

# The NGS Affordability Program helps eligible, commercially insured patients save on out-of-pocket costs for a *KRAS G12C* test\*

## How to know if you're eligible



- You must be diagnosed with stage IV (advanced or metastatic) non-small cell lung cancer (NSCLC)
- Your doctor must have ordered an NGS (next generation sequencing) test for you which includes testing for *KRAS G12C*
- You must have commercial insurance (eg, self-purchased, through an employer, or through a federal or state exchange) coverage for physician services, biopsy, and NGS test (patients with insurance funded by state or federal government programs such as Medicare, Medicaid, VA/DoD plans, and TRICARE® are not eligible)
- You must be a US resident, including the District of Columbia, Puerto Rico, Guam, or the US Virgin Islands
- Programs valid for testing performed through December 31, 2021 and the last day to submit documentation is June 29, 2022. All documentation needs to be submitted within 180 days of the date of service to be eligible

## How to request reimbursement



### 1. Gather required materials:

- Explanation of benefits (EOB) which includes an itemized statement of your out-of-pocket obligation for the NGS test, which includes *KRAS G12C*
- Receipt from the laboratory if you have not paid your out-of-pocket NGS test fee or proof of payment showing that you have paid your out-of-pocket NGS test fee



### 2. Complete the NGS Affordability Program enrollment form. Fill it out completely including the eligibility questions and patient authorization, and be sure to sign it. Indicate that you would like to have payment sent to you and send the completed form and required materials to:\*



#### By mail

Biomarker Assist  
NGS Affordability Program  
PO Box 2355  
Morristown, NJ 07962



#### Or send by fax

1-866-671-9373

You may also enroll online by visiting [www.enroll.biomarkerassist.com](http://www.enroll.biomarkerassist.com)

**To qualify for reimbursement, you must submit your enrollment form and required documentation within 180 days from the date of your NGS test.**



### 3. Get reimbursed. You can expect to receive reimbursement within 7 business days after the required materials are received and approved.

\*You can also choose to have the lab paid directly. If so, select that option on the form.



**If you are approved, the out-of-pocket cost of your test will be reimbursed up to the program maximum of \$1000.** You are responsible for costs exceeding the program maximum coverage of \$1000. The program does not cover any other costs or fees, including, but not limited to, office visit fees and biopsy fees. Please see Terms & Conditions for full program details.



**A dedicated team is available by phone to answer any questions you may have about the program, such as:**

- Eligibility questions
- Payment and documentation questions

# NGS Affordability Program enrollment form

## Part 1: Confirm Eligibility



Please answer the questions below to see if you are eligible for the Biomarker Assist NGS Affordability Program. **Fields with \* are required.**

### Diagnosis and demographic information\*

I have been diagnosed with stage IV (advanced or metastatic) NSCLC. **Yes No**

I am 18 years of age or older and live in one of the 50 United States or a US territory. **Yes No**

### What type of insurance do you have?\*( please select one option)

Commercial insurance (eg, self-purchased or through an employer)	I don't have insurance
Government-provided (eg, Medicare Part D, Medicaid)	I don't know

By checking this box, I acknowledge and agree that I have read, understand, and agree to the Terms and Conditions of the NGS Affordability Program contained herein.

## Part 2: Patient Authorization

Read and sign Amgen's Patient Authorization. This gives us permission to use your information for enrollment in the program.

### AMGEN'S PATIENT AUTHORIZATION

#### USES AND DISCLOSURE OF PERSONAL INFORMATION

I authorize Amgen and its contractors and business partners ("Amgen") to use and/or disclose my personal information, *including my personal health information*, only for the following purposes:

- To operate, administer, enroll me in, and/or continue my participation in the NGS Affordability Program or any other Amgen-affiliated patient support services and activities related to my condition or treatment (for example, co-pay card programs, reimbursement assistance programs, drug coverage verification, nurse educator services, adherence program, and disease management support);
- To contact, with my permission, my doctor and the rest of my healthcare team and share with them my health information that may be useful for my care;
- **To provide me with informational and promotional materials relating to Amgen services and/or my condition or treatment;** and/or
- To improve and develop services, materials, and programs related to my condition or treatment.

