Specialty Pharmacy Intake Form

Please see Repatha® Indications and Important Safety Information on page 2.
If an item does not apply, please note "N/A" on that line.
Fax with copies of insurance card(s), front and back, and appropriate information from patient's medical charts to the Specialty Pharmacy you have indicated below.

Repatha® (evolocumab) injection 140 mg/mL

Patient Information

Patient Name*: _____
Street Address*: _____
City*: _____ State*: ____ Zip*: _____

Preferred Phone*: ( ) _____
Email Address: _____
Date of Birth*: _____
Social Security Number: _____

Pharmacy Insurance Information

☐ Attach a copy of insurance card, front and back, AND provide:
Pharmacy Insurance ID #*: _____
Pharmacy Insurance Telephone*: ( ) _____

Primary/Secondary Medical Insurance Information
(ONLY if Pharmacy Insurance Information is not available)

☐ Attach a copy of insurance card, front and back, AND provide:
Name of Insurer*: _____
Insurer Telephone: ( ) _____
Group Number: _____
Policy Number*: _____

Prescriber Information

Office Contact: _____
Email Address: _____
Prescriber Name*: _____
Specialty: _____
State License number: _____

Office Street Address*: _____
City*: _____ State*: _____ Zip*: _____
Office Name*: _____
Telephone*: ( ) _____ Fax: ( ) _____
Prescriber NPI #*: _____

Prescription Information: Repatha® (evolocumab)

Dose	Directions	Quantity	Refills
140 mg/mL SureClick®	Inject subcutaneously every two (2) weeks†	☐ 28 days ☐ 84 days ☐ _____ days	☐ _____ refills
420 mg/3.5ml Pushtronex System	(on-body infusion) once monthly	☐ 30 days ☐ 90 days	☐ _____ refills

Location for Escribing prescriptions:

Enexia Specialty

252B Port Richmond Ave
Staten Island, NY 10302

Specialty Dept Phone#: 718-556-0942
Specialty Dept Fax#: 718-360-9655

*Required for processing.

† Note: Dosage for primary hyperlipidemia indication.

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By signing above, you represent that your patient is aware of the disclosure of their personal health information to Specialty Pharmacy for insurance verification services and to Amgen and its agents for Amgen's patient support services, including the services provided by field reimbursement professionals in your office, as part of the patient's treatment with this product and that you have obtained appropriate patient authorizations as needed.

I understand that the Specialty Pharmacy may receive remuneration from Amgen in exchange for disclosing my personal health information and/or for using my information to contact me with communications about Amgen products which have been prescribed to me (for example, adherence programs) and other patient support services.

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USA-145-121517

Physician NPI #:_____

Repatha® (evolocumab) injection 140 mg/mL

Patient Medical Information†

Please provide one primary ICD-10-CM code*†:

- ☐ E78.0 Pure Hypercholesterolemia (including HeFH and HoFH)‡
- ☐ E78.2 Mixed Hyperlipidemia
- ☐ E78.4 Other Hyperlipidemia
- ☐ E78.5 Hyperlipidemia, Unspecified

Please provide one secondary ICD-10-CM code*†:

- ☐ 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
- ☐ Other (specify ICD-10-CM):

_____

_____

Treatment History (dose in mg)

LDL-C on Treatment:_____ Date:_____

- ☐ Atorvastatin (Lipitor®) ☐ 10 ☐ 20 ☐ 40 ☐ 80
- ☐ Rosuvastatin (Crestor®) ☐ 5 ☐ 10 ☐ 20 ☐ 40
- ☐ Simvastatin (Zocor®) ☐ 5 ☐ 10 ☐ 20 ☐ 40
- ☐ Ezetimibe (Zetia®) ☐ 10
- ☐ Other statin/lipid-lowering medication(s):

_____

- ☐ Achieved maximum tolerated statin dose?
- ☐ Repatha® was prescribed by, or in consultation with, a cardiologist, an endocrinologist, and/or a physician who focuses on the management of cardiovascular disease and/or lipid disorders.

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 atherosclerotic cardiovascular disease (ASCVD):

_____

Allergies:_____

_____

INDICATIONS AND IMPORTANT SAFETY INFORMATION

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

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 effect of Repatha® on cardiovascular morbidity and mortality has not been determined.

The safety and effectiveness of Repatha® have not been established in pediatric patients with HoFH who are younger than 13 years old.

The safety and effectiveness of Repatha® have not been established in pediatric patients with primary hyperlipidemia or HeFH.

Contraindication: Repatha® is contraindicated in patients with a history of a serious hypersensitivity reaction to Repatha®.

Allergic reactions: Hypersensitivity reactions (e.g. 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: The most common adverse reactions (> 5% of Repatha®-treated patients and more common than placebo) were: nasopharyngitis, upper respiratory tract infection, influenza, back pain, and injection site reactions.

In a 52-week trial, adverse reactions led to discontinuation of treatment in 2.2% of Repatha®-treated patients and 1% of placebo-treated patients. The most common adverse reaction that led to Repatha® treatment discontinuation and occurred at a rate greater than placebo was myalgia (0.3% versus 0% for Repatha® and placebo, respectively).

Adverse 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. The proportions of patients who discontinued treatment due to local injection site reactions in Repatha®-treated patients and placebo-treated patients were 0.1% and 0%, respectively.

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%).

Neurocognitive events were reported in less than or equal to 0.2% in Repatha®-treated and placebo-treated patients.

In a pool of placebo- and active-controlled trials, as well as open-label extension studies that followed them, a total of 1988 patients treated with Repatha® had at least one LDL-C value < 25 mg/dL. Changes to background lipid-altering therapy were not made in response to low LDL-C values, and Repatha® dosing was not modified or interrupted on this basis. Although adverse consequences of very low LDL-C were not identified in these trials, the long-term effects of very low levels of LDL-C induced by Repatha® are unknown.

Musculoskeletal adverse reactions were reported in 14.3% of Repatha®-treated patients and 12.8% of placebo-treated patients. The most common adverse reactions that occurred at a rate greater than placebo were back pain (3.2% versus 2.9% for Repatha® and placebo, respectively), arthralgia (2.3% versus 2.2%), and myalgia (2.0% versus 1.8%).

Homozygous familial hypercholesterolemia (HoFH): In 49 patients with HoFH studied in a 12-week, double-blind, randomized, placebo-controlled trial, 33 patients received 420 mg of Repatha® subcutaneously once monthly. The adverse reactions that occurred in at least two (6.1%) Repatha®-treated patients, and more frequently than in placebo-treated patients, included upper respiratory tract infection (9.1% versus 6.3%), influenza (9.1% versus 0%), gastroenteritis (6.1% versus 0%), and nasopharyngitis (6.1% versus 0%).

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

Please see accompanying Full Prescribing Information.

*Required for processing.

†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, payor requirements, practice patterns, and the services rendered.

‡HeFH, heterozygous familial hypercholesterolemia; HoFH, homozygous familial hypercholesterolemia.

Fax Completed Form and/or Copy of Insurance Card(s), Front and Back, to the Specialty Pharmacy of your preference.

Please see page 4 for the Repatha Ready™ Program Privacy Notice and Authorization, which must be signed by the patient or his or her legal guardian.

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