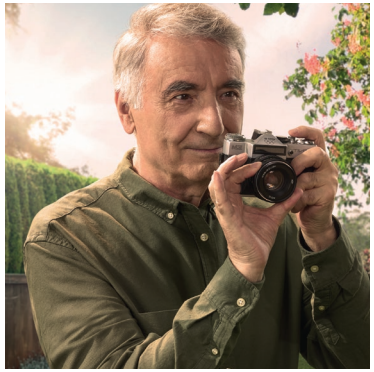
# Which of your patients is at risk for having a cardiovascular event?

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



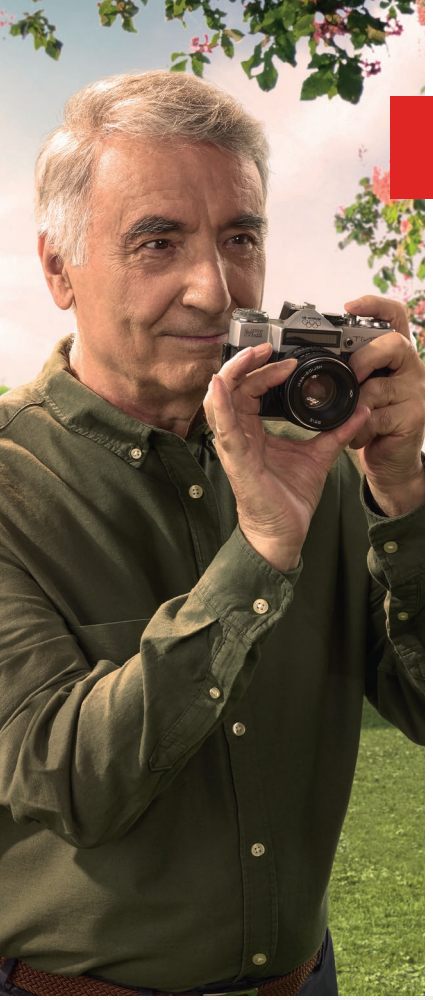



Repatha® evolocumab injection

Repatha® (evolocumab injection) 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 (ASCVD) by further lowering low-density lipoprotein cholesterol (LDL-C) levels.[1]

Repatha® is indicated for the reduction of elevated LDL-C in adult patients with primary hyperlipidemia (including heterozygous familial hypercholesterolemia [HeFH] and ASCVD) 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 WHO IS YOUR PATIENT?

62-year-old male*

IT professional

**High-risk patient with elevated LDL-C and history of MI**

Married, lives with his wife

Has one married daughter and two grandchildren

> *"I've always known my LDL cholesterol was high, but my doctor is helping me get below my LDL-C threshold.†"*

## History of clinical ASCVD and hypercholesterolemia medication

**Medical history**

- Hyperlipidemia: treated with rosuvastatin 20 mg once daily
- Additional risk factor: Hypertension
- Family history of MI/stroke

**Recent MI <12 months ago**

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

**Hypercholesterolemia medication post-MI**

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

**Current LDL-C level**

- 2.4 mmol/L

## In his own words: Dave's story

- I enjoy playing sports and being active, which is something my doctor has recommended.
- When I first learned that my LDL-C was higher than recommended, I understood that I needed to work even harder at a healthy diet and exercise. My doctor also started me on medication.
- So – my heart attack made me question what else I can do. My doctor has helped me understand more about my cardiovascular risk factors.
- I would like a care plan that helps me manage those risk factors.

**Previous LDL-C treatment:**

- Diet and lifestyle modifications
- Rosuvastatin 20 mg once daily

**Experienced MI <12 months ago**

**At and after hospital discharge:**

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

**Current LDL-C level 2.4 mmol/L**

**CCS-recommended LDL-C threshold for high-risk patients:**

**≥1.8 mmol/L[2]**

**Would Dave be an appropriate patient to add Repatha®?[1,2]**

ASCVD=atherosclerotic cardiovascular disease; CCS=Canadian Cardiovascular Society; CV=cardiovascular; IT=information technology; LDL-C=low-density lipoprotein cholesterol; MI=myocardial infarction; PCSK9=proprotein convertase subtilisin/kexin type 9

* Patient profiles are for illustration purposes only.