In order for Amgen to provide me with the services and/or programs described above, Amgen needs to collect and use my personal information, including *my personal health information*. I understand that *my personal health information* may include any information, in electronic or physical form, in the possession of or derived from a health care provider, health care plan, pharmacy, pharmaceutical company, laboratory, and/or their contractor ("Health Care Provider"). This may include select information from or about my medical history and general health, my health care plan benefits, payment limits or restrictions covered by my health care plan policy, and/or my adherence to my treatment. I authorize my Health Care Providers to disclose *my personal health information* to Amgen, and between themselves, as necessary, but only for the purposes stated above in this Authorization. I understand that certain of my Health Care Providers (such as pharmacies and specialty pharmacies) may receive remuneration from Amgen in exchange for disclosing *my personal health information* and/or for using my information to contact me with communications about Amgen patient support services.

[Continued on next page](#)



If you have questions, please visit [biomarkerassist.com](http://biomarkerassist.com) or call 1-888-4ASSIST (1-888-427-7478) Monday through Friday, 9:00 am to 8:00 pm ET.

# NGS Affordability Program enrollment form

## Part 2: Patient Authorization (continued)



### EXPIRATION, RIGHT TO OBTAIN A COPY AND RIGHT TO CANCEL

I understand that by signing this form, I authorize my Health Care Providers or others who might hold my health information to only release it to Amgen employees, as well as to its contractors and business partners, who are performing the services set forth in this Authorization. I also understand I am authorizing my personal information, including my personal health information, to be used for the purposes described above. I understand and agree that by signing below, I am authorizing those who rely on this Authorization to release my personal health information for the earlier of five (5) years or until my participation in the program ends through my cancellation, unless a shorter time period is required by state law.

I understand that I can obtain a copy of this Authorization or cancel this Authorization at any time by calling Amgen at 1-888-427-7478, emailing [privacyoffice@amgen.com](mailto:privacyoffice@amgen.com), or by writing to Biomarker Assist, PO Box 2355, Morristown, NJ 07962. If I cancel my consent, I will no longer qualify for the services described. I also understand that if a Health Care Provider is disclosing my personal health information to Amgen on an authorized on-going basis, my cancellation with Amgen will be effective with respect to any such Health Care Providers as soon as they receive notice of my cancellation.

### NO EFFECT ON TREATMENT

I understand I do not have to sign this Authorization and that my enrollment in any of the services and/or programs described above is entirely voluntary. I understand that Amgen, as well as Health Care Providers, cannot require me, as a condition of having access to medications, prescription drugs, treatment, or other care, to sign this Authorization. Federal law (including HIPAA) requires a signed authorization in order for Amgen to collect this information from my Health Care Providers. I understand I cannot participate in the listed services and/or programs without signing this Authorization or an equivalent authorization with my Health Care Providers.

### INFORMATION RECEIVED FROM HEALTHCARE PROVIDERS

I understand that once my personal health information has been disclosed to Amgen, federal privacy laws may no longer apply and protect it from further disclosure. Amgen agrees, however, to protect my personal health information by only using and disclosing it as stated in the Authorization or as otherwise allowed or required by law.

### AUTHORIZATION TO CONTACT

I understand and consent to Amgen contacting me using the contact information provided to Amgen or its contractors to enroll me in, operate, and administer Amgen patient support services and/or programs as described above other than promotional communications by telephone or SMS/text (which I can separately opt in below). I understand that the operation and administration of certain of these services and/or programs may require that Amgen contact me by telephone or SMS/text.

#### Telephone Consumer Protection Act (TCPA) Consent

In addition to the above consent, I understand that by checking this box and signing below, I consent to Amgen calling and texting me at the phone number(s) I have provided with promotional communications relating to Amgen services and/or my condition or treatment. Amgen may use automatic dialing machines or artificial or prerecorded messages to contact me and may leave a voicemail or SMS/text message (standard text messaging rates may apply). I understand that I am not required to provide this consent as a condition of purchasing any goods or services. Reply STOP to cancel SMS messages.

By signing below I am indicating that I have read and understood Amgen's Privacy Notice and Authorization (above in its full text), that I am legally authorized to consent and that I am providing my consent as the patient or the patient's legal guardian for Amgen and its contractors and business partners to use and share the personal information I provide for the purposes described within the Privacy Notice and Authorization.

