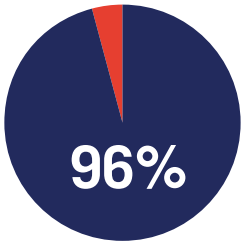
CoverMyMeds®: Streamlining prior authorization (PA) approvals for Repatha®

CoverMyMeds® electronically connects providers, pharmacists, and health plans[1,2]

- Offers a streamlined process for submitting electronic prior authorizations (ePAs) for Repatha®
- Live chat and phone support available
- Free for prescribers and their staff
- The ability to attach documentation if required



96% of payers are committed to an ePA solution (eg, Aetna, Anthem, CVS, Express Scripts, and Prime Therapeutics)[3]

Performance data for CoverMyMeds®[4]:

67% approval rate
for ePAs submitted by HCPs*

48 hour turnaround
for 78% of Repatha® PAs†

*Based on CoverMyMeds® hub express and ePA transactions data for October 2018. 6,694 PAs were submitted by HCP offices through CoverMyMeds®.

† Based on CoverMyMeds® data from October 2017 and October 2018.

Indication

Prevention of Cardiovascular Events: In adults with established cardiovascular disease, Repatha® is indicated 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 Repatha®. Serious hypersensitivity reactions including angioedema have occurred in patients treated with Repatha®.

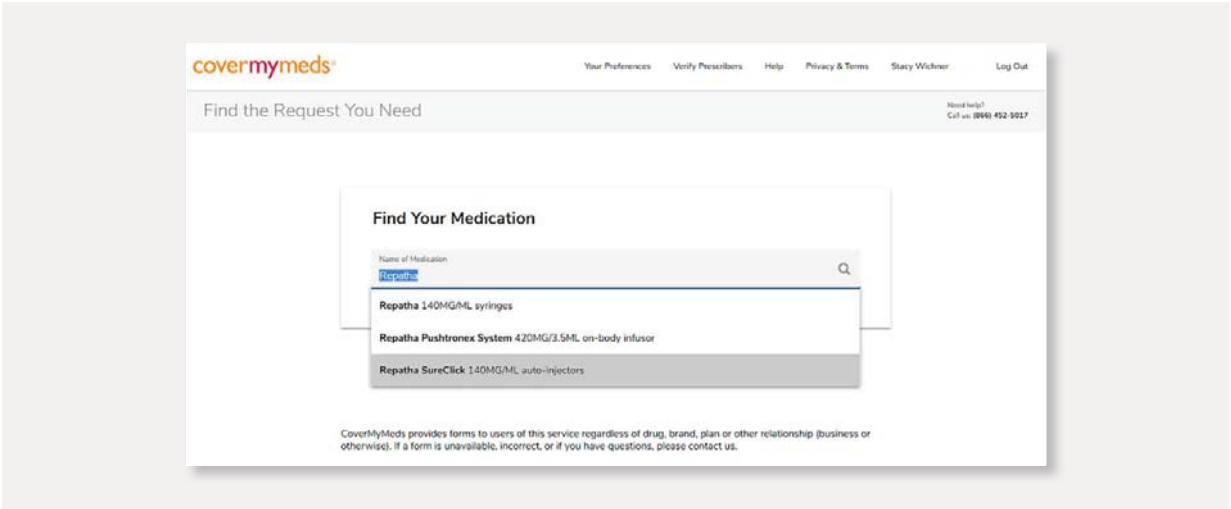
Please see additional Indications and Important Safety Information on the back page.

Repatha® (evolocumab) injection 140 mg/mL

Tips for successfully using CoverMyMeds®

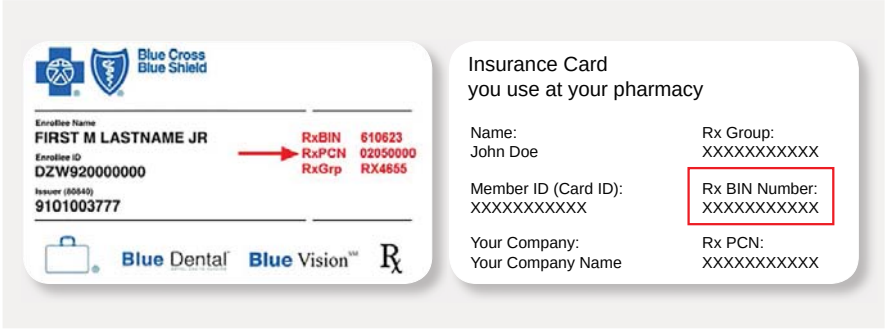
Selecting the medication

- When prescribing Repatha®, a drop-down list will appear to select the administration method
- Please note Repatha® SureClick® is the third option on the drop-down
- Be sure to review the administration choice before submitting the PA



