

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.



Patient Information	
Patient Name*: _____	Preferred Phone*: () _____
Street Address*: _____	Email Address: _____
City*: _____ State*: _____ Zip*: _____	Date of Birth*: _____
	Social Security Number: _____
Pharmacy Insurance Information	Primary/Secondary Medical Insurance Information (ONLY if Pharmacy Insurance Information is not available)
<input type="checkbox"/> Attach a copy of insurance card, front and back, AND provide: Pharmacy Insurance ID #: _____ Pharmacy Insurance Telephone*: () _____	<input type="checkbox"/> Attach a copy of insurance card, front and back, AND provide: Name of Insurer*: _____ Insurer Telephone: () _____ Group Number: _____ Policy Number*: _____
Prescriber Information	
Office Contact: _____	Office Street Address*: _____
Email Address: _____	City*: _____ State*: _____ Zip*: _____
Prescriber Name*: _____	Office Name*: _____
Specialty: _____	Telephone*: () _____ Fax: () _____
State License Number: _____	Prescriber NPI #: _____ Tax ID #: _____
Prescription Information: Repatha®	
FORMULATION AND DIRECTIONS (Choose one): <input type="checkbox"/> Inject 140-mg/mL subcutaneously using a SureClick® autoinjector every two (2) weeks† <input type="checkbox"/> Administer 420-mg/3.5 mL subcutaneously using a Pushtronex® system (on-body infusor with prefilled cartridge) once (1) monthly‡	DISPENSED QUANTITY FOR: <input type="checkbox"/> 28 days <input type="checkbox"/> 84 days _____ days <input type="checkbox"/> 30 days <input type="checkbox"/> 90 days _____ days
	REFILLS: _____ refills _____ refills
<input type="checkbox"/> 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 Options	
<input type="checkbox"/> Acaria Health P: 1-800-511-5144 F: 1-877-541-1503	<input type="checkbox"/> Accredo Health Group P: 1-855-315-6123 F: 1-800-391-9707
<input type="checkbox"/> BriovaRx Specialty P: 1-855-427-4682 F: 1-877-342-4596	<input type="checkbox"/> AllianceRx-Walgreens Prime P: 1-888-347-3416 F: 1-877-231-8302
<input type="checkbox"/> Gentry Health Services P: 1-844-443-6879 F: 1-844-329-2447	<input type="checkbox"/> Cigna Specialty Pharmacy P: 1-800-351-3606 F: 1-800-351-3616
<input type="checkbox"/> Senderra Rx P: 1-888-777-5547 F: 1-888-777-5645	<input type="checkbox"/> CVS Specialty P: 1-855-552-2017 F: 1-800-323-2445
	<input type="checkbox"/> Kroger Specialty Pharmacy P: 1-855-733-3126 F: 1-888-355-4192
	<input type="checkbox"/> Avella Specialty Pharmacy P: 1-877-546-5779 F: 1-877-546-5780
	<input type="checkbox"/> Diplomat Pharmacy P: 1-855-611-3403 F: 1-855-423-8302
	<input type="checkbox"/> Meijer Specialty Pharmacy P: 1-855-263-4537 F: 1-877-222-5036
	<input type="checkbox"/> Alternate Specialty Pharmacy Name: P: _____ F: _____

* 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.

Repatha® is a trademark of Amgen Inc. All other marks used herein are the property of their respective owners.

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.



FOR SPECIALTY PHARMACY USE ONLY: RepathaReady® Phone: 1-844-REPATHA (737-2842), Hours: 9 AM-9 PM ET, M-F;
Fax: 1-855-REPATHA (737-2842)

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USA-145-80086

Physician NPI #: _____



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, payor 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.

Repatha® and RepathaReady® are trademarks of Amgen Inc. All other marks used herein are the property of their respective owners.





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®.

Allergic Reactions: Hypersensitivity reactions (e.g., 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 Repatha®-treated patients and occurring more frequently than placebo) in clinical trials in primary hyperlipidemia (including HeFH) were: nasopharyngitis, upper respiratory tract infection, influenza, back pain, and injection site reactions.

In a 52-week trial, adverse reactions led to discontinuation of treatment in 2.2% of Repatha®-treated patients and 1% of placebo-treated patients. The most common adverse reaction that led to Repatha® treatment discontinuation and occurred at a rate greater than placebo was myalgia (0.3% versus 0% for Repatha® and placebo, respectively).

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. The proportions of patients who discontinued treatment due to local injection site reactions in Repatha®-treated patients and placebo-treated patients were 0.1% and 0%, respectively.

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 safety profile of Repatha® in this trial was generally consistent with the safety profile described above in the 12- and 52-week controlled trials involving patients with primary hyperlipidemia (including HeFH). Serious adverse events occurred in 24.8% and 24.7% of Repatha®-treated and placebo-treated patients, respectively. Adverse events led to discontinuation of study treatment in 4.4% of patients assigned to Repatha® and 4.2% assigned to placebo. Common adverse reactions (> 5% of patients treated with Repatha® and occurring more frequently than placebo) included 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): In 49 patients with HoFH studied in a 12-week, double-blind, randomized, placebo-controlled trial, 33 patients received 420 mg of Repatha® subcutaneously once monthly. The adverse reactions that occurred in at least two (6.1%) Repatha®-treated patients, and more frequently than in placebo-treated patients, included upper respiratory tract infection (9.1% versus 6.3%), influenza (9.1% versus 0%), gastroenteritis (6.1% versus 0%), and nasopharyngitis (6.1% versus 0%).

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

Please click [here](#) for full Prescribing Information.