† An LDL-C treatment threshold of ≥1.8 mmol/L (or non-HDL-C ≥2.4 mmol/L or ApoB ≥0.7 g/L) is recommended for intensifying lipid-lowering therapy with a PCSK9 inhibitor (± ezetimibe) in secondary CV prevention patients on maximally tolerated statin dose. The addition of a PCSK9 inhibitor (± ezetimibe) is recommended for patients shown to derive the largest benefit from these agents.[2]

Repatha® evolocumab injection

## JOE

**58-year-old male, bank employee***

**High-risk patient with type 2 diabetes and PAD**

Type 2 diabetes | Hypertension

**History of clinical ASCVD**

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

**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

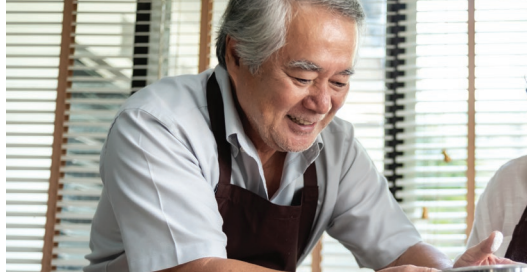
**Current LDL-C level**

- 2.6 mmol/L

### Joe's story

*"I'm determined to follow my doctor's recommendations for healthy diet and exercise, and really appreciate the education I get from my doctor and my diabetes care team."*

- Enjoys being active and coaching minor league soccer on the weekends.
- Concerned about multiple risk factors.
- Looking to his doctor for a care plan to help manage his cardiovascular risk.



## MIKE

**63-year-old male, civil servant***

**High-risk patient with multiple CV events**

**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

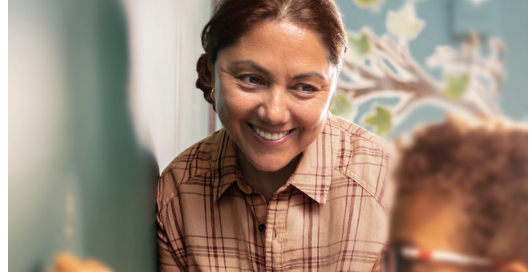
**Current LDL-C level**

- 3.1 mmol/L

### Mike's story

*"I've had a great career, but my job has come with its share of stress. Being retired is really great, especially for my golf game."*

- Concerned about having had two MIs and is intent on learning more about his risk factors.
- Would like to have a care plan to help him take steps toward managing his cardiovascular risk.



## JEN

**42-year-old female, teacher***

**Patient with HeFH**

**Current hypercholesterolemia medication**

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

**Diagnosed with probable HeFH at age 32**

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

**Current LDL-C level**

- 3.9 mmol/L

### Jen's story

*"When my mother had an event at such a young age, we didn't understand why. It took my diagnosis to understand that this is a genetic issue."*

- Enjoys trying new healthy recipes and swimming regularly to stay active.
- Focused on learning about HeFH and advocating for her family members and others.
- Looking to her doctor for a care plan to help manage her particular cardiovascular risk.

* Patient profiles are for illustration purposes only.

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

Key secondary endpoint[1]*

**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[1]

**HR 0.80** (95% CI, 0.73-0.88; *p*<0.0001)

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); Repatha® + statin (n=13,784); placebo + statin (n=13,780)

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; 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]

## Powerful LDL-C reduction shown in patients with primary hyperlipidemia[1,3]*

Overall population included those with ASCVD*

**Repatha® Q2W + statin provided an additional 73% LDL-C reduction overall** (vs. placebo + statin)[1]

**-73%**

**overall treatment difference[1]**

(95% CI -77, -70; *p*<0.0001)

Mean LDL-C % change from baseline to week 12; Repatha® + statin -65% (n=555); placebo + statin 8% (n=281)

