Access for your Repatha® patients

Covered by the majority of:

- Private drug plans for ASCVD and HeFH*
- Provincial formularies for HeFH (Special Authorization)[2†]

Guide to clinical documentation to support reimbursement

Please note that most insurers require:

Diagnosis details for FH or ASCVD (only one diagnosis should be selected)
Recent lipid panel (within 3 months) confirming an LDL-C level above 2.0 mmol/L; some patients may require bloodwork within one month of the first Repatha® dose
History of other lipid-lowering treatment

Contraindications:

- Hypersensitivity to Repatha® or to any ingredient in the formulation or component of the container
- Refer to the Contraindications section of the relevant product monographs of any concomitant lipid-lowering medications

Relevant warnings and precautions:

- Refer to the Warnings and Precautions section of the relevant product monographs of any concomitant lipid-lowering medications
- Hypersensitivity reactions (e.g., rash, urticaria, angioedema) have been reported. If signs or symptoms of serious allergic reactions occur, discontinue Repatha® and treat according to standard of care and monitor until signs and symptoms resolve
- No studies have been conducted with Repatha® in pregnant women and relevant data from clinical use are very limited
- Statin product monographs recommend discontinuation when a patient becomes pregnant, therefore Repatha® should also be discontinued
- Not recommended for use in nursing women or in pediatric patients with primary hyperlipidemia
- Use with caution in patients with severe renal impairment
- Use with caution in patients with severe hepatic impairment
- Needle cap of the SureClick® autoinjector contains dry natural rubber, which may cause an allergic reaction in latex-sensitive patients; there is no dry natural rubber in the automated mini-doser with prefilled cartridge
- Effects of Repatha® in patients with or at risk of hepatitis C virus infection remain uncertain

For more information:

Please consult the Product Monograph at www.amgen.ca/Repatha_PM.pdf for important information relating to adverse reactions, drug interactions and dosing information which have not been discussed in this piece.

The Product Monograph is also available by calling Amgen Medical Information at 1-866-502-6436.

ASCVD=atherosclerotic cardiovascular disease; FH=familial hypercholesterolemia; HeFH=heterozygous familial hypercholesterolemia; LDL-C=low-density lipoprotein cholesterol

* 90% of the top private insurance companies currently cover Repatha®. 20% of private insurance plans are "Open Plans" and do not require special authorization forms.[3]

† Covered in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick and Nova Scotia.[1-10]

Personalized support for you and your patients – to help get started and stay with Repatha®

RepathaREADY® PATIENT SUPPORT PROGRAM

YOUR PARTNER IN CARE, EVERY STEP OF THE WAY

Enrolment	• Simple, one-step enrolment: by phone, fax or at Repatha.ca • Dedicated Care Coordinator for personalized assistance • Call to patients within 24 hours
Access to Repatha®	• Reimbursement navigation and support • Prefilling of drug plan forms and submission management • Patient copay/financial assistance
Getting started and patient reminders	• Patient Starter Kit • Nurse-led injection training • Patients obtain Repatha® from their preferred pharmacy • Treatment and appointment reminders • Ongoing patient education

Receive **status updates** throughout your patients' treatment by fax or live on the RepathaREADY® PatientCare Portal.

Ready to get started?

VISIT the **RepathaREADY® PatientCare Portal** at **Repatha.ca**

Questions?

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

EMAIL info@repathareadyprogram.ca

References: 1. Repatha® (evolocumab) Product Monograph. Amgen Canada Inc., June 11, 2019. **2.** Amgen Canada. PI Coverage for Repatha® Data on File. June 2017. **3.** British Columbia PharmaCare Formulary. Accessed January 3, 2019. **4.** Alberta Drug Benefit List, June 1, 2018. Accessed June 1, 2018. **5.** Government of Saskatchewan. Saskatchewan Drug Plan. Accessed July 16, 2018. **6.** Manitoba Drug Benefits and Interchangeability Formulary. Accessed January 25, 2018. **7.** Ontario Drug Benefit Formulary. Accessed April 30, 2018. **8.** Régie de l'assurance maladie du Québec. *List of Medications*. Updated April 11, 2019. **9.** New Brunswick Drug Plans Formulary. Accessed August 29, 2018. **10.** Nova Scotia Pharmacare. Exception Status Drugs. Accessed June 4, 2019.

Repatha® (evolocumab) RepathaREADY® PATIENT SUPPORT PROGRAM PAAB MEMBER OF INNOVATIVE MEDICINES CANADA AMGEN Cardiovascular

EVO-0064E-19

Which of your patients is at risk for having a cardiovascular event?

Consider Repatha® for patients you may see in your waiting room

Pr Repatha® (evolocumab)

Repatha® (evolocumab) is indicated as an adjunct to diet and standard of care therapy (including moderate- to high-intensity statin therapy alone or in combination with other lipid-lowering therapy) to reduce the risk of myocardial infarction, stroke and coronary revascularization in adult patients with atherosclerotic cardiovascular disease.[1]

Repatha® is indicated for the reduction of elevated low-density lipoprotein cholesterol (LDL-C) in adult patients with primary hyperlipidemia (including heterozygous familial hypercholesterolemia [HeFH]) as an adjunct to diet and statin therapy, with or without other lipid-lowering therapies, in patients who require additional lowering of LDL-C; or as an adjunct to diet, alone or in combination with non-statin lipid-lowering therapies, in patients for whom a statin is contraindicated.[1]

Who is your patient?

