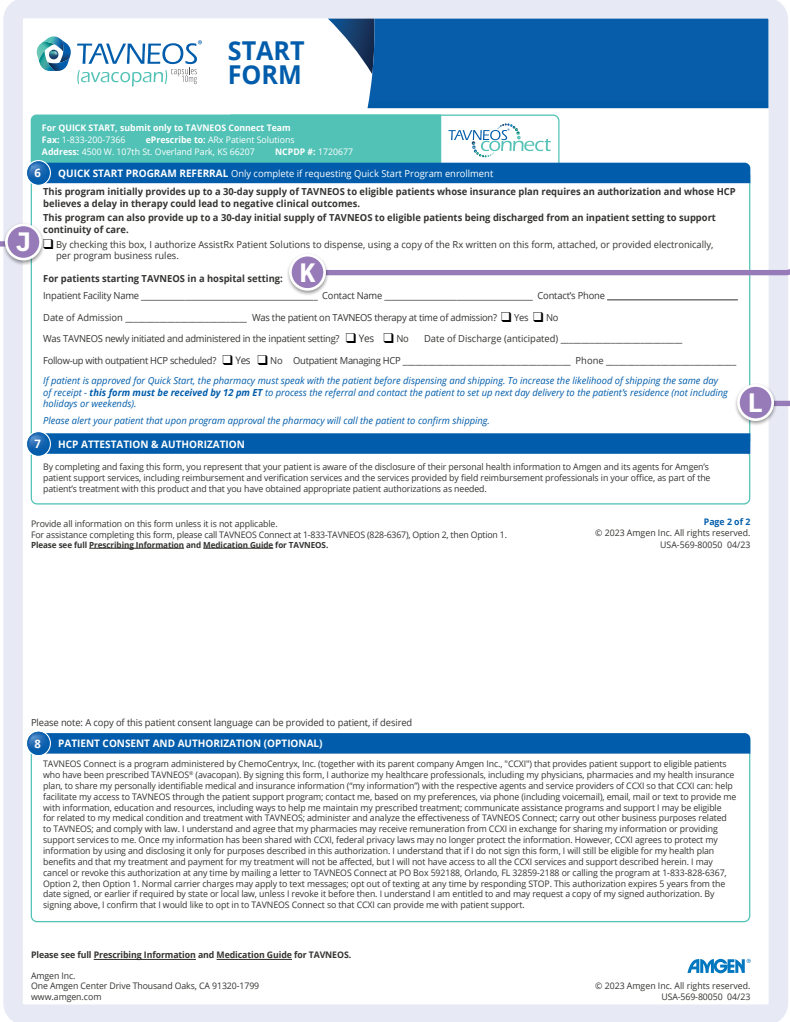
I The TAVNEOS® Connect Team will triage the script to the mandated or preferred Specialty Pharmacy

Visit tavneospro.com/tavneos-connect to download the Start Form or ask your Amgen representative

Completing the Start Form (cont'd)

J Check this box if you wish to enroll your patient in the TAVNEOS® Connect Quick Start Program, **whether they will begin TAVNEOS® in an inpatient or outpatient setting**. The program provides up to a **30-day supply for eligible patients***

- Whose insurance plan requires a PA and you believe a delay in therapy could lead to negative clinical outcomes
- Who are discharged from an inpatient setting to support continuity of care



TAVNEOS® (avacopan) capsules 10mg **START FORM**

For QUICK START, submit only to TAVNEOS Connect Team
Fax: 1-833-200-7366 **ePrescribe to:** ARx Patient Solutions
Address: 4500 W. 107th St. Overland Park, KS 66207 **NCPDP #:** 1720677

TAVNEOS connect

6 QUICK START PROGRAM REFERRAL Only complete if requesting Quick Start Program enrollment

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.

❑ By checking this box, I authorize AssistRx Patient Solutions to dispense, using a copy of the Rx written on this form, attached, or provided electronically, per program business rules.

