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

**Prevention of Cardiovascular Events:** In adults with established cardiovascular disease, Repatha® is indicated to reduce the risk of myocardial infarction, stroke, and coronary revascularization.

## Important Safety Information

Repatha® is contraindicated in patients with a history of a serious hypersensitivity reaction to 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

## Important Safety Information

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

**Allergic Reactions:** Hypersensitivity reactions (e.g. angioedema, rash, urticaria) have been reported in patients treated with Repatha®, including some that led to discontinuation of therapy. If signs or symptoms of serious allergic reactions occur, discontinue treatment with Repatha®, treat according to the standard of care, and monitor until signs and symptoms resolve.

**Adverse Reactions in Primary Hyperlipidemia (including HeFH):** The most common adverse reactions (>5% of patients treated with Repatha® and occurring 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.

Allergic reactions occurred in 5.1% and 4.7% of Repatha®-treated and placebo-treated patients, respectively. The most common allergic 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 occurring 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 assigned to Repatha® compared with 7.7% in those assigned to placebo.

**Adverse Reactions in Homozygous Familial Hypercholesterolemia (HoFH):** 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.

**Immunogenicity:** Repatha® is a human monoclonal antibody. As with all therapeutic proteins, there is potential for immunogenicity with Repatha®.

## Indications

**Primary Hyperlipidemia (including Heterozygous Familial Hypercholesterolemia):** Repatha® is indicated as an adjunct to diet, alone or in combination with other lipid-lowering therapies (e.g., statins, ezetimibe), for the treatment of adults with primary hyperlipidemia to reduce low-density lipoprotein cholesterol (LDL-C).

**Homozygous Familial Hypercholesterolemia:** Repatha® is indicated as an adjunct to diet and other LDL-lowering therapies (e.g., statins, ezetimibe, LDL apheresis) for the treatment of patients with homozygous familial hypercholesterolemia (HoFH) who require additional lowering of LDL-C.

The safety and effectiveness of Repatha® have not been established in pediatric patients with HoFH who are younger than 13 years old or in pediatric patients with primary hyperlipidemia or HeFH.

**Please click here for full Prescribing Information.**

AMGEN®

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