



8 OUT OF 10 PATIENTS ARE COVERED^{1,*}

REPATHA[®] IS THE #1 PRESCRIBED[†] PCSK9 INHIBITOR²

Now, more than 80%[‡] of prescriptions for Repatha[®] patients cost less than \$50 per month³

 **Commercial eligible patients may pay \$5 with the Repatha[®] Copay Card[§]**

 **Medicare³ 74%**
of Repatha[®] prescriptions cost less than \$50

 **Medicaid³ 100%**
of Repatha[®] prescriptions cost less than \$50

Commercial Coverage Status**

National Health Plans	Repatha [®] on Formulary
OptumRx [®]	✓
Express Scripts [®] PBM (exclusive as of 1/1/2021)	✓
UnitedHealth Group [®]	✓
Anthem [®]	✓

Medicare Coverage Status^{††}

74% of Medicare Part D prescriptions for Repatha[®] patients cost less than \$50 per month³

National Part D Health Plans	Average Out-of-Pocket for Patients ⁴	Repatha [®]
UnitedHealth Group [®]	\$47.00	✓
Humana [®]	\$49.80	✓
Express Scripts [®] PBM	\$28.20	✓
Anthem [®]	\$44.50	✓

For additional support on coverage, call the **Virtual RAS** number **1-844-889-9222** or visit RepathaHCP.com

*Includes commercial, health exchange, Medicaid, and Medicare lives. [†]Based on August 2020 IQVIA NPA data for retail, mail, and long-term care. [‡]Based on IQVIA claims data from 01/2020 - 08/2020 using commercial, Medicare, and Medicaid claims. [§]See back for eligibility requirements and terms and conditions for the Repatha[®] Copay Card. ^{**}Inclusion on formulary or formulary status does not imply superior clinical efficacy or safety. ^{††}For covered Medicare Patients.

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).

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 following page for additional Important Safety Information.

 **Repatha[®]**
(evolocumab) injection
140 mg/mL

Patients may pay \$5 per month

Eligible commercially insured patients may pay **\$5 per month** with the Repatha® Copay Card.‡

To learn more or for patient enrollment, visit [Repatha.com/copaycard](https://www.Repatha.com/copaycard)



‡Eligibility Requirements for Repatha® Copay Card:

Open to patients with commercial prescription insurance and who are not enrolled in any government-funded program that pays for prescription drugs. This program is not open to uninsured patients or patients enrolled in any federal-, state-, or government-funded healthcare program such as Medicare, Medicare Advantage, Medicare Part D, the Retiree Drug Subsidy Program, Medicaid, Medigap, Veterans Affairs (VA), the Department of Defense (DoD) or TRICARE®, or where prohibited by law. Cash Discount Cards and other noninsurance plans are not valid as primary insurance coverage under this offer. Other restrictions, including annual copay maximum limits may apply. This offer is subject to change or discontinuation without notice. Please visit Repatha.com for full terms and conditions.

IMPORTANT SAFETY INFORMATION (continued)

• **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.

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

Please see Repatha® full [Prescribing Information](#).

References: 1. Data on file, Amgen; [1]; 2020. 2. Data on file, Amgen; [2]; 2020. 3. Data on file, Amgen; [3]; 2020. 4. Data on file, Amgen; [4]; 2020.

