

Automating the prior authorization (PA) process for Repatha®*

CoverMyMeds® electronically connects providers, pharmacists, and health plans

- ✓ Offers an automated process for submitting electronic PA requests
- ✓ Live chat and phone support available
- ✓ Available to prescribers and their staff at no charge
- ✓ The ability to attach documentation if required



Today, nearly 100 percent of pharmacies, payers and EHRs have adopted an ePA solution¹

Performance data for CoverMyMeds®:²



*Amgen, the marketer of Repatha®, has entered into a fee-for-service arrangement with CoverMyMeds® to provide a more streamlined ePA experience after you have chosen to prescribe Repatha®. †Data from Sept 1, 2020 - Sept 30, 2021; time between when a completed ePA is submitted to the health plan and determination is received by the HCP.

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 last page.

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

Starting a PA request through CoverMyMeds®

Selecting the medication

- When prescribing Repatha®, a drop-down list will appear to select the administration method
- Please note Repatha® SureClick® is the first option on the drop-down
- Be sure to review the administration choice before submitting the PA request

The screenshot shows the CoverMyMeds website interface. At the top, there's a navigation bar with links like 'Your Preferences', 'Verify Prescriptions', 'Help', 'Privacy & Terms', 'Logged in as tommy.john', and 'Log Out'. Below this is a header area with the text 'Find the Request You Need' and a 'Need help? Call us (866) 452-5017' link. The main content area features a 'Find Your Medication' section with a search bar. The search bar has a placeholder text: 'Name of medication. Begin typing the medication name and select from list.' and a magnifying glass icon. Below the search bar, there's a small disclaimer: 'CoverMyMeds provides forms to users of this service regardless of drug, brand, plan or other relationship (business or otherwise). If a form is unavailable, incorrect, or if you have questions, please contact us.'

Selecting the correct PA form

- Choose the Patient Insurance State in the drop-down list. Then type in Plan or PBM Name
- If multiple forms appear, select the correct form or use the More Information link. Additional forms may also be available by opening the Show More Forms tab*
- **For best results, select the drug insurance ID card and enter the insurance BIN number**
 - Sometimes located on front or back of the patient's insurance card
 - Patients may have a separate pharmacy benefit card
 - Call the patient's pharmacy where they normally pick up their prescriptions for this information

The screenshot shows a 'Generic plan' insurance card. It contains the following information: Enrollee Name: FIRST M LASTNAME JR; Enrollee ID: DZW920000000; Issuer (00040): 9101003777. To the right of the Enrollee ID, there's a red arrow pointing to a table of insurance details: RxBIN: 610623, RxPCN: 02050000, and RxGrp: RX4655. The card also features a stylized 'Rx' logo at the bottom right.

The screenshot shows an 'Insurance Card you use at your pharmacy'. It contains the following information: Name: John Doe; Rx Group: XXXXXXXXXXXX; Member ID (Card ID): XXXXXXXXXXXX; Your Company: Your Company Name; Rx PCN: XXXXXXXXXXXX. The 'Rx BIN Number: XXXXXXXXXXXX' field is highlighted with a red box.

* There may be lower cost medications available or preferred on your patient's plan. Check patient's specific plan formulary. If prescriber deems alternative medication appropriate, contact pharmacy with new script.

Attaching documentation

- CoverMyMeds® only allows one document to be attached to the form
- If a plan requires additional documentation, all supporting documents **MUST** be combined into a single document no larger than 5 MB
- Alternately, additional documentation may be faxed to CoverMyMeds®
 - Save the PA, then use the chat feature to notify CoverMyMeds® that additional documentation will be faxed
 - Provide Key for PA and number of pages to be faxed
 - Write Key and number of pages on the top of the first page (cover sheet is not required) and fax to 888-965-1415
 - Verify documents are attached by refreshing browser and clicking print/download on the left side of the screen to see all documents
 - Click Send to Plan button

Please upload additional documentation using the 'Upload or Manage Attachments' link at the bottom of this request.

Rationale	
Other criteria	
Explanation	<div></div>
Patient Drug History	

Upload Additional Documentation (0)

Upload Attachments	Upload test results or other medical information that you would like attached to your request.
	Upload or Manage Attachments

[Send to Plan](#) [Click to Chat with CoverMyMeds ^](#)

Send Repatha® prescription to the pharmacy

- You can select any pharmacy that best fits your practice preferences and your Repatha® patient needs; however, some payers may mandate a specific pharmacy for Repatha®

INDICATIONS (continued)

Repatha® is indicated:

- 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](#).



Register online at covermymeds.com or call 1-866-452-5017 for support.

References: 1. CoverMyMeds® website. *Electronic Prior Authorization Medication Access Report*, www.CoverMyMeds, Accessed January 19, 2022. 2. Data on file, Amgen; 2021.

CoverMyMeds® is a registered trademark of CoverMyMeds LLC.

AMGEN®

Amgen
One Amgen Center Drive
Thousand Oaks, CA 91320-1799
www.amgen.com

© 2022 Amgen Inc. All rights reserved. USA-145-83418 01/22

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