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.

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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
- As an adjunct to diet and other LDL-C-lowering therapies in pediatric patients aged 10 years and older with HeFH, to reduce LDL-C
- As an adjunct to other LDL-C-lowering therapies in adults and pediatric patients aged 10 years and older with homozygous familial hypercholesterolemia (HoFH), to reduce LDL-C

The safety and effectiveness of Repatha® have not been established in pediatric patients with HeFH or HoFH who are younger than 10 years old or in pediatric patients with other types of hyperlipidemia.

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 Adults with 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.
- **Adverse Reactions in Pediatric Patients with HeFH:** The most common adverse reactions (>5% of patients treated with Repatha® and more frequently than placebo) were: nasopharyngitis, headache, oropharyngeal pain, influenza, and upper respiratory tract infection.
- **Adverse Reactions in Adults and Pediatric Patients with HoFH:** In a 12-week study in 49 patients, 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. In an open-label extension study in 106 patients, including 14 pediatric patients, no new adverse reactions were observed.
- **Immunogenicity:** Repatha® is a human monoclonal antibody. As with all therapeutic proteins, there is potential for immunogenicity with Repatha®.

Please see full Prescribing Information.

AMGEN®

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