

IMPORTANT SAFETY INFORMATION

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

• **Hypersensitivity Reactions:** Hypersensitivity reactions, including angioedema, have been reported in patients treated with Repatha®. If signs or symptoms of serious hypersensitivity 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:** The most common adverse reactions (>5% of patients treated with Repatha® and 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. Hypersensitivity reactions occurred in 5.1% and 4.7% of Repatha®-treated and placebo-treated patients, respectively. The most common hypersensitivity 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 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 treated with Repatha® compared with 7.7% in patients that received placebo.

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



Please scan the QR code or visit www.repatha.com/PI for Repatha® full Prescribing Information.



Helping patients START AND STAY ON REPATHA®

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Amgen® Nurse Partners are available by live video or phone to:

- 1 **Provide one-on-one supplemental injection support** to help patients get more comfortable injecting Repatha® in the comfort of their own home
- 2 **Answer frequently asked questions** on topics like storage, disposal and traveling with Repatha®
- 3 **Provide personalized touchpoints** throughout the first 6 months of therapy to help build patient confidence and to share important patient resources.

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1-844-REPATHA

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IMPORTANT SAFETY INFORMATION, CONTINUED

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Your guide to help patients start and stay on Repatha®

- The doctor has identified the appropriate patient and prescribed Repatha®, now it's time to ensure you have the correct documentation to start the Prior Authorization Process
- Use the tools and support outlined here to help you and your office
- Help your patients learn about Amgen® SupportPlus resources like the Amgen® Nurse Partner support and the co-pay card for commercial patients

Repatha® has broad coverage: 9 OUT OF 10 PATIENTS ARE COVERED!*

*Includes commercial, health exchange, Medicaid and Medicare lives. As of April 2023, based on MMIT data. This information is subject to change without notice. For the most up-to-date and complete information regarding the status of Repatha®, please contact the relevant payer directly.

INDICATIONS

Repatha® is indicated:

- In adults with established cardiovascular disease to reduce the risk of myocardial infarction, stroke, and coronary revascularization
- As an adjunct to diet, alone or in combination with other low-density lipoprotein cholesterol (LDL-C)-lowering therapies, in adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH) to reduce LDL-C

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Many plans only require an attestation for prior authorization (PA) of Repatha®. Some plans may still request the submission of clinical documentation with the PA. For those plans, consider including the following:



DIAGNOSIS DETAILS (such as example diagnosis codes and chart notes)

You may use the QR code to access further information with the Repatha® Coding Guide, including a list of illustrative ICD-10 codes.



HISTORY OF OTHER LIPID-LOWERING TREATMENT (chart notes)

It may be important to include the current/past treatments, history/intolerance of statins, and other lipid-lowering therapies



RECENT LIPID PANEL WITH DATES (typically over the last 90 days)

If the patient has tried Repatha®, remember you may also need to include pre- and post-Repatha® LDL-C levels



Helping you WITH RESOURCES TO START THE PRIOR AUTHORIZATION PROCESS

ELECTRONIC PRIOR AUTHORIZATION (ePA) OPTIONS

Submit ePA requests for Repatha® to payers and review determinations in real time by using your ePA-enabled EHR or online portals like CoverMyMeds at no cost

KEY FEATURES OF ePAS



QUICK SUBMISSION

- ePAs prepopulate patient, provider and prescription information from your electronic health record (EHR) or from rejected claims

- ePAs for Repatha® are automatically added to provider PA queues

- With CoverMyMeds, PA requests can be submitted up to 3 times faster than manual PAs, and you can create PA renewals from previously submitted requests.²



RECEIVE PA DETERMINATIONS SOONER

For Repatha® ePAs submitted through **CoverMyMeds®**

- ~40% received an instant determination **WITHIN 5 MIN**^{3,†}

- ~80% received a determination within **24 HOURS**^{3,†}

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[†]Data from June 1, 2021 through June 30, 2022, measuring time between when a complete ePA is submitted to the health plan and determination is received by the HCP. These statistics are subject to change and are based upon a multitude of factors that can influence turnaround time.

AMGEN® ACCESS SPECIALIST (OR AS)

provides access education and support to offices in order to help Repatha® patients access their therapy.

AREAS OF FOCUS

- 1 Prior authorizations / reauthorizations
- 2 Appeals process
- 3 Insurance information / utilization management (UM) criteria
- 4 Financial support resources
- 5 General access information / education



HELP IS AVAILABLE IN PERSON OR VIRTUALLY

Speak to your Repatha® representative to obtain your AS contact information. **You can reach out to your AS for help with any of the above.**



Helping patients START AND STAY ON REPATHA®

Repatha® may **COST YOUR PATIENTS LESS THAN YOU THINK**

MEDICARE

~71% of prescriptions cost patients **\$49 OR LESS**^{4,*†}

MEDICAID

99% of prescriptions cost patients **\$10 OR LESS**^{4,*}

COMMERCIAL

Commercially insured patients **MAY PAY \$5 A MONTH[‡]** with the Repatha® Co-pay Card

Have your commercial patients enroll in the Repatha® Co-pay Card by visiting **Repatha.com/enroll** or by **scanning the QR code** on the Repatha® Co-pay Card brochure.



*Based on IQVIA data from 1/2022 – 12/2022 using the respective Medicare or Medicaid data

[†]The patient's out-of-pocket costs can vary throughout the year depending on which phase of the Part D benefit the patient is currently in. Medicare Part D drug coverage is divided into four phases, each with a different cost-sharing amount. Those phases are 1) Deductible, 2) Initial coverage, 3) Coverage gap, 4) Catastrophic.

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

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