

## **ENROLLMENT TIP SHEET FOR REPLACEMENT PRODUCT PROVIDERS**

(Applicable for the following products: Aranesp® (darbepoetin alfa), EPOGEN® (Epoetin alfa) for dialysis only, Neulasta® (pegfilgrastim), NEUPOGEN® (Filgrastim), Nplate® (romiplostim), Prolia® (denosumab) injection, Vectibix® (panitumumab) injection, and XGEVA® (denosumab))

### **The Safety Net Foundation may be able to help**

The Safety Net Foundation is a nonprofit foundation supported by Amgen. If your patient qualifies for help, the Foundation can provide your patient with certain Amgen products no cost.

### **Does your patient qualify for help?**

To qualify, your patient must:

- Reside in the US or one of its territories
- Have a certain income level
- Have no or limited drug coverage
- Not have any other insurance options

To check if your patient qualifies, you or your patient can:

- Go to [www.safetynetfoundation.com](http://www.safetynetfoundation.com) and click on the **Check eligibility** link; or
- Call us at **1-888-762-6436** and choose **option 5**

### **How does my patient apply?**

You are responsible for facilitating your patient's enrollment in the Foundation, as patients cannot apply on their own for assistance with Foundation replacement products. In addition, before you can enroll your patient, your provider facility must be enrolled as well.

Step 1: Complete and submit the Facility Application Form

- Go to [www.safetynetfoundation.com](http://www.safetynetfoundation.com) and click on the **Forms** tab; or
- Call us at **1-888-762-6436** and choose **option 3** for the form to be faxed or mailed to you
- Note: This form only needs to be submitted once for the lifetime of the facility's participation with the Foundation

Step 2: Get the Patient Application Form

- Go to [www.safetynetfoundation.com](http://www.safetynetfoundation.com) and click on the **Forms** tab; or
- Call us at **1-888-762-6436** and choose **option 3** for the form to be faxed or mailed to you

Step 3: Complete the Patient Application Form

- Complete the Patient Information on your patient's behalf (page 1 of the application)
- If you have questions regarding the Patient Application Form you can call us at **1-888-762-6436** and choose **option 5** to speak to one of our agents

Step 4: Obtain the patient's signature

Have your patient sign and date the Patient Certification and Authorization (page 2 of the application)

## **ENROLLMENT TIP SHEET FOR REPLACEMENT PRODUCT PROVIDERS (cont.)**

### **Step 5: Submit the completed Patient Application Form**

- Review the application and make sure all of the required information has been filled in to avoid any processing delays
- Fax the form to **1-866-549-7239** or mail to:  
The Safety Net Foundation, PO Box 18769, Louisville, KY, 40261-7821

### **When will I hear if my patient is approved?**

Once we receive the completed application, we will make an enrollment decision within two to five business days. Both you and your patient will receive a letter notifying you if your patient has been enrolled or denied.

### **How do I receive replacement product?**

Once your patient is enrolled in the Foundation you may begin requesting replacement product for your patient using the Product Replacement Order Form.

### **If you have other questions:**

Go to [www.safetynetfoundation.com](http://www.safetynetfoundation.com) and click on the **Resources** tab for answers to Frequently Asked Questions and other Tip Sheets.

You can also talk to one of our agents by calling **1-888-762-6436**, Monday through Friday, 9am to 9pm Eastern Time.