Repatha® (evolocumab) injection 140 mg/mL

Specialist Consultation Referral Form

Referring Physician's Name: _____

Referring Physician's Phone: _____

Referring Physician's Fax: _____

Consulting Physician's Name: _____

Consulting Physician's Phone: _____

Consulting Physician's Fax: _____

I am referring my patient to you for consultation in the initiation of **Repatha®** therapy. The patient's insurance plan requires Repatha® be written in consultation with or by a specialist. Please see the Payer Requirements and Consulting Physician sections for required actions.

Referring Physician

Patient Information

Patient Name: _____

Patient Phone: _____ Date of Birth: _____

Patient Medical Information

Please provide one **primary** and one **secondary** ICD-10-CM code*:

Primary Codes:

- ❑ E78.00 Pure Hypercholesterolemia, unspecified
- ❑ E78.01 Familial Hypercholesterolemia
- ❑ E78.2 Mixed Hyperlipidemia
- ❑ E78.4 Other Hyperlipidemia
- ❑ E78.5 Hyperlipidemia, Unspecified

Secondary Codes:

- ❑ I20.0 Unstable Angina
- ❑ I20.9 Angina Pectoris, Unspecified
- ❑ I21.___ Acute Myocardial Infarction
- ❑ I22.___ Subsequent Myocardial Infarction
- ❑ I25.___ Chronic Ischemic Heart Disease
- ❑ I63.___ Cerebral Infarction
- ❑ I65.___ Occlusion and Stenosis of Cerebral Arteries, Extracranial
- ❑ I66.___ Occlusion and Stenosis of Cerebral Arteries, Intracranial
- ❑ I67.___ Other Cerebrovascular Diseases
- ❑ I70.___ Atherosclerosis
- ❑ I73.9 Peripheral Vascular Disease, Unspecified
- ❑ G45.9 Transient Cerebral Ischemic Attack, Unspecified
- ❑ G46.___ Vascular Syndromes
- ❑ Z83.42 Family history of familial hypercholesterolemia
- ❑ Other (specify ICD-10-CM): _____

Treatment History

❑ Patient Treatment History attached – OR – ❑ Patient Treatment History below

LDL-C on Treatment: _____ **Date**: _____

- ❑ Atorvastatin (Lipitor®) ❑ 10mg ❑ 20mg ❑ 40mg ❑ 80mg
- ❑ Rosuvastatin (Crestor®) ❑ 5mg ❑ 10mg ❑ 20mg ❑ 40mg
- ❑ Simvastatin (Zocor®) ❑ 5mg ❑ 10mg ❑ 20mg ❑ 40mg
- ❑ Ezetimibe (Zetia®) ❑ 10mg
- ❑ Other statin/lipid-lowering medication(s): _____

Has the patient failed on or do they have contraindications to any of the above therapies?

Other pertinent medical history or drug therapy: _____

Family history of established cardiovascular disease (CVD):

Allergies: _____

Payer Requirements – Choose One

❑ **Payer requires prescription be written by specialist – Appointment Requested**

My patient has been referred to you for initiation of Repatha® due to patient's insurance utilization management criteria requesting Repatha® be written by a specialist. Patient medical history documentation attached.

❑ **Payer requires prescription written in consultation with specialist (Please Complete Section Below)**

Consulting Physician

To Be Completed by the Consulting Physician

In order to authorize coverage, the patient's payer requires that Repatha® is prescribed in consultation with or by a cardiologist or endocrinologist. Upon review of the treatment rationale, please complete the following section and fax back this form to the referring physician.

Consulting Physician's Notes: _____

Consulting Physician's Name: _____ ***Date:*** _____

Consulting Physician's Signature: _____

Consulting Physician's Specialty: _____

❑ **ADDITIONAL FOLLOW-UP IS NEEDED**:

- ❑ Contact my office to schedule a phone consultation
- ❑ Provide other supporting information (please specify: _____)
- ❑ Schedule patient appointment for in-office evaluation

* The sample diagnosis codes are informational and not intended to be directive or a guarantee of reimbursement, and include potential codes that would include FDA-approved indications for Repatha®. Other codes may be more appropriate given internal system guidelines, payer requirements, practice patterns, and the services rendered.

Please see Indications and Important Safety Information on next page, and accompanying Repatha® full Prescribing Information.

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INDICATIONS AND IMPORTANT SAFETY INFORMATION

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

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.

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, espectively. 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®.

AMGEN®

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www.amgen.com

Please see accompanying Repatha® full Prescribing Information.

USA-145-80825