



# NOW COVERING DEDUCTIBLES The Neulasta FIRST STEP™ Program

In keeping with Amgen's continuing commitment to help provide comprehensive access for patients, Amgen is excited to renew the Neulasta FIRST STEP™ Program for 2010. This program is intended to provide assistance to eligible low-income patients who need help meeting their Neulasta® deductible, co-insurance, and/or co-payment (out-of-pocket) requirements.\*

During the first cycle of a new chemotherapy regimen, Amgen will pay an eligible patient's entire Neulasta® deductible, co-insurance, and/or co-payment requirements. For all subsequent chemotherapy cycles, Amgen will pay the Neulasta® out-of-pocket amount in excess of an eligible patient's required portion of \$50 per cycle. Simply follow the easy steps below to help your eligible patients.

## Prior to Neulasta® treatment

### CLINIC/INSTITUTION

- Enrolls once.
- Identifies an eligible patient and distributes Neulasta FIRST STEP™ patient packet.
- Verifies the patient's deductible, co-insurance, and/or co-payment requirements by calling the patient's insurance provider directly or by calling Amgen Assist™ at 1-800-272-9376 for out-of-pocket verification assistance.
- Faxes signed patient information release form to 1-888-653-2972.

### PATIENT

- Confirms his or her eligibility and registers the Neulasta FIRST STEP™ MasterCard®.

## Day of Neulasta® treatment

### CLINIC/INSTITUTION

- Activates registered Neulasta FIRST STEP™ MasterCard® and inputs the patient's out-of-pocket amount obtained from the patient's insurance provider or through Amgen Assist™.
- Swipes Neulasta FIRST STEP™ MasterCard® to collect out-of-pocket program benefits.†

†Ongoing eligibility in the program is contingent on submission of the Explanation of Benefits (EOB) form that documents the patient's first injection of Neulasta® covered by the program. The EOBs must be submitted within 30 days of such first injection. Failure to timely submit the required EOBs may result in program ineligibility.

## \*Program limitations apply.

For complete program details and patient eligibility requirements or if you have any questions or comments concerning the Neulasta FIRST STEP™ Program, please contact your Amgen representative, call 1-888-NL-STEP-1 (1-888-657-8371), or go online to [www.neulastaFIRSTSTEP.com](http://www.neulastaFIRSTSTEP.com).

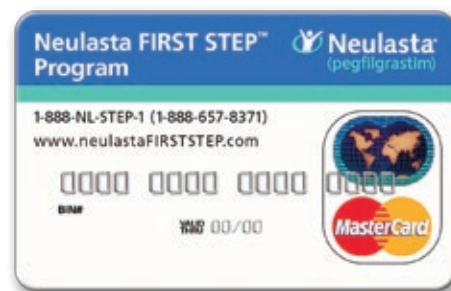
Neulasta® (pegfilgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

Neulasta® is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.

## Important Safety Information

Do not administer Neulasta® to patients with a history of serious allergic reactions to pegfilgrastim or filgrastim.

Please see additional Important Safety Information on the back of this card.



**Enroll your clinic or institution today. Call 1-888-NL-STEP-1 (1-888-657-8371) between 9 AM and 8 PM EST to enroll.**

KeyBank is the issuer of the Neulasta FIRST STEP™ Program and MasterCard® is a registered trademark of MasterCard International Incorporated.



## Important Safety Information

Do not administer Neulasta® to patients with a history of serious allergic reactions to pegfilgrastim or filgrastim.

Splenic rupture, including fatal cases, can occur following the administration of Neulasta®. Evaluate for an enlarged spleen or splenic rupture in patients who report left upper abdominal or shoulder pain after receiving Neulasta®.

Acute respiratory distress syndrome (ARDS) can occur in patients receiving Neulasta®. Evaluate patients who develop fever and lung infiltrates or respiratory distress after receiving Neulasta® for ARDS. Discontinue Neulasta® in patients with ARDS.

Serious allergic reactions, including anaphylaxis, can occur in patients receiving Neulasta®. The majority of reported events occurred upon initial exposure. Allergic reactions, including anaphylaxis, can recur within days after the discontinuation of initial anti-allergic treatment. Permanently discontinue Neulasta® in patients with serious allergic reactions.

Severe sickle cell crises can occur in patients with sickle cell disorders receiving Neulasta®. Severe and sometimes fatal sickle cell crises can occur in patients with sickle cell disorders receiving filgrastim, the parent compound of pegfilgrastim.

The granulocyte colony-stimulating factor (G-CSF) receptor, through which pegfilgrastim and filgrastim act, has been found on tumor cell lines. The possibility that pegfilgrastim acts as a growth factor for any tumor type, including myeloid malignancies and myelodysplasia, diseases for which pegfilgrastim is not approved, cannot be excluded.

Bone pain and pain in extremity occurred at a higher incidence in Neulasta®-treated patients as compared with placebo-treated patients.

Please see accompanying Neulasta® Prescribing Information.

Amgen reserves the right to deny payment under the Neulasta FIRST STEP™ Program to anyone deemed ineligible in accordance with the stated criteria. Healthcare providers may be obligated under their contracts with payers to disclose acceptance of funds provided through this card for products administered to their patient. Healthcare providers must not seek reimbursement from any third-party payer for any amount provided by the Neulasta FIRST STEP™ MasterCard®. Healthcare providers may not advertise or use this card in any other way as a means of promoting their services to patients. This offer is void where prohibited by law. Amgen reserves the right to revise or terminate this program, in whole or in part, without notice, at any time.

There is no retroactive coverage available under this program. Any Neulasta® treatment prior to the patient's enrollment date will be considered retroactive and therefore not eligible for Neulasta FIRST STEP™ benefits.