Dave — 57-year-old male, IT professional

Myocardial infarction

Hypertension

Current LDL-C level
2.4 mmol/L

History of clinical ASCVD and hypercholesterolemia medication

Previous:
Hospitalized with MI
18 months ago

- Released from cardiologist at 12 months; subsequently managed by primary care physician

Hypercholesterolemia medication

- Rosuvastatin 20 mg orally, once daily

Current:
Hospitalized with MI
7 months ago

- Under care of lipid specialist and co-managed by primary care physician

Hypercholesterolemia medication

- Rosuvastatin 40 mg orally, once daily (maximally tolerated dose)
- Ezetimibe 10 mg orally, once daily

Joe — 58-year-old male, high school teacher

High-risk patient with type 2 diabetes and PAD

Type 2 diabetes
Hypertension

Current LDL-C level
2.6 mmol/L

Current hypercholesterolemia medication

- Atorvastatin 40 mg orally, once daily (maximally tolerated dose)
- Unable to tolerate the higher doses of atorvastatin and rosuvastatin due to severe muscle pain

History of clinical ASCVD

- 2 years ago, patient complained of pain in legs
- Diagnosed with PAD

Mike — 63-year-old male, civil servant

High-risk patient with multiple CV events

Current LDL-C level
3.1 mmol/L

Current hypercholesterolemia medication

- Atorvastatin 40 mg orally, once daily (maximally tolerated dose)
- Ezetimibe 10 mg orally, once daily

History of clinical ASCVD

- Patient has suffered two MIs
- Most recent was 15 months ago

Jen — 42-year-old female, bank employee

Patient with HeFH

Current LDL-C level
3.9 mmol/L

Current hypercholesterolemia medication

- Rosuvastatin 40 mg orally, once daily
- Ezetimibe 10 mg orally, once daily

Diagnosed with probable FH at age 32

- Family history: Mother had acute coronary syndrome at age 40

ASCVD=atherosclerotic cardiovascular disease; CV=cardiovascular; FH=familial hypercholesterolemia; HeFH=heterozygous familial hypercholesterolemia; LDL-C=low-density lipoprotein cholesterol; MI=myocardial infarction; PAD=peripheral artery disease

Help your patients reduce the risk of MI, stroke and coronary revascularization

Key secondary endpoint

In patients with atherosclerotic CVD*

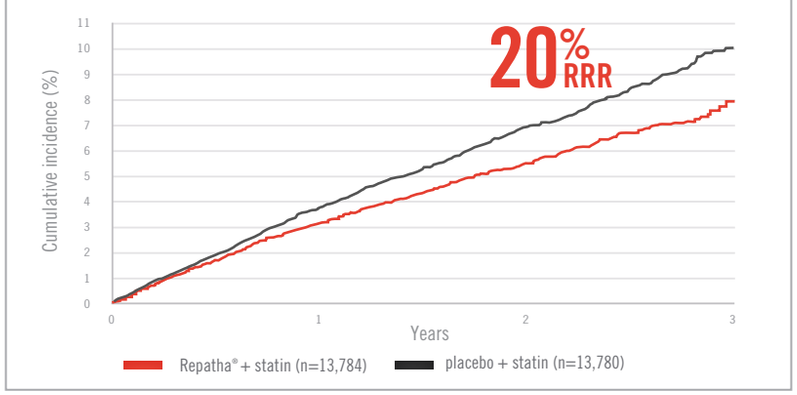
Repatha® + statin provided 20% reduced risk in time to MI, stroke or CV death

whichever occurred first vs. placebo + statin

HR 0.80 (95% CI 0.73-0.88; $p<0.0001$)[1]

Add on to diet and standard of care therapy (including moderate- to high-intensity statin therapy alone or in combination with other lipid-lowering therapy)

Cumulative incidence estimates for key secondary endpoint over 3 years[1]



Time to CV death was not statistically significant vs. placebo ($p=0.6188$)[1]
Repatha® 140 mg Q2W (86%) or 420 mg QM
Median follow-up duration 2.2 years[1]
Patients with event: Repatha® 5.92%, placebo 7.35%[1]

CV=cardiovascular; CVD=cardiovascular disease; HDL-C=high-density lipoprotein cholesterol; MI=myocardial infarction; PAD=peripheral artery disease; Q2W=every 2 weeks; QM=monthly; RRR=relative risk reduction

* FOURIER cardiovascular outcomes study was a phase 3, double-blind, randomized, placebo-controlled, event-driven study to evaluate the effects of Repatha® in patients (N=27,564) with established CVD (history of MI, nonhemorrhagic stroke or symptomatic PAD). Patients had ≥1 additional major risk factors (e.g., diabetes mellitus, current daily cigarette smoking, age ≥65 years or recent MI (within 6 months)) or ≥2 minor risk factors (e.g., history of coronary revascularization, elevated non-HDL-C or metabolic syndrome).[1]