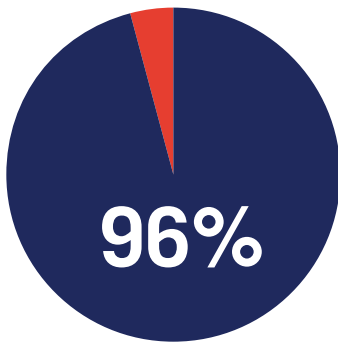


CoverMyMeds®: Streamlining prior authorization (PA) approvals for Repatha®

CoverMyMeds® electronically connects providers, pharmacists, and health plans^{1,2}

- ✔ Offers a streamlined process for submitting electronic prior authorizations (ePAs) for Repatha®
- ✔ Live chat and phone support available
- ✔ Free for prescribers and their staff
- ✔ The ability to attach documentation if required



96% of payers are committed to an ePA solution (eg, Aetna, Anthem, CVS, Express Scripts, and Prime Therapeutics)³

Performance data for CoverMyMeds®^{4,5}:

 **58% approval rate**

for ePAs submitted by HCPs*

 **24 hour**

turnaround for 64% of Repatha® PAs†

* Based on CoverMyMeds® hub express and ePA transactions data for April 2018. 4,986 PAs were submitted by HCP offices through CoverMyMeds®.

† Based on CoverMyMeds® data from April 2017 and April 2018. In 2017, 60,834 PAs were submitted through CoverMyMeds®, representing 37% of Repatha® claims.⁵

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

Getting Repatha® started is easy

- 1 LOG IN:** Go to covermymeds.com and register for a free account or log in to your existing CoverMyMeds® account
- 2 START A REQUEST:** Click “New Request,” and enter Repatha® and the BIN, PCN, and RxGroup from the patient’s pharmacy insurance card for the best results. If unavailable, enter the patient’s plan or PBM. Select the appropriate form and click “Start Request”
- 3 COMPLETE THE REQUEST:** Enter all demographic fields marked with a “Required” flag and click “Send to Plan.” Complete the returned list of patient-specific, clinical questions, and click “Send to Plan” again to complete the request. Remember to attach appropriate documentation, if required
- 4 CONFIRMATION:** Once your request has been reviewed, the determination will appear in your CoverMyMeds® account or plans will respond to you directly via fax
- 5 SEND REPATHA® PRESCRIPTION TO THE PHARMACY:** Once the PA has been approved, you will receive an approval letter. Depending on the plan, the approval letter may identify a mandated specialty pharmacy. Send the approval letter and the prescription for Repatha® to the appropriate pharmacy

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

References: 1. CoverMyMeds® website. Home page <https://www.covermymeds.com/main/>. Accessed June 20, 2018. 2. CoverMyMeds® website. <https://www.covermymeds.com/main/solutions/provider/>. Accessed June 20, 2018. 3. CoverMyMeds® website. ePA National Adoption Scorecard. <https://covermymeds.com/main/pdf/cmm-scorecard-2018.pdf>. Accessed June 20, 2018. 4. Data on file, Amgen; [Repatha PriorAuthPlus & HubExpress, April 2018]. 5. Data on file, Amgen; [2].

AMGEN®

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

© 2018 Amgen Inc. All rights reserved. USA-145-80194 07-18

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