For patients starting TAVNEOS in a hospital setting:

Inpatient Facility Name _____ Contact Name _____ Contact's Phone _____

Date of Admission _____ Was the patient on TAVNEOS therapy at time of admission? ❑ Yes ❑ No

Was TAVNEOS newly initiated and administered in the inpatient setting? ❑ Yes ❑ No Date of Discharge (anticipated) _____

Follow-up with outpatient HCP scheduled? ❑ Yes ❑ No Outpatient Managing HCP _____ Phone _____

*If patient is approved for Quick Start, the pharmacy must speak with the patient before dispensing and shipping. To increase the likelihood of shipping the same day of receipt - **this form must be received by 12 pm ET** to process the referral and contact the patient to set up next day delivery to the patient's residence (not including holidays or weekends).*

Please alert your patient that upon program approval the pharmacy will call the patient to confirm shipping.

7 HCP ATTESTATION & AUTHORIZATION

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.

Provide all information on this form unless it is not applicable.
For assistance completing this form, please call TAVNEOS Connect at 1-833-TAVNEOS (828-6367), Option 2, then Option 1.
Please see full Prescribing Information and Medication Guide for TAVNEOS.

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Please note: A copy of this patient consent language can be provided to patient, if desired

8 PATIENT CONSENT AND AUTHORIZATION (OPTIONAL)

TAVNEOS Connect is a program administered by ChemoCentryx, Inc. (together with its parent company Amgen Inc., "CCXI") that provides patient support to eligible patients who have been prescribed TAVNEOS® (avacopan). By signing this form, I authorize my healthcare professionals, including my physicians, pharmacies and my health insurance plan, to share my personally identifiable medical and insurance information ("my information") with the respective agents and service providers of CCXI so that CCXI can: help facilitate my access to TAVNEOS through the patient support program; contact me, based on my preferences, via phone (including voicemail), email, mail or text to provide me with information, education and resources, including ways to help me maintain my prescribed treatment; communicate assistance programs and support I may be eligible for related to my medical condition and treatment with TAVNEOS; administer and analyze the effectiveness of TAVNEOS Connect; carry out other business purposes related to TAVNEOS; and comply with law. I understand and agree that my pharmacies may receive remuneration from CCXI in exchange for sharing my information or providing support services to me. Once my information has been shared with CCXI, federal privacy laws may no longer protect the information. However, CCXI agrees to protect my information by using and disclosing it only for purposes described in this authorization. I understand that if I do not sign this form, I will still be eligible for my health plan benefits and that my treatment and payment for my treatment will not be affected, but I will not have access to all the CCXI services and support described herein. I may cancel or revoke this authorization at any time by mailing a letter to TAVNEOS Connect at PO Box 592188, Orlando, FL 32859-2188 or calling the program at 1-833-828-6367, Option 2, then Option 1. Normal carrier charges may apply to text messages; opt out of texting at any time by responding STOP. This authorization expires 5 years from the date signed, or earlier if required by state or local law, unless I revoke it before then. I understand I am entitled to and may request a copy of my signed authorization. By signing above, I confirm that I would like to opt in to TAVNEOS Connect so that CCXI can provide me with patient support.

Please see full Prescribing Information and Medication Guide for TAVNEOS.

AMGEN®
Amgen Inc.
One Amgen Center Drive Thousand Oaks, CA 91320-1799
www.amgen.com

USA-569-80050 04/23

K If your patient started TAVNEOS® in an inpatient hospital setting and is transitioning to outpatient therapy, fill out this section. **Be sure to include the outpatient managing HCP's information**

L Fax the Start Form and the TAVNEOS® Connect Team will process the enrollment and coordinate shipment as soon as possible. **Please alert your patient or their authorized contact that they will receive a call from the pharmacy to coordinate TAVNEOS® shipment**

For questions, call the TAVNEOS® Connect Team at 1-833-TAVNEOS (1-833-828-6367) and choose option 2, Monday through Friday from 8 AM to 8 PM ET

*TAVNEOS® Connect services are available for patients whose diagnosis is aligned with the FDA-approved indication for TAVNEOS®. Additional eligibility criteria may apply.

FDA=US Food and Drug Administration; HCP=healthcare provider; PA=prior authorization.

AMGEN®

TAVNEOS® (avacopan) capsules 10mg