Patient Name: _____ Date of Service: _____

Diagnosis details:

Established CVD (With Primary Hyperlipidemia)	Familial Hypercholesterolemia (FH)
☐ Acute coronary syndrome	☐ Simon Broome diagnostic criteria met
☐ History of myocardial infarction	☐ Dutch Lipid Clinic Network score: _____
☐ Stable or unstable angina	☐ Other: _____
☐ Coronary or other arterial revascularization	
☐ Stroke	
☐ Peripheral artery disease (PAD)	
☐ Other:	

Treatment history:

Recent Lipid Panel, Including LDL-C	Date Measured
Recent LDL-C level: _____ mg/dL	_____

Current and Previous Lipid-lowering Therapy								Dates/Duration
☐ Atorvastatin		☐ 10	☐ 20	☐ 40	☐ 80	☐ Current	☐ Previous	_____
☐ Pravastatin		☐ 10	☐ 20	☐ 40	☐ 80	☐ Current	☐ Previous	_____
☐ Rosuvastatin	☐ 5	☐ 10	☐ 20	☐ 40		☐ Current	☐ Previous	_____
☐ Simvastatin	☐ 5	☐ 10	☐ 20	☐ 40	☐ 80	☐ Current	☐ Previous	_____
☐ Ezetimibe (10 mg)						☐ Current	☐ Previous	_____
☐ Other: _____						☐ Current	☐ Previous	_____

History of Statin Intolerance or Contraindication	Date
☐ Intolerance symptoms: _____	_____
☐ Rhabdomyolysis ☐ Muscle pain or weakness	_____
☐ Elevated creatine kinase (CK) ☐ Elevated liver function tests	_____
☐ Symptoms reappeared after statin re-challenge with a lower dose	_____
☐ Contraindication:	

CVD = cardiovascular disease; LDL-C = low-density lipoprotein cholesterol.

Consult payer coverage policy for prior authorization criteria and documentation requirements.

INDICATION

Repatha® is indicated:

- In adults with established cardiovascular disease to reduce the risk of myocardial infarction, stroke, and coronary revascularization

IMPORTANT SAFETY INFORMATION

- **Contraindication:** Repatha® is contraindicated in patients with a history of a serious hypersensitivity reaction to evolocumab or any of the excipients in Repatha®. Serious hypersensitivity reactions including angioedema have occurred in patients treated with Repatha®.

Please see additional Important Safety Information on the next page.

Repatha® (evolocumab) injection 140 mg/mL

INDICATIONS

Repatha® is indicated:

- In adults with established cardiovascular disease to reduce the risk of myocardial infarction, stroke, and coronary revascularization
- As an adjunct to diet, alone or in combination with other low-density lipoprotein cholesterol (LDL-C)-lowering therapies, in adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH), to reduce LDL-C
- As an adjunct to diet and other LDL-C-lowering therapies in pediatric patients aged 10 years and older with HeFH, to reduce LDL-C
- As an adjunct to other LDL-C-lowering therapies in adults and pediatric patients aged 10 years and older with homozygous familial hypercholesterolemia (HoFH), to reduce LDL-C

  The safety and effectiveness of Repatha® have not been established in pediatric patients with HeFH or HoFH who are younger than 10 years old or in pediatric patients with other types of hyperlipidemia.

IMPORTANT SAFETY INFORMATION

- **Contraindication:** Repatha® is contraindicated in patients with a history of a serious hypersensitivity reaction to evolocumab or any of the excipients in Repatha®. Serious hypersensitivity reactions including angioedema have occurred in patients treated with Repatha®.
- **Hypersensitivity Reactions:** Hypersensitivity reactions, including angioedema, have been reported in patients treated with Repatha®. If signs or symptoms of serious hypersensitivity reactions occur, discontinue treatment with Repatha®, treat according to the standard of care, and monitor until signs and symptoms resolve.
- **Adverse Reactions in Adults with Primary Hyperlipidemia:** The most common adverse reactions (>5% of patients treated with Repatha® and more frequently than placebo) were: nasopharyngitis, upper respiratory tract infection, influenza, back pain, and injection site reactions.

  From a pool of the 52-week trial and seven 12-week trials: Local injection site reactions occurred in 3.2% and 3.0% of Repatha®-treated and placebo-treated patients, respectively. The most common injection site reactions were erythema, pain, and bruising. Hypersensitivity reactions occurred in 5.1% and 4.7% of Repatha®-treated and placebo-treated patients, respectively. The most common hypersensitivity reactions were rash (1.0% versus 0.5% for Repatha® and placebo, respectively), eczema (0.4% versus 0.2%), erythema (0.4% versus 0.2%), and urticaria (0.4% versus 0.1%).
- **Adverse Reactions in the Cardiovascular Outcomes Trial:** The most common adverse reactions (>5% of patients treated with Repatha® and more frequently than placebo) were: diabetes mellitus (8.8% Repatha®, 8.2% placebo), nasopharyngitis (7.8% Repatha®, 7.4% placebo), and upper respiratory tract infection (5.1% Repatha®, 4.8% placebo).

  Among the 16,676 patients without diabetes mellitus at baseline, the incidence of new-onset diabetes mellitus during the trial was 8.1% in patients treated with Repatha® compared with 7.7% in patients that received placebo.
- **Adverse Reactions in Pediatric Patients with HeFH:** The most common adverse reactions (>5% of patients treated with Repatha® and more frequently than placebo) were: nasopharyngitis, headache, oropharyngeal pain, influenza, and upper respiratory tract infection.
- **Adverse Reactions in Adults and Pediatric Patients with HoFH:** In a 12-week study in 49 patients, the adverse reactions that occurred in at least two patients treated with Repatha® and more frequently than placebo were: upper respiratory tract infection, influenza, gastroenteritis, and nasopharyngitis. In an open-label extension study in 106 patients, including 14 pediatric patients, no new adverse reactions were observed.
- **Immunogenicity:** Repatha® is a human monoclonal antibody. As with all therapeutic proteins, there is potential for immunogenicity with Repatha®.

Please see full Prescribing Information.

AMGEN®
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Repatha® (evolocumab) injection 140 mg/mL