RepathaREADY™ PATIENT SUPPORT PROGRAM

YOUR PARTNER IN CARE, EVERY STEP OF THE WAY

# ENROLMENT FORM

**Fax completed form to 1-844-737-2841**

Call 1-888-Repatha (1-888-737-2842)

or email info@repathareadyprogram.ca

Stamp patient registration card here

## Patient contact information

First name _____ Last name _____

Address _____

City _____ Province _____ Postal code _____

☐ Male ☐ Female

Date of birth (DD/MM/YYYY) _____

Preferred phone _____ Alternate phone _____

Alternate contact name/relationship _____

**Preferred time to call** ☐ am ☐ pm ☐ Evening ☐ Okay to leave voice message

**Preferred language** ☐ English ☐ French

Email _____

### Consent

By providing my email address, I agree to receive, electronically, communications from Adjuvantz™ acting on behalf of Amgen Canada Inc. containing information and updates relating to my enrolment in the RepathaREADY™ Program ("Program"). I understand that I may withdraw my consent to such communications at any time by providing notice to Adjuvantz™ at: 901 King St. West, Suite 300, Toronto, ON M5V 3H5 or via email at health@adjuvantz.com.

By signing this form, I acknowledge that I have read and understand the information on the back of this form and consent to the collection, use and disclosure of my personal information, including personal health information, by Adjuvantz™, Amgen and their authorized agents and service providers as explained. I further consent to being contacted from time to time by Adjuvantz™, Amgen Canada Inc. or their authorized agents for the purposes noted throughout this document.

☐ I consent to be contacted from time to time by Adjuvantz™, Amgen Canada Inc. or their authorized agents for the purposes noted throughout this document. I consent to being contacted from time to time for the purpose of completing confidential surveys about the Program. I understand that I may withdraw my consent to be contacted for this purpose at any time by contacting the Program.

Patient signature _____ Date (DD/MM/YYYY) _____

☐ I, the attending physician/healthcare provider, attest that the named patient has provided their verbal consent to initiate enrolment (signed patient consent will be obtained by the Program).

## Patient injection training

☐ **I request RepathaREADY™ to provide/coordinate one-on-one training with the patient**

☐ Patient has already received injection training. Date of 1st injection: _____

## Patient medical information

Please complete **each** of the following sections.The following is collected to secure reimbursement; additional information may be requested.

**Please select one primary diagnosis**

☐ Clinical atherosclerotic cardiovascular disease (ASCVD) (see reverse)

☐ Heterozygous familial hypercholesterolemia (HeFH)

Patient meets Simon Broome OR

Dutch Lipid Clinic Network diagnostic criteria for FH (see reverse)

☐ Definite ☐ Probable

☐ Homozygous familial hypercholesterolemia (HoFH)

**Additional medical information:**

- On maximum tolerated statin therapy ☐ Yes ☐ No
- On/has been on ezetimibe ☐ Yes ☐ No
- Unable to meet LDL-C target <2.0 mmol/L ☐ Yes ☐ No

Current (baseline) LDL-C: _____ Date measured: _____

Current lipid-lowering treatment and dose: _____

_____

**Patient has private insurance** ☐ Yes ☐ No

Provide patient with requisition to ensure their LDL-C is checked within 1 month after initiating therapy.

## Prescription information

℞

**Repatha® (evolocumab) dose (subcutaneous):**

☐ 140 mg 1 mL single-use prefilled SureClick® Autoinjector – Q2W

☐ 420 mg single-use automated mini-doser (AMD) – QM

By checking this box, I acknowledge that the pharmacy may dispense 140 mg (Q2W) if the patient's plan does not cover 420 mg AMD (QM).

Months: _____ Repeat(s): _____

Other instructions: _____

I authorize Adjuvantz™ to be my designated agent to forward the prescription indicated above, by fax or other mode of delivery, to the Program specialty pharmacy or to the pharmacy chosen by the above-named patient. This prescription represents the original of the prescription drug order. The chosen pharmacy is the only intended recipient and there are no others. The original prescription has been invalidated and securely filed and it will not be transmitted elsewhere at another time.

Prescriber name (please print) _____

Prescriber signature _____ Date (DD/MM/YYYY) _____

## Prescriber information

Prescriber name/specialty* _____

Office/clinic location _____

Phone _____ Fax _____

Primary care physician/provider name _____

☐ *** Optional: A RepathaREADY™ enrolment notification letter may be sent to the patient's primary care physician/provider.**

Note: If this is a pharmacy or other healthcare provider enrolling the patient, please provide your information.

Other information/office stamp/license number

Q2W=every 2 weeks; QM=monthly



For RepathaREADY™ Program services, see reverse.

RepathaREADY™ PATIENT SUPPORT PROGRAM

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The RepathaREADY™ Patient Support Program provides assistance in accessing drug coverage and offers nurse support, injection training and resources to get patients started and throughout their treatment.

