Specialty Pharmacy Intake Form

Please see Repatha® Indications and Important Safety Information on page 3.
If an item does not apply, please note "N/A" on that line.
Fax with copies of insurance card(s), front and back, and appropriate information from patient's medical charts to the Specialty Pharmacy you have indicated below.

Repatha® (evolocumab) injection 140 mg/mL

Patient Information

Patient Name*: _____
Street Address*: _____
City*: _____ State*: _____ Zip*: _____

Preferred Phone*: ( ) _____
Email Address: _____
Date of Birth*: _____
Social Security Number: _____

Pharmacy Insurance Information

❑ Attach a copy of pharmacy insurance card, front and back, **AND** provide:

Pharmacy Insurance ID #*: _____
Pharmacy Insurance Telephone*: ( ) _____

Primary/Secondary Medical Insurance Information

(ONLY if Pharmacy Insurance Information is not available)

❑ Attach a copy of insurance card, front and back, **AND** provide:

Name of Insurer*: _____
Insurer Telephone: ( ) _____
Group Number: _____
Policy Number*: _____

Prescriber Information

Office Contact: _____
Email Address: _____
Prescriber Name*: _____
Specialty: _____
State License Number: _____

Office Street Address*: _____
City*: _____ State*: _____ Zip*: _____
Office Name*: _____
Telephone*: ( ) _____ Fax: ( ) _____
Prescriber NPI #*: _____ Tax ID #: _____

Prescription Information: Repatha®

FORMULATION AND DIRECTIONS (Choose one):	DISPENSED QUANTITY FOR:	REFILLS:
❑ Inject 140-mg/mL subcutaneously using a SureClick® autoinjector every two (2) weeks†	❑ 28 days ❑ 84 days ____ days	_____ refills
❑ Administer 420-mg/3.5 mL subcutaneously using a Pushtronex® system (on-body infusor with prefilled cartridge) once (1) monthly‡	❑ 30 days ❑ 90 days ____ days	_____ refills

❑ I authorize Amgen and its agents to act on my behalf for the limited purposes of transmitting this prescription to the appropriate pharmacy consistent with the patient's benefit plan.

Prescriber Signature (no stamps) **X**_____ **X**_____ Date: _____
Dispense as written **Substitution allowed**

Specialty Pharmacy Instructions

Fax with copies of insurance card(s), front and back, and appropriate information from patient's medical charts to the Specialty Pharmacy of your preference.

Specialty Pharmacy Name:

_____

Phone: _____ Fax: _____

* Required for processing.

† Dosage for primary hyperlipidemia indication, including HeFH indication. The needle cover of the single-use prefilled autoinjector contains dry natural rubber (a derivative of latex) that may cause allergic reactions in individuals sensitive to latex.

‡ Dosage for primary hyperlipidemia indication, including HeFH, or for HoFH indications. The single-use on-body infusor with prefilled cartridge is not made with natural rubber latex.

By signing above, you represent that your patient is aware of the disclosure of their personal health information to the Specialty Pharmacy for insurance verification services and to Amgen and its agents for Amgen's patient support services, including the services provided by field reimbursement professionals in your office, as part of the patient's treatment with this product and that you have obtained appropriate patient authorizations as needed.

I understand that the Specialty Pharmacy may receive remuneration from Amgen in exchange for disclosing my personal health information and/or for using my information to contact me with communications about Amgen products that have been prescribed to me (for example, adherence programs) and other patient support services.

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USA-145-80884

Physician NPI #: _____

Repatha® injection 140 mg/mL (evolocumab)

Patient Medical Information

Please provide one **primary** and one **secondary** established CVD 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):

_____

_____

Lipid-lowering Treatment History (select all that apply)

LDL-C on treatment: _____ Date of Lab: [/ /] LDL-C on Repatha® (if applicable) _____ Date of Lab: [/ /]

❑ Atorvastatin (Lipitor®) ❑ 10mg ❑ 20mg ❑ 40mg ❑ 80mg Date of Initiation [/ /] Treatment End Date [/ /]
Achieved maximum tolerated statin dose? Y ❑ N ❑

❑ Rosuvastatin (Crestor®) ❑ 5mg ❑ 10mg ❑ 20mg ❑ 40mg Date of Initiation [/ /] Treatment End Date [/ /]
Achieved maximum tolerated statin dose? Y ❑ N ❑

❑ Simvastatin (Zocor®) ❑ 5mg ❑ 10mg ❑ 20mg ❑ 40mg Date of Initiation [/ /] Treatment End Date [/ /]
Achieved maximum tolerated statin dose? Y ❑ N ❑

❑ Other statin/lipid-lowering medication(s): _____ Date of Initiation [/ /] Treatment End Date [/ /]
Achieved maximum tolerated statin dose? Y ❑ N ❑

❑ Ezetimibe (Zetia®) Date of Initiation [/ /] Treatment End Date [/ /] Added to statin? Y ❑ N ❑
Indicate statin: _____ Dose (mg) [ ]

❑ Repatha® was prescribed by, or in consultation with, a cardiologist, an endocrinologist, and/or a physician who focuses on the management of cardiovascular disease and/or lipid disorders.

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

Other pertinent medical history or drug therapy: _____

History of atherosclerotic cardiovascular disease (established CVD or FH): _____

Allergies: _____

* Required for processing.

† 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.

Fax Completed Form and/or Copy of Insurance Card(s), Front and Back, to the Specialty Pharmacy of your preference.

AMGEN®

USA-145-80884

Physician NPI #: _____

Repatha® (evolocumab) injection 140 mg/mL

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, 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®.

Please click here for full Prescribing Information.

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