

AMGEN Safety Net Foundation

An original prescription is also accepted in place of this form.

R_x PRESCRIPTION

Patient

Patient name _____
Last First

Sex: Male Female Date of birth MM/DD/YYYY ____ / ____ / ____ Is the patient allergic to latex? Yes No

Known drug allergies _____ Concurrent medications _____

Medication	Medication Dose	Frequency	Dispense Amount	Refills	Patient Diagnosis Code ICD-10 required if patient has insurance
Prolia[®] (denosumab) injection for Bone Health Shipped directly to the physician	60 mg pre-filled syringe _____	_____	_____	1 year or x _____	ICD-10 _____
LUMAKRAS[™] (sotorasib)	120 mg _____	_____	_____	1 year or x _____	ICD-10 _____

Electronic Prescription (eRX) Submitted Sonexus Health Pharmacy Services NPI number: **1447680210** NABP/NCPDP number: **5910206**
NY State Prescribers must also submit an ePrescription or phone in the prescription.

Facility/ Practice

Facility/Practice name _____ Contact name _____

Phone _____ - _____ - _____ Fax _____ - _____ - _____ All communications will be sent to this fax number.

Prescribing Physician

Prescribing physician name _____
Last First

Phone _____ - _____ - _____

Street address _____
Street (PO BOX not accepted) City State ZIP

National Provider ID (NPI) _____ Tax ID _____ Both IDs required

Provider Transaction Access Number (PTAN) Required if the patient has Medicare _____

I have prescribed the Amgen medicine indicated above for the referenced patient. My patient gave consent for me to provide this information. I understand that no third party or patient may be billed or charged for the Amgen medicine provided by this program. I understand that no medication received from Amgen Safety Net Foundation may be sold, traded, or distributed for sale.

Prescribing physician's signature Stamps not accepted State license number required Date signed MM/DD/YYYY

This form must be completed and submitted but does not guarantee enrollment in or fulfillment of this prescription by the Amgen Safety Net Foundation. Amgen Safety Net Foundation must review the patient information including this prescription or an original script to determine the patient's eligibility.