**With Repatha® – Up to 95% of patients achieved LDL-C <1.8 mmol/L[3]**

Q2W and QM doses

* LAPLACE-2 study design: Phase 3, 12-week, randomized, double-blind, placebo- and ezetimibe-controlled trial (N=1,896) in patients with primary hyperlipidemia (including 526 who had ASCVD) on maximum dose statin therapy. Patients were initially randomized to an open-label specific statin regimen for a 4-week lipid-stabilization period followed by random assignment to Repatha® 140 mg Q2W, Repatha® 420 mg QM or placebo for 12 weeks as add-on to daily statin therapy. Baseline LDL-C 2.8 mmol/L, measured after the lipid stabilization period and before administration of first dose of Repatha®. Primary endpoint: Mean % change from baseline in LDL-C at week 12. Select secondary endpoint: Proportion of patients achieving LDL-C <1.8 mmol/L.[1,3]

## Access for your Repatha® patients

**Covered by the majority of:**

- Private drug plans for ASCVD and HeFH[4]*
- Provincial formularies for HeFH (Special Authorization)[5-12]†

## RepathaREADY® Assist Card:

## The majority of Private Insurance patients have $0 out-of-pocket costs[13]

Designed to provide an option for eligible patients to access financial assistance for their Repatha® prescription, including those with:

- Private insurance
- Public insurance
- No insurance coverage

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.[4]

† Covered in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick and Nova Scotia.[5-12]

**Contraindications:**

- Hypersensitivity to Repatha® or to any ingredient in the formulation, including any non-medicinal 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
- There is no information regarding the presence of evolocumab in human milk, the effects on the breastfed infant, or the effects on milk production; a risk to breastfed infants cannot be excluded
- Statin product monographs recommend discontinuation when a patient becomes pregnant, therefore Repatha® should also be discontinued
- Data on efficacy and safety in HoFH patients aged 10-11 years are limited
- Efficacy and safety have not been established in pediatric patients <10 years of age with HeFH, HoFH or in pediatric patients with other types of 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:**

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.

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


by AMGEN Entrust™
Patient Support Services*

**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
- Support for drug plan navigation and submission management
- Patient copay assistance

**Getting started**
- Nurse-led virtual injection training
- Patient access to educational resources

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

**Ready to get started?**
VISIT the RepathaREADY® Physician PatientCare Portal at **Repatha.ca**

**Questions?**
CALL **1-888-Repatha (1-888-737-2842)**
EMAIL **info@repathareadyprogram.ca**

* AMGEN Entrust is our unified patient support services platform, built on the legacy of our branded support programs.

**References: 1.** Repatha® (evolocumab injection) Product Monograph. Amgen Canada Inc., December 9, 2021. **2.** Pearson GJ, *et al.* 2021 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult. *Can J Cardiol* 2021. DOI: https://doi.org/10.1016/j.cjca.2021.03.016 (E-published ahead of print.) **3.** Robinson JG, *et al.* Effect of evolocumab or ezetimibe added to moderate- or high-intensity statin therapy on LDL-C lowering in patients with hypercholesterolemia: The LAPLACE-2 randomized clinical trial. *JAMA* 2014;311(18):1870-82. **4.** Amgen Canada. PI Coverage for Repatha® Data on File. June 2017. **5.** British Columbia PharmaCare Formulary. Accessed October 14, 2020. **6.** Alberta Drug Benefit List. Accessed October 14, 2020. **7.** Government of Saskatchewan. Saskatchewan Drug Plan. Accessed October 14, 2020. **8.** Manitoba Drug Benefits and Interchangeability Formulary. Bulletin #109. Accessed October 22, 2020. **9.** Ontario Drug Benefit Formulary. Edition 43. Accessed October 14, 2020. **10.** Régie de l'assurance maladie du Québec. *List of Medications*. Accessed November 3, 2020. **11.** New Brunswick Drug Plans Formulary. Accessed November 6, 2020. **12.** Nova Scotia Pharmacare. Exception Status Drugs. Accessed October 14, 2020. **13.** Amgen Canada. Data on File letter.

Repatha® evolocumab injection

AMGEN Entrust™ RepathaREADY®



REVIEWED BY PAAB

MEMBER OF INNOVATIVE MEDICINES CANADA

AMGEN Cardiovascular

EVO-0064E-22