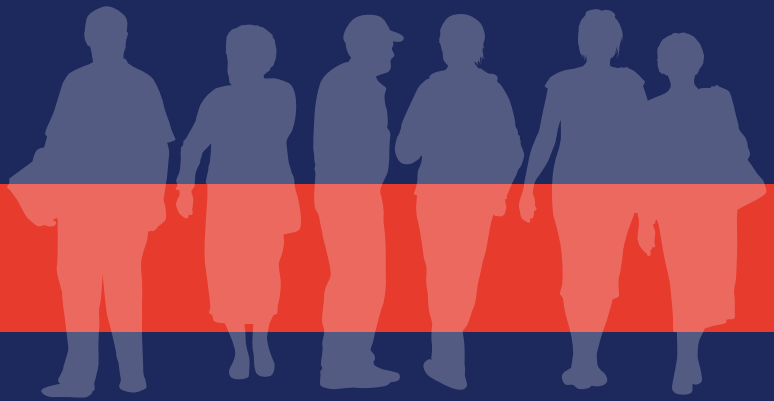
Your patients look to you to...

Focus on risk reduction for MI, stroke and coronary revascularization in adult patients with ASCVD[1]



ASCVD=atherosclerotic cardiovascular disease; MI=myocardial infarction

Prevention of Cardiovascular Events
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]

Primary Hyperlipidemia (including Heterozygous Familial Hypercholesterolemia [HeFH] and ASCVD)
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
- as an adjunct to diet, alone or in combination with non-statin lipid-lowering therapies, in patients for whom a statin is contraindicated.

Look to Repatha®
as an adjunct to diet and statin therapy

Repatha®
evolocumab injection

As shown in Repatha® clinical studies

CV risk reduction in patients with ASCVD

Repatha®
evolocumab injection

Repatha® + statin provided

20% RRR

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)

Key secondary endpoint

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 or 420 mg QM; median follow-up duration **2.2 years**; patients with event: Repatha® 5.92%, placebo 7.35%[1]

Powerful LDL-C reduction

Powerful LDL-C reduction shown in patients with primary hyperlipidemia[1,2†]

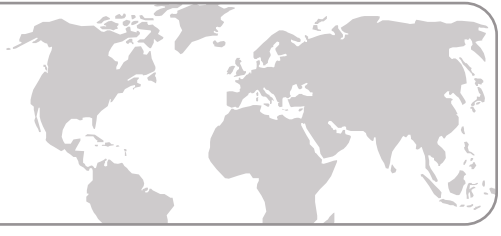
Overall population included those with ASCVD†

-73%

overall treatment difference[1]
(95% CI -77, -70; *p*<0.0001)
Repatha® -65% (n=555)
placebo 8%

Mean LDL-C % change from baseline to week 12; Repatha® 140 mg Q2W + statin -65% (n=555); placebo + statin 8% (n=281)

patients worldwide have received Repatha® across all indications[3]



ASCVD=atherosclerotic cardiovascular disease; CV=cardiovascular; CVD=cardiovascular disease; HDL-C=high-density lipoprotein cholesterol; LDL-C=low-density lipoprotein cholesterol; MI=myocardial infarction; PCSK9=proprotein convertase subtilisin/kexin type 9; 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 was 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.[1,2]

2021 Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult

Intensification of lipid-lowering therapy: Select recommendations[4]

For patients with **LDL-C ≥1.8 mmol/L** on maximally tolerated statin dose
(or non-HDL-C ≥2.4 mmol/L or ApoB ≥0.7 g/L)

Patients appropriate for PCSK9 inhibitor therapy

Add PCSK9 inhibitor

+/-

ezetimibe

All secondary prevention patients*

Add ezetimibe

+/-

PCSK9 inhibitor

For ASCVD patients with **LDL-C <1.8 mmol/L,** especially those at high risk for **recurrent ASCVD events**

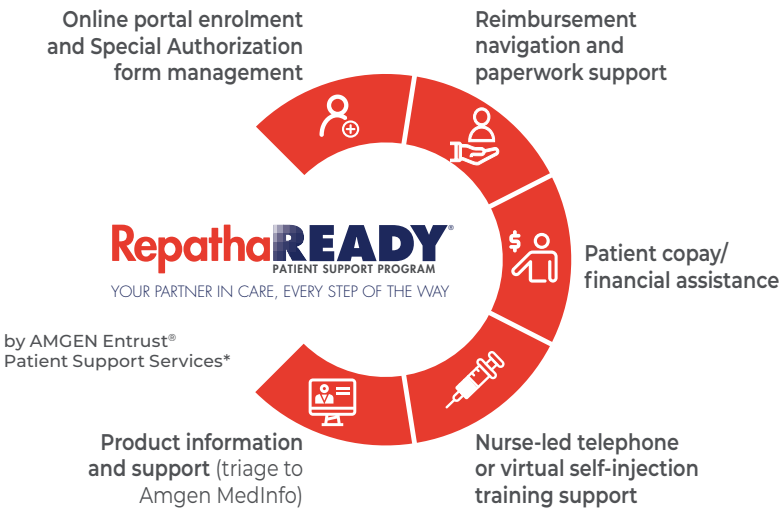
Consider ezetimibe

+/-

PCSK9 inhibitor

* Please see the Canadian Cardiovascular Society 2021 consensus guidelines for complete recommendations.

Personalized support to help your patients get started and stay with Repatha®



Visit Repatha.ca

$0

out-of-pocket costs

RepathaREADY® Financial Assistance
Up to 100% of the drug cost is covered for all eligible Repatha® patients with private insurance deductibles.[3†]

* AMGEN Entrust is our unified patient support services platform, built on the legacy of our branded support programs.
† Coverage support does not include pharmacy acquisition cost mark-up or dispensing fee.

>8 YEARS

# of experience and time working together with Canadian healthcare professionals and their patients[3]

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:

Please 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 been mentioned in this piece.

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

HeFH=heterozygous familial hypercholesterolemia;
HoFH= homozygous familial hypercholesterolemia

References: 1. Repatha® (evolocumab injection) Product Monograph. Amgen Canada Inc., September 27, 2023. **2.** 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. **3.** Amgen Canada. Data on File letter. **4.** 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;37:1129-50.

Repatha® evolocumab injection

AMGEN Entrust RepathaREADY®

CAN-145-0922-80016-24E

REVIEWED BY PAAB

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