Selecting the correct PA form

- Choose the Patient Insurance State in the drop-down list. Then type in Plan or PBM Name
- If multiple forms appear, select the correct form or use the More Information link. Additional forms may also be available by opening the Show More Forms tab
- **For best results, select the drug insurance ID card and enter the insurance BIN number**
  - Sometimes located on front or back of the patient's insurance card
  - Patients may have a separate pharmacy benefit card
  - Call the pharmacy where they send the patient prescriptions



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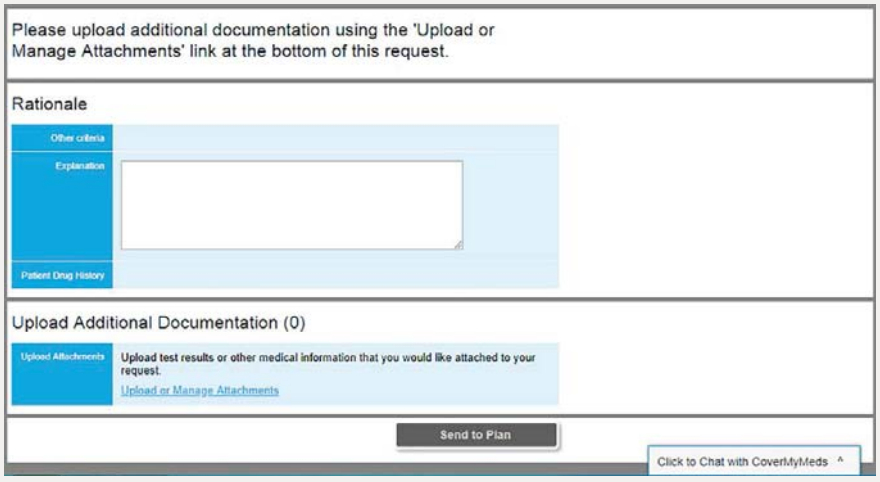
Attaching documentation

- CoverMyMeds® only allows one document to be attached to the form
- If a plan requires additional documentation, all supporting documents **MUST** be combined into a single document no larger than 5 MB
- Alternately, additional documentation may be faxed to CoverMyMeds®
  - Save the PA, then use the chat feature to notify CoverMyMeds® that additional documentation will be faxed
  - Provide Key for PA and number of pages to be faxed
  - Write Key and number of pages on the top of the first page (cover sheet is not required) and fax to 888-965-1415
  - Verify documents are attached by refreshing browser and clicking print/download on the left side of the screen to see all documents
  - Click Send to Plan button
  - CoverMyMeds® typically responds within the chat feature within 1 hour



Send Repatha® prescription to the pharmacy

- You can select any pharmacy that best fits your practice preferences and your Repatha® patient needs; however, some payers may mandate a specific pharmacy for Repatha®

Repatha® (evolocumab) injection 140 mg/mL

Indications

Prevention of Cardiovascular Events: In adults with established cardiovascular disease, Repatha® is indicated to reduce the risk of myocardial infarction, stroke, and coronary revascularization.

Primary Hyperlipidemia (including Heterozygous Familial Hypercholesterolemia): Repatha® is indicated as an adjunct to diet, alone or in combination with other lipid-lowering therapies (e.g., statins, ezetimibe), for the treatment of adults with primary hyperlipidemia to reduce low-density lipoprotein cholesterol (LDL-C).

Homozygous Familial Hypercholesterolemia: Repatha® is indicated as an adjunct to diet and other LDL-lowering therapies (e.g., statins, ezetimibe, LDL apheresis) for the treatment of patients with homozygous familial hypercholesterolemia (HoFH) who require additional lowering of 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 or HeFH.

Important Safety Information

Contraindication: Repatha® is contraindicated in patients with a history of a serious hypersensitivity reaction to Repatha®. Serious hypersensitivity reactions including angioedema have occurred in patients treated with Repatha®.

Allergic Reactions: Hypersensitivity reactions (e.g., angioedema, rash, urticaria) have been reported in patients treated with Repatha®, including some that led to discontinuation of therapy. If signs or symptoms of serious allergic 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 (including HeFH): The most common adverse reactions (>5% of patients treated with Repatha® and occurring 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.

Allergic reactions occurred in 5.1% and 4.7% of Repatha®-treated and placebo-treated patients, respectively. The most common allergic 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 occurring 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 assigned to Repatha® compared with 7.7% in those assigned to placebo.

Adverse Reactions in Homozygous Familial Hypercholesterolemia (HoFH): 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.

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

Please click here to see full Prescribing Information.

Register online at **covermymeds.com** or call **1-866-452-5017** for support.

References: 1. CoverMyMeds® website. Home page https://www.covermymeds.com/main/. Accessed June 20, 2018. **2.** CoverMyMeds® website. https://www.covermymeds.com/main/solutions/provider/. Accessed June 20, 2018. **3.** CoverMyMeds® website. ePA National Adoption Scorecard. https://covermymeds.com/main/pdf/cmm-scorecard-2018.pdf. Accessed June 20, 2018. **4.** Data on file, Amgen; [Repatha PriorAuthPlus & HubExpress, October 2018].

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