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Name of participant\*

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If caregiver or legal guardian of patient, include name

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Patient or caregiver signature\* (circle one)

Date\*: \_\_\_\_\_



# NGS Affordability Program enrollment form

## Part 3: Patient, Physician, and Lab Information



Please provide the information below. **Fields with \* are required.**

### Patient Information

First Name\*: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Gender\*:  Male  Female

Address 1\*: \_\_\_\_\_ Address 2: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ ZIP Code\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

I or my caregiver give consent to Biomarker Assist to provide payment directly to:  Patient†  Billing Lab

I acknowledge that I understand and agree that in order to obtain reimbursement of my out-of-pocket costs associated with my KRAS G12C NGS test, I must meet the eligibility and reimbursement requirements, and that any fees or costs that exceed the \$1000 program maximum are my responsibility.

†Proof of payment required for payment to be made to patient

### Primary Insurance Information

Plan Name\*: \_\_\_\_\_ Member ID\*: \_\_\_\_\_ Group #\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_

### Ordering Physician Information

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Physician NPI: \_\_\_\_\_ Phone\*: \_\_\_\_\_

### Lab Information

Lab Name\*: \_\_\_\_\_

Address 1\*: \_\_\_\_\_ Address 2: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ ZIP Code\*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_ Email address: \_\_\_\_\_

#### Reimbursement Process

**You must submit your enrollment form within 180 days from the date of your NGS test.**

**Programs valid for testing performed through December 31, 2021 and the last day to submit documentation is June 29, 2022.**

#### 1. Gather the required materials:

EOB

Receipt from the laboratory or proof of payment

The 3-page enrollment form. Be sure to fill it out completely including the eligibility questions and patient authorization, and sign it

#### 2. Send the completed form and required documents to:

Biomarker Assist  
NGS Affordability Program  
PO Box 2355  
Morristown, NJ 07962

**Or fax to: 1-866-671-9373**

# NGS Affordability Program Terms and Conditions



It is important that every patient read and understand the full Next Generation Sequencing (“NGS”) Affordability Program (also referred to as the “**Program**”) Terms and Conditions.

The NGS Affordability Co-Pay Program is a **one-time offer for coverage of a single NGS laboratory biomarker test that specifically tests for the KRAS G12C gene mutation and may only be used once per patient per lifetime.**

## PROGRAM ELIGIBILITY:

The Program is **only** open to commercially or privately insured patients diagnosed with stage IV non-small cell lung cancer (NSCLC), whose healthcare provider has ordered an NGS biomarker laboratory test **that specifically tests for the KRAS G12C gene mutation**. Patients with insurance plan coverage available through state and federal healthcare exchanges are eligible for the Program. Eligible patients are reimbursed for their NGS biomarker test costs covered by the Program once the patient has satisfied the reimbursement requirements detailed in these Terms and Conditions.

**The program is not valid for patients whose NGS laboratory test is paid for in whole or in part by any federal, state, or government-funded healthcare program such as Medicare, Medicare Advantage, Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), the Department of Defense (DoD), or TRICARE®. 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 NGS test 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 NGS test.**

**Participating patients are responsible for providing Amgen with accurate information necessary to determine program eligibility.**

## PROGRAM BENEFITS:

- The NGS Affordability Program may help lower your NGS test out-of-pocket costs. NGS Affordability Program patients pay as little as \$0 out-of-pocket for their NGS laboratory biomarker test **that specifically tests for the KRAS G12C gene mutation** up to the NGS Affordability Program Maximum Program Benefit of \$1000.
- NGS Affordability Program patients are responsible for all amounts that exceed this limit.

- Out-of-pocket costs covered by the Program include co-payment, co-insurance, and deductible out-of-pocket costs for the eligible patient’s NGS biomarker laboratory test.
- The NGS Affordability Program does not cover any other costs such as those related to patient office visits, biopsy, or related procedures.
- The NGS Affordability Co-Pay Program is a **one-time offer for coverage of a single NGS laboratory biomarker test and may only be used once per patient per lifetime.**

Please ask a Biomarker Assist representative to help you understand eligibility for the NGS Affordability Program, including whether your particular insurance coverage is likely to result in your exceeding the Maximum Program Benefit amount by calling 1-888-4ASSIST (1-888-427-7478).

