

Sensipar[®]

(cinacalcet) Tablets

30mg · 60mg · 90mg

If your pharmacist is unable to process your Sensipar[®] Pharmacy Card, you can still utilize the Sensipar[®] Pharmacy Card program. Follow the steps below to obtain your Sensipar[®] Pharmacy Card benefits.

1. Please print and fill-out the form below completely.
2. Please include the following materials with this form to receive reimbursement for all except for \$5 of your Sensipar[®] prescription costs:
 - A photocopy of your Sensipar[®] Pharmacy Card clearly showing the BIN, PCN, Group and ID number on the front.
 - Your original pharmacy receipt with the following information circled:
 1. Your name
 2. Name of the medication (brand name or generic), or NDC Number
 3. Quantity of tablets purchased
 4. Pharmacy name and physical location (city, state)
 5. Date of the transaction
 6. Amount that you paid for your prescription

3. Mail these materials to:

Sensipar[®] Pharmacy Card Program
2250 Perimeter Park Drive, Suite 300
Morrisville, North Carolina 27560

4. Once we have all of the required information, please allow up to 4 business days for your check to be mailed.
5. For future mail-in reimbursements, a new reimbursement form will be attached to the bottom of your reimbursement check. Please retain for future use.

If you have any questions, please contact a reimbursement specialist at 1-877-334-8684.

First Name

Last Name

Address

Suite/Apartment Number

City/State/ZIP

Sensipar ID Number

Insurance Name

Signature/Date

By signing above, I certify that I have complied with the Eligibility Criteria associated with this offer.

Sensipar[®]

(cinacalcet) Tablets

30mg · 60mg · 90mg

Eligibility Criteria: Open to patients with a Sensipar[®] prescription and commercial insurance for Sensipar[®]. Patients may not seek reimbursement for value received from the Sensipar[®] Pharmacy Savings program from any third-party payors, including flexible spending account or healthcare savings account. This program is not open to uninsured patients or patients receiving prescription reimbursement under any federal, state or government-funded healthcare program, such as Medicare, Medicare Advantage, Medicare Part D, Medigap, Veterans Affairs (VA), the Department of Defense (DoD) or TRICARE[®] or where prohibited by law. If at any time patients begin receiving prescription drug coverage under any such federal, state or government-funded healthcare program, patients will no longer be able to use this card and must call Amgen Assist[®] at 1-800-272-9376 (8:00 am–8:00 pm ET, Monday–Friday) to stop participation. Restrictions may apply.

Offer subject to change or discontinuation without notice. Limitations may apply in California and Massachusetts. **This is not health insurance.**