TAVNEOS® (avacopan) capsules 10mg

START FORM

Instructions for HCP:

- For all patient referrals, please complete sections 1-6 of this form (if requesting Quick Start, please also complete section 4).
- Sign & date Rx (section 5) or submit eRx.
- Fax this completed Start Form to ***ONLY ONE*** of the available options.

	TAVNEOS connect 1-833-TAVNEOS (1-833-828-6367)	SPECIALTY PHARMACIES	
	Patient Support Team	Amber Specialty Pharmacy	PANTHERx Rare Pharmacy
Fax:	**1-833-200-7366**	**1-402-896-3774**	**1-866-312-4206**
ePrescribe to:	ARx Patient Solutions	Amber Specialty Pharmacy	PANTHERx Specialty Pharmacy
Address:	4500 W. 107th St. Overland Park, KS 66207	10004 South 152nd St. Omaha, NE 68138	24 Summit Park Dr. Pittsburgh, PA 15275
NCPDP #:	1720677	2815338	3997117

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 (if applicable) ______ Phone ______ Relationship ______

3 CLINICAL INFORMATION: Diagnosis Code (please make appropriate choice below)

❑ I77.82 ANCA-associated vasculitis, ANCA positive vasculitis (GPA or MPA)		❑ I77.6 Unspecified Arteritis‡ ‡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.
❑ M31.3 Granulomatosis with polyangiitis (GPA)†	❑ M31.30 Granulomatosis with polyangiitis (GPA)† without renal involvement	
❑ M31.31 Granulomatosis with polyangiitis (GPA)† with renal involvement	❑ M31.7 Microscopic polyangiitis (MPA)	❑ Other ICD-10 Code ______ Description (required) ______

†GPA is formerly known as Wegener's granulomatosis.

Current Medication(s) ______

4 PRESCRIPTION (Rx)

If your state law requires it, or you prefer to submit a separate Rx, please indicate that here and submit via the appropriate method.§

❑ Separate Rx attached ❑ Rx submitted electronically (eRx info at top of page associated with your submission choice)

Specialty Pharmacy Preference (subject to insurance requirements): ❑ Amber Specialty Pharmacy ❑ PANTHERx Rare ❑ No preference

If not submitting a separate Rx, please complete all fields below and sign.

Specialty Pharmacy Rx	**Quick Start Rx**
Medication *TAVNEOS® (avacopan)* Strength *10mg* Quantity *180*	Medication *TAVNEOS® (avacopan)* Strength *10mg* Quantity *90*
Directions for Use: *Take three (3) capsules by mouth twice daily with food* Refills ______	Directions for Use: *Take three (3) capsules by mouth twice daily with food* Refills *1*

Prescriber Signature ______ **Date** ______

5 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.

❑ 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.

Inpatient Facility Name ______ Contact Name ______ Contact Phone ______

Date of Admission ______ Date of Discharge (anticipated) ______

Was TAVNEOS® newly initiated and administered in the inpatient setting? ❑ Yes ❑ No

Outpatient Managing HCP ______ Phone ______ Fax ______

§*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.*

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.

TAVNEOS®
(avacopan) capsules 10mg

6 INSURANCE INFORMATION

Does the patient have insurance? ❑ Yes ❑ No **If "No," complete form and submit to TAVNEOS® Connect Team directly** (Fax: 1-833-200-7366)**.**

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 Plan:

Rx Insurance Provider_______________________ Rx Insurance Phone _______________ Patient's Member ID # _______________

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® 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, 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.

Provide all information on this form unless it is not applicable.
For assistance completing this form, please call TAVNEOS® Connect at 1-833-TAVNEOS (1-833-828-6367), Option 2, then Option 1.

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