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

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

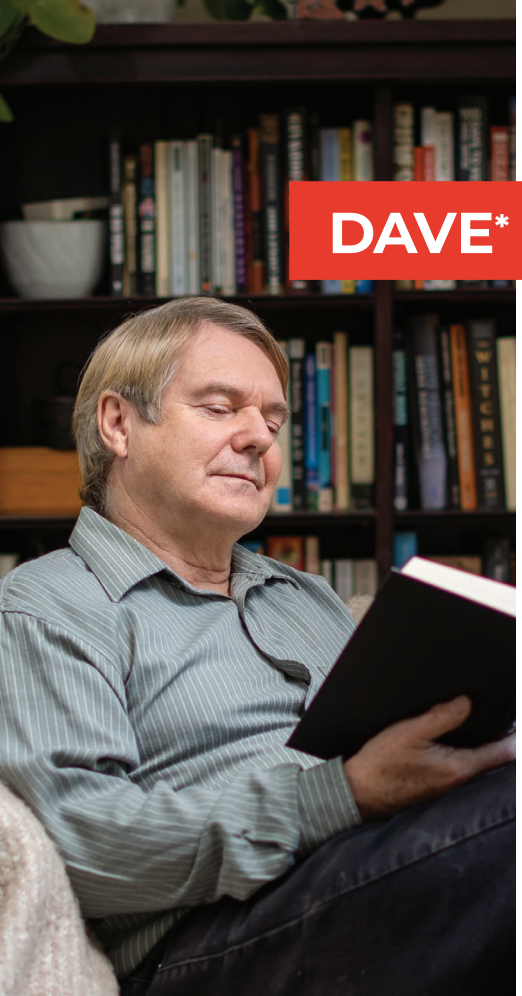



Repatha® evolocumab injection

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?



WHO IS YOUR PATIENT?

DAVE*

Medical history

RECENT MI (<12 months ago)

62-year-old male

Hypertension

LDL-C **Current LDL-C level: 2.1 mmol/L**

Current hypercholesterolemia medication

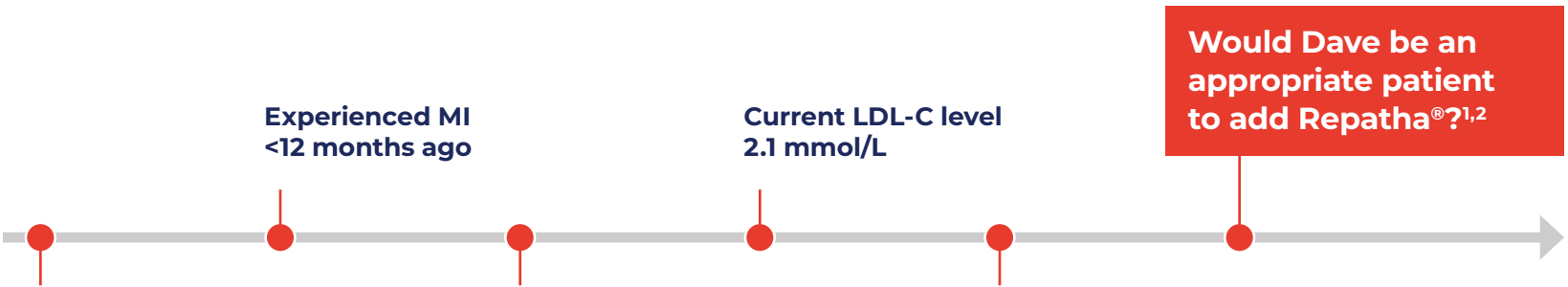
- Rosuvastatin increased to 40 mg once daily (maximally tolerated dose)
- Ezetimibe 10 mg, once daily

History of clinical ASCVD

- Recent MI (<12 months ago)
- Hyperlipidemia
- Under care of lipid specialist and co-managed by primary care physician
- Additional risk factor: Hypertension
- Family history of MI/stroke

* Patient characteristics based on real patient stories. May not represent the entire patient population.

“I am looking to my doctors – family doctor and specialist – to help manage my risk of another potential cardiovascular event.”



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

Repatha® evolocumab injection

ADRIAN*

Current LDL-C level: 2.4 mmol/L
POST MI (~18 months ago)
58-year-old male
Diabetes and hypertension

Medical history

Current hypercholesterolemia medication

PRIYA*

Current LDL-C level: 2.2 mmol/L
STABLE ASCVD (MI 3 years ago)
60-year-old female
Family history of premature CVD

Medical history

Current hypercholesterolemia medication

JEN*

Current LDL-C level: 3.9 mmol/L
HeFH
42-year-old female

Medical history

Current hypercholesterolemia medication

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

History of clinical ASCVD

- Had MI ~18 months ago
- Additional risk factors: Diabetes and hypertension

"I was concerned about having another MI. I am glad I can rely on my doctor to help me manage my diabetes, hypertension and my risk of another potential cardiovascular event."

- Atorvastatin 20 mg, once daily (maximally tolerated dose, down titrated after severe muscle cramps)
- Ezetimibe 10 mg, once daily

History of clinical ASCVD

- Has been stable since MI 3 years ago
- Additional risk factors: Family history of premature CVD and South Asian descent

"I haven't had an event in 3 years – however, my doctor tells me that I'm still at high-risk because my LDL-C is not below threshold.†"

- 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

"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."

* Patient characteristics based on real patient stories. May not represent the entire patient population.
† 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]

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

Key secondary endpoint[1]*

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

Overall population included those with ASCVD*

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]

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

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]

* 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)[5-14]†

RepathaREADY® Assist Card:

Up to 100% of the drug cost is covered for all eligible Repatha® patients with private insurance deductibles.[15]‡

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, Prince Edward Island, Nova Scotia, Newfoundland and Labrador.[5-14]

‡ Coverage support does not include pharmacy acquisition cost mark-up or dispensing fee.

Contraindications:

- Hypersensitivity to Repatha® or to any ingredient in the formulation, including any non-medicinal ingredient 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 or nursing 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 further details regarding the Warnings and Precautions, as well as important information relating to adverse reactions, drug interactions and dosing information which have not beenmentioned in this piece.

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

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

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 paperwork support
- Support for drug plan navigation and submission management
- Patient copay/financial assistance

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

For more information visit 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., September 27, 2023. **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;37(8):1129-50. **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 13, 2023. **6.** Alberta Drug Benefit List. Accessed October 13, 2023. **7.** Government of Saskatchewan. Saskatchewan Drug Plan. Accessed October 13, 2023. **8.** Manitoba Drug Benefits and Interchangeability Formulary. Bulletin #96. Accessed October 13, 2023. **9.** Ontario Drug Benefit Formulary. Edition 43. Accessed October 13, 2023. **10.** Régie de l'assurance maladie du Québec. *List of Medications*. Accessed October 13, 2023. **11.** New Brunswick Drug Plans Formulary. Accessed October 13, 2023. **12.** Nova Scotia Pharmacare. Exception Status Drugs. Accessed October 13, 2023. **13.** Newfoundland and Labrador Interchangeable Drug Products Formulary. Accessed October 13, 2023. **14.** Health P.E.I. P.E.I Pharmacare Formulary. Accessed October 13, 2023. **15.** Amgen Canada. Data on File letter. July 7, 2023.

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AMGEN Entrust™ RepathaREADY®

REVIEWED BY PAAB

MEMBER OF INNOVATIVE MEDICINES CANADA

AMGEN Cardiovascular

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