## Atherosclerotic cardiovascular disease (ASCVD): Includes clinical evidence of the following[1]

- Previous MI
- Coronary revascularization by percutaneous coronary intervention or CABG surgery
- Other arterial revascularization procedures
- Angina pectoris
- Cerebrovascular disease including TIA or PAD

## Diagnostic criteria for HeFH in adults:

### Simon Broome[2]

**Definite FH criteria:**

1. A plasma measurement of either:
   Total cholesterol >7.5 mmol/L (adult patient) or >6.7 mmol/L (child aged <16 years)
   LDL-C >4.9 mmol/L (adult patient) or >4.0 mmol/L (child aged <16 years)

**PLUS**

2. Tendon xanthomas in the patient or any of the patient's 1st- or 2nd-degree relatives

**OR**

3. DNA-based evidence in the patient of an LDL receptor mutation or other FH-related gene mutation

**Probable FH criteria:**

**PLUS**

4. Family history of MI before the age of:
   - 50 years in any 2nd-degree relative
   - 60 years in a 1st-degree relative

**OR**

5. Family history of total cholesterol >7.5 mmol/L in any 1st- or 2nd-degree relative

### Dutch Lipid Clinic Network[2,3]

| Criteria | Points |
|---|---|
| **Family history** | |
| First-degree relative with known premature (<55 years, men; <60 years, women) CHD | 1 |
| **OR** | |
| First-degree relative with known LDL-C >95th percentile by age and gender for country | 1 |
| First-degree relative with tendon xanthoma and/or corneal arcus | 2 |
| **Clinical history** | |
| Subject has premature (<55 years, men; <60 years, women) CHD | 2 |
| Subject has premature (<55 years, men; <60 years, women) cerebral or peripheral vascular disease | 1 |
| **Physical examination** | |
| Tendon xanthoma | 6 |
| Corneal arcus in a person <45 years | 4 |
| **Biochemical results (LDL-C)** | |
| >8.5 mmol/L | 8 |
| 6.5-8.4 mmol/L | 5 |
| 5.0-6.4 mmol/L | 3 |
| 4.0-4.9 mmol/L | 1 |
| **Molecular genetic testing (DNA analysis)** | |
| Causative mutation shown in the LDLR, APOB or PCSK9 genes | 8 |

**Definite FH: >8 points** | **Probable FH: 6-8 points** | Possible FH: 3-5 points | Unlikely FH: 0-2 points

Adapted from Genest J, *et al.*[2] and Nordestgaard BG, *et al.*[3]

**Note: Most insurers accept a probable diagnosis of FH.**

## Privacy consent

The RepathaREADY™ Program ("Program") is sponsored by Amgen Canada Inc. ("Amgen") and administered by Adjuvantz™ on behalf of Amgen. Other service providers may be appointed by Amgen to administer the Program from time to time. The personal information that you and/or your doctor provide to the Program, including your name, contact information and prescription information, will be used to manage and administer the Program, including provision of Program services to you, such as reimbursement assistance and administering, training or assisting in therapy (e.g., self-injection training), and provision of information about the Program to you.

Amgen has a legal obligation to report adverse drug events to various local and international health authorities and to monitor product complaints. Personal information provided to the Program may be (i) monitored by Amgen or its service providers for safety-related data and product complaints in order to ensure compliance with these legal reporting requirements, and (ii) reported to local or international health authorities. Amgen may contact you or your physician for additional information to fulfill its reporting obligations. Your personal information may be combined with the information of others who participate in the Program in order to generate aggregated data that do not contain identifying information ("Aggregated Data"). Aggregated Data may be used by Amgen and its service providers to improve and/or refine the Program, to design and implement other patient programs and for research purposes including the identification of trends such as product utilization, adherence or outcomes.

For these sole purposes, Adjuvantz™ may share your personal information, on a confidential basis, with Amgen and/or Amgen's agents and service providers (e.g., information technology providers). If, from time to time, another service provider is appointed by Amgen to administer the Program, your personal information will be transferred to this service provider to ensure the continuity of the Program services to you. Please note that Amgen and its service providers may store or process your personal information outside of Canada (including in the United States), where local laws may require the disclosure of personal information to governmental authorities under circumstances that are different than those that apply in Canada. In addition, your personal information may be used or disclosed to third parties when permitted or required by applicable laws, court orders or government regulations (collectively, "Applicable Laws").

Your personal information will be retained only for as long as is needed to fulfill the purposes for which it was collected and in order to comply with Applicable Laws. Industry standard safeguards will be used to protect the security of the personal information that is collected.

You may contact the Program at any time to update or access your personal information, modify or withdraw your consent (in part or in full), express a privacy-related concern or inquire about the privacy practices of the Program. Please note that if you modify or withdraw your consent, your ability to receive the Program services may be limited.

Repatha® (evolocumab) is indicated as an adjunct to diet and maximally tolerated statin therapy in adult patients with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (CVD), who require additional lowering of low-density lipoprotein cholesterol (LDL-C).

Please consult the Product Monograph at www.amgen.ca/products/~/media/AE162719487C459391BD1B1584A25EAD.ashx for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling Amgen Medical Information at 1-866-502-6436.

CABG=coronary artery bypass graft; CHD=coronary heart disease; LDL-C=low-density lipoprotein cholesterol; MI=myocardial infarction; PAD=peripheral artery disease; TIA=transient ischemic attack

**References: 1.** Anderson TJ, *et al*. 2016 Canadian Cardiovascular Society guidelines for the management of dyslipidemia for the prevention of cardiovascular disease in the adult. *Can J Cardiol* 2016;32(11):1263-82. **2.** Genest J, *et al*. Canadian Cardiovascular Society position statement on familial hypercholesterolemia. *Can J Cardiol* 2014;30(12):1471-81. **3.** Nordestgaard BG, *et al*. Familial hypercholesterolaemia is underdiagnosed and undertreated in the general population: guidance for clinicians to prevent coronary heart disease. Consensus statement of the European Atherosclerosis Society. *Eur Heart J* 2013;34:3478-90.

Pr Repatha® (evolocumab)

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PAAB MEMBER OF INNOVATIVE MEDICINES CANADA

AMGEN® Cardiovascular