Parsabiv™ (etelcalcetide) Injection for intravenous use
2.5mg/0.5mL | 5mg/1mL | 10mg/2mL

Insurance Verification Request Form for Parsabiv™

AMGEN ASSIST®

1-800-272-9376 (telephone)
1-888-508-8090 (fax)

PRESCRIBER/FACILITY CONTACT INFORMATION

Prescriber/Facility Contact Information

Contact/Requestor Name _____ Phone Number (_____) _____ - _____
Facility Name _____ Fax Number (_____) _____ - _____
Treating Prescriber's Name _____ State License Number _____
Address _____ Tax ID Number _____
City, State, ZIP Code _____ NPI Number _____
Physician Specialty _____ PTAN Number _____
Contact Type/Title: ☐ Physician ☐ Nurse ☐ Office Practice Manager/Billing Office Staff ☐ Social Worker ☐ Dietitian
☐ Patient ☐ Caregiver ☐ Other _____

REQUESTOR PREFERENCES

Requestor Preferences

Primary contact for relaying results: ☐ Provider Contact/Requestor ☐ Physician
How would you prefer results relayed? ☐ Phone ☐ Fax ☐ No Preference
Please check all fulfillment channels that you would like researched:
☐ Buy and Bill ☐ Retail Pharmacy ☐ Specialty Pharmacy ☐ Mail Order Pharmacy

PATIENT GENERAL INFORMATION

Patient General Information

First and Last Name _____ Gender: ☐ Male ☐ Female
Address _____ Date of Birth _____ / _____ / _____ (MM/DD/YY)
City, State, ZIP Code _____ Phone Number (_____) _____ - _____

PATIENT MEDICAL AND TREATMENT INFORMATION

Patient Medical And Treatment Information

Is this patient on dialysis? ☐ Yes N18.6 (End-stage renal disease) ☐ No
Relevant Diagnosis (ICD-10 code): ☐ N25.81 (Secondary hyperparathyroidism of renal origin)
☐ Z99.2 (Dependence on renal dialysis) ☐ Other (Specify ICD-10 code) _____
Is the patient currently receiving Parsabiv™? ☐ Yes ☐ No Dosage: ☐ 2.5 mg ☐ 5.0 mg ☐ 10 mg ☐ Other (Specify Dosage) _____
Has the patient received Parsabiv™ in the past? ☐ Yes ☐ No

PRIMARY PAYER (Please fax a copy of the front AND back of the insurance card and pharmacy benefit card.)

Primary Payer

MEDICAL BENEFIT

Payer Name _____
Payer Phone Number (_____) _____ - _____
Member ID Number _____
Group Number _____
Plan Type (eg, HMO, PPO) _____

PHARMACY BENEFIT

Payer Name _____
Payer Phone Number (_____) _____ - _____
Member ID Number _____
Group Number _____
BIN Number _____ PCN Number _____

SECONDARY PAYER (Please fax a copy of the front AND back of the insurance card and pharmacy benefit card.)

Secondary Payer

MEDICAL BENEFIT

Payer Name _____
Payer Phone Number (_____) _____ - _____
Member ID Number _____
Group Number _____
Plan Type (eg, HMO, PPO) _____

PHARMACY BENEFIT

Payer Name _____
Payer Phone Number (_____) _____ - _____
Member ID Number _____
Group Number _____
BIN Number _____ PCN Number _____

By completing and providing Amgen Assist® with this form, you represent that your patient is aware of the disclosure of their personal health information to Amgen and its agents for Amgen 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.

Fax Completed Form and/or Copy of Insurance Card(s) to Amgen Assist®: 1-888-508-8090

This verification of benefits is not a guarantee of payment by the payer, but is deemed as current coverage information as relayed by the payer to the Amgen Assist® hotline.

Please see Indication and Important Safety Information on the next page.

Indication

Parsabiv™ (etelcalcetide) is indicated for the treatment of secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on hemodialysis.

Limitations of Use:

Parsabiv™ has not been studied in adult patients with parathyroid carcinoma, primary hyperparathyroidism, or with CKD who are not on hemodialysis and is not recommended for use in these populations.

Important Safety Information

Contraindication: Parsabiv™ is contraindicated in patients with known hypersensitivity to etelcalcetide or any of its excipients. Hypersensitivity reactions, including pruritic rash, urticaria, and face edema, have occurred.

Hypocalcemia: Parsabiv™ lowers serum calcium and can lead to hypocalcemia, sometimes severe. Significant lowering of serum calcium can cause QT interval prolongation and ventricular arrhythmia. Patients with conditions that predispose to QT interval prolongation and ventricular arrhythmia may be at increased risk for QT interval prolongation and ventricular arrhythmias if they develop hypocalcemia due to Parsabiv™. Closely monitor corrected serum calcium and QT interval in patients at risk on Parsabiv™.

Significant reductions in corrected serum calcium may lower the threshold for seizures. Patients with a history of seizure disorder may be at increased risk for seizures if they develop hypocalcemia due to Parsabiv™. Monitor corrected serum calcium in patients with seizure disorders on Parsabiv™.

Concurrent administration of Parsabiv™ with another oral calcimimetic could result in severe, life-threatening hypocalcemia. Patients switching from cinacalcet to Parsabiv™ should discontinue cinacalcet for at least 7 days prior to initiating Parsabiv™. Closely monitor corrected serum calcium in patients receiving Parsabiv™ and concomitant therapies known to lower serum calcium.

Measure corrected serum calcium prior to initiation of Parsabiv™. Do not initiate in patients if the corrected serum calcium is less than the lower limit of normal. Monitor corrected serum calcium within 1 week after initiation or dose adjustment and every 4 weeks during treatment with Parsabiv™. Measure PTH 4 weeks after initiation or dose adjustment of Parsabiv™. Once the maintenance dose has been established, measure PTH per clinical practice.

Worsening Heart Failure: In Parsabiv™ clinical studies, cases of hypotension, congestive heart failure, and decreased myocardial performance have been reported. Closely monitor patients treated with Parsabiv™ for worsening signs and symptoms of heart failure.

Upper Gastrointestinal Bleeding: In clinical studies, 2 patients treated with Parsabiv™ in 1253 patient years of exposure had upper gastrointestinal (GI) bleeding at the time of death. The exact cause of GI bleeding in these patients is unknown and there were too few cases to determine whether these cases were related to Parsabiv™.

Patients with risk factors for upper GI bleeding, such as known gastritis, esophagitis, ulcers or severe vomiting, may be at increased risk for GI bleeding with Parsabiv™. Monitor patients for worsening of common Parsabiv™ GI adverse reactions and for signs and symptoms of GI bleeding and ulcerations during Parsabiv™ therapy.

Adynamic Bone: Adynamic bone may develop if PTH levels are chronically suppressed.

Adverse Reactions: In clinical trials of patients with secondary HPT comparing Parsabiv™ to placebo, the most common adverse reactions were blood calcium decreased (64% vs. 10%), muscle spasms (12% vs. 7%), diarrhea (11% vs. 9%), nausea (11% vs. 6%), vomiting (9% vs. 5%), headache (8% vs. 6%), hypocalcemia (7% vs. 0.2%), and paresthesia (6% vs. 1%).

Please click here to see the Parsabiv™ full Prescribing Information.