

# BKEMV® (eculizumab-aeeb) PRODUCT REPLACEMENT REBATE PROGRAM

## PROGRAM DESCRIPTION

The BKEMV Product Replacement Rebate Program (PRRP) is an Amgen program designed to provide a rebate up to the equivalent of the cost of a replacement product for qualifying cases following a reimbursement denial for BKEMV (see details below). The PRRP is available through 10/1/2026. PRRP rules and eligibility are subject to change without notice.

## PROGRAM REQUIREMENTS

To qualify for the program, healthcare providers must satisfy the following Program Requirements and Eligibility Requirements:

- 1 Identify a patient as an appropriate BKEMV candidate consistent with the FDA-approved Prescribing Information
- 2 Submit a Benefits Verification request to be processed by Amgen By Your Side, or submit a Benefits Verification request directly to the payer
- 3 Receive and review a written Summary of Benefits that indicates the patient has coverage for BKEMV via buy-and-bill (physician purchase). This written Summary of Benefits must be retained by the healthcare provider and later provided to Amgen to qualify for the PRRP. If the Summary of Benefits does not indicate that the patient has buy-and-bill physician purchase coverage for BKEMV, this unit of BKEMV will not be eligible for the PRRP. Note that the Summary of Benefits shall only be valid for the shorter of either 60 days following benefits verification or until there is a lapse or change in the patient's insurance policy
- 4 Satisfy and document any prior authorization or payer requirements that may be indicated in the Amgen By Your Side Summary of Benefits or based on the payer benefits verification inquiry if mandated by the payer
- 5 Purchase BKEMV through an authorized wholesaler or distributor
- 6 Administer BKEMV in accordance with the FDA-approved Prescribing Information
- 7 Submit an accurate and timely claim in accordance with payer claims submission policies
- 8 In the event of a rejected claim, resubmit until a clean claim has been submitted and received by the payer. Amgen By Your Side is able to advise on this process if support is needed
- 9 In the event of a claim denial, submit an appeal of that denial. Amgen By Your Side is able to advise on this process if support is needed
- 10 In the event of a denied appeal (defined as a complete claim initially denied and subsequently appealed), contact your Patient Access Liaison or Amgen By Your Side for next steps to request a product replacement rebate

## ELIGIBILITY REQUIREMENTS

Healthcare providers must be:

- In possession of a current license to practice medicine in the jurisdiction in which the product is administered
- In good standing with and eligible to provide covered services and submit claims for reimbursement to the payer who denied the claim
- Eligible to provide healthcare services in the facility where the BKEMV infusion was administered
- Provide all necessary paperwork as required by Steps 1 through 10 on the reverse side of this flyer to Amgen By Your Side within 30 days of an appeal denial

## PRODUCT REPLACEMENT REBATE DETAILS

- Upon final determination of a qualified reimbursement denial based on specified program and eligibility requirements, a healthcare provider may be eligible for a temporary 5% rebate on each subsequent purchase, up to 20 vials, for one denied claim. Additional vials must be purchased within 6 months of the claim denial
- The healthcare provider will be asked to submit proof of purchase (of the above-mentioned subsequent purchase) to Amgen By Your Side
- The PRRP is available through 10/1/2026. To be eligible for this program, a claim must be submitted on or before 10/1/2026.
- The determination of a qualified reimbursement denial shall rest solely with Amgen. Such decision shall not be subject to any subsequent claims or cause of action
- The decision to prescribe and administer BKEMV rests exclusively with healthcare providers per their independent clinical judgment

**For example:**

**DENIED CLAIM OF  
1 VIAL**

**Requires a purchase  
of up to 20 vials to be  
eligible for a rebate**

**For PRRP support, call Amgen By Your Side at 1-866-402-5622**

Please click here for the [full Prescribing Information](#), including BOXED Warning, and Medication Guide.



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