## PROGRAM DETAILS:

For all eligible patients the NGS Affordability Program offers:

- A program benefit that covers the patient’s eligible out-of-pocket costs (co-pay, deductible, or co-insurance) for a one-time NGS biomarker laboratory test **that specifically tests for the KRAS G12C gene mutation** on behalf of the patient, up to a Maximum Program Benefit. The NGS Affordability Program does not cover any other costs related to office visits or biopsy and is limited to one test per eligible patient per the patient’s lifetime.
- NGS Affordability Program patients pay as little as \$0 out-of-pocket for their applicable NGS laboratory biomarker test. Amgen will pay on behalf of the patient the remaining eligible out-of-pocket NGS test costs up to the Maximum Program Benefit.
- NGS Affordability Program patients are responsible for all amounts that exceed the Maximum Program Benefit limit.

### Service Verification and Patient Reimbursement/Direct Payment to Laboratory Requirements:

- Program coverage is contingent on the submission of the required Explanation of Benefits (EOB) and valid verification of payment by the patient of their out-of-pocket obligation for their applicable NGS test. Note, as explained below, if the patient has not yet paid the laboratory for their out-of-pocket portion, Amgen will pay the laboratory directly provided all the required information is submitted within the specified timeframes.



# NGS Affordability Program Terms and Conditions (continued)



## PROGRAM DETAILS (continued):

- The EOB must:
  - o list the patient's name and date of service for the participating NGS laboratory biomarker test that specifically tests for the *KRAS G12C* gene mutation; and
  - o list CPT (current procedural terminology) or PLA (proprietary laboratory analyses) code which specifies testing for the *KRAS G12C* gene mutation (Please contact Biomarker Assist at 1-888-4ASSIST (1-888-427-7478) for a list of reimbursable codes); and,
  - o list the date of service for the NGS laboratory as no later than December 31, 2021; and
  - o be submitted to the program by the patient, healthcare provider's office, or the pathology lab that conducted the test within 180 days of the date of service and never later than June 29, 2022; and,
  - o list the itemized patient out-of-pocket cost for their NGS laboratory biomarker test that is not covered by their insurance—this is the patient's portion of the payment for the NGS test; and, be submitted with valid verification of payment to:
    - By mail  
Biomarker Assist  
NGS Affordability Program  
PO Box 2355  
Morristown, NJ 07962
    - Or by fax to 1-866-671-9373
- Valid Verification of Payment/Bill Showing Payment Due – WITH THE EOB, the patient must submit:
  - o The receipt/invoice/bill from the laboratory that conducted the test that specifically lists the patient's name, address, and service date of the NGS laboratory biomarker test (note the service date must match the date listed on the valid EOB and must be on or before December 31, 2021) and the out-of-pocket amount owed to the laboratory once the patient's insurance has covered its portion in full; and, **ONE OF THE FOLLOWING:**
    - Receipt/paid invoice/paid bill from the laboratory that shows the patient has paid in full their portion of their out-of-pocket cost for the NGS biomarker test;

### OR

- A cancelled check or credit card statement/receipt paid to the laboratory evidencing the patient's paid portion of their out-of-pocket cost for the NGS biomarker test;

### OR

- If payment has not yet been made to the laboratory, the patient must submit the laboratory bill showing the patient's outstanding out-of-pocket amount owed to the laboratory once the patient's insurance has paid its portion in full. This is required where the patient has requested payment be made directly to the laboratory as marked on the enrollment form.

#### Limitation of Third-Party Reimbursement:

- Patients may not seek reimbursement for the value received from the NGS Affordability Program 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 your insurance provider may have regarding your participation in the NGS Affordability Program. Restrictions may apply. Offer subject to change or discontinuation without notice.

#### **Maximum Program Benefit May Change, End, or Vary:**

- The program provides up to a **Maximum Program Benefit** of \$1000 assistance to reduce a patient's out-of-pocket NGS laboratory biomarker test costs that Amgen will provide to an eligible patient once per lifetime which must be applied to the patient's out-of-pocket costs (co-pay, deductible, or co-insurance) for such NGS test. Each patient is responsible for costs above the Maximum Program Benefit amounts. Please ask your NGS Affordability representative to help you understand whether your particular insurance coverage is likely to result in your exceeding the Maximum Program Benefit amount by calling 1-888-4ASSIST (1-888-427-7478).

**The NGS Affordability Program is not health insurance. The NGS Affordability Program is valid through 12/31/2021 and only covers tests completed on or before 12/31/2021. Submissions for reimbursement must be received no later than 6/29/2022. Amgen reserves the right to change, vary or end the Program at any time without prior notice.**



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

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