

Patient Name: _____ Date of Service: _____

Diagnosis details:

Established CVD (With Primary Hyperlipidemia)	Familial Hypercholesterolemia (FH)
<input type="checkbox"/> Acute coronary syndrome	<input type="checkbox"/> Simon Broome diagnostic criteria met
<input type="checkbox"/> History of myocardial infarction	<input type="checkbox"/> Dutch Lipid Clinic Network score: _____
<input type="checkbox"/> Stable or unstable angina	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Coronary or other arterial revascularization	
<input type="checkbox"/> Stroke	
<input type="checkbox"/> Peripheral artery disease (PAD)	
<input type="checkbox"/> Other:	

Treatment history:

Recent Lipid Panel, Including LDL-C	Date Measured
Recent LDL-C level: _____ mg/dL	_____

Current and Previous Lipid-lowering Therapy	Dates/Duration
<input type="checkbox"/> Atorvastatin <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 40 <input type="checkbox"/> 80 <input type="checkbox"/> Current <input type="checkbox"/> Previous	_____
<input type="checkbox"/> Pravastatin <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 40 <input type="checkbox"/> 80 <input type="checkbox"/> Current <input type="checkbox"/> Previous	_____
<input type="checkbox"/> Rosuvastatin <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 40 <input type="checkbox"/> Current <input type="checkbox"/> Previous	_____
<input type="checkbox"/> Simvastatin <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 40 <input type="checkbox"/> 80 <input type="checkbox"/> Current <input type="checkbox"/> Previous	_____
<input type="checkbox"/> Ezetimibe (10 mg) <input type="checkbox"/> Current <input type="checkbox"/> Previous	_____
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Current <input type="checkbox"/> Previous	_____

History of Statin Intolerance or Contraindication	Date
<input type="checkbox"/> Intolerance symptoms: _____	_____
<input type="checkbox"/> Rhabdomyolysis <input type="checkbox"/> Muscle pain or weakness	_____
<input type="checkbox"/> Elevated creatine kinase (CK) <input type="checkbox"/> Elevated liver function tests	_____
<input type="checkbox"/> Symptoms reappeared after statin re-challenge with a lower dose	_____
<input type="checkbox"/> Contraindication: _____	_____

CVD = cardiovascular disease; LDL-C = low-density lipoprotein cholesterol.

Consult payer coverage policy for prior authorization criteria and documentation requirements.

INDICATION

Repatha® is indicated:

- In adults with established cardiovascular disease to reduce the risk of myocardial infarction, stroke, and coronary revascularization

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®.

Please see additional Important Safety Information on the next page.



INDICATIONS (continued)

Repatha® is indicated:

- 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 other LDL-C-lowering therapies in patients with homozygous familial hypercholesterolemia (HoFH), to reduce 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.

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.

- **Adverse Reactions in 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.



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