

## ENROLMENT FORM

**Fax completed form to 1-844-737-2841**  
**Questions? Call 1-888-Repatha (1-888-737-2842)**  
**or email info@repathareadyprogram.ca**

Patient sticker

### Patient information

Name (first, last) \_\_\_\_\_ Date of birth (DD/MM/YYYY) \_\_\_\_\_ Sex \_\_\_\_\_  
Phone (preferred) \_\_\_\_\_ Best time to call  Morning  Afternoon  Evening  Do not leave a voicemail  
Phone (alternate) \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City, Province \_\_\_\_\_ Postal code \_\_\_\_\_

### Prescriber information

Prescriber name \_\_\_\_\_ Specialty \_\_\_\_\_  
Address \_\_\_\_\_ City, Province \_\_\_\_\_ Postal code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

If available, apply Office Stamp above.

### Patient medical information

#### Primary diagnosis (please select ONLY ONE)

- Clinical atherosclerotic cardiovascular disease (ASCVD)  
 Heterozygous familial hypercholesterolemia (HeFH)  
 Homozygous familial hypercholesterolemia (HoFH)

#### Additional diagnosis information (select all that apply)

- Acute coronary syndromes  
 Myocardial infarction  
 Stable or unstable angina  
 Coronary or other revascularization  
 TIA  Stroke  PAD  
 Findings from CT angiogram or catheterization

Health insurance coverage  Private  Public

Current LDL-C (within 3 months) \_\_\_\_\_

Date measured (DD/MM/YYYY) \_\_\_\_\_

If LDL not calculable: Non-HDL-C \_\_\_\_\_ or ApoB \_\_\_\_\_

Current lipid-lowering treatment and dose \_\_\_\_\_

- On maximum tolerated statin therapy for at least 3 months  
 On/has been on ezetimibe

**To further aid in the reimbursement process, you may also send in patient's lipid-lowering medication history and most recent LDL-C lab results.**

#### Primary care provider contact information

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 A RepathaREADY® enrolment notification may be sent to primary care provider

#### Injection training

- Request RepathaREADY® to train this patient on self-injection  
 Patient has already received 1+ injection

Date (DD/MM/YYYY) \_\_\_\_\_

### Patient consent

By providing my email address, I agree to receive, electronically, communications from McKesson acting on behalf of Amgen Canada Inc., containing information and updates relating to my enrolment in the RepathaREADY® Program ("Program"). I understand that I may withdraw my consent to such communications at any time by providing notice to McKesson at: 6355 Viscount Road, Mississauga, ON L4V 1W2 or via email at info@repathareadyprogram.ca.

By signing this form, I acknowledge that I have read and understand the information on the back of this form and consent to the collection, use and disclosure of my personal information, including personal health information, by McKesson, Amgen and their authorized agents and service providers as explained. I further consent to being contacted from time to time by McKesson, Amgen Canada Inc. or their authorized agents for the purposes noted throughout this document.

I consent to being contacted from time to time for the purpose of completing confidential surveys about the Program. I understand that I may withdraw my consent to be contacted for this purpose at any time by contacting the Program.

Patient signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

I, the attending physician/healthcare provider, attest that the named patient has provided their verbal consent to initiate enrolment.

### Prescription information (optional)

#### Repatha® (evolocumab) dose (subcutaneous):

- 140 mg Q2W SureClick® Autoinjector (26 injections/year)  
 420 mg QM automated mini-doser (AMD) (12 injections/year)

Months: \_\_\_\_\_ Repeat(s): \_\_\_\_\_

Add provincial formulary code if applicable \_\_\_\_\_

I authorize McKesson to be my designated agent to forward the prescription indicated above, by fax or other mode of delivery, to the Program specialty pharmacy or to the pharmacy chosen by the above-named patient. This prescription represents the original of the prescription drug order. The chosen pharmacy is the only intended recipient and there are no others. The original prescription has been invalidated and securely filed and it will not be transmitted elsewhere at another time.

Physician signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

Physician license # \_\_\_\_\_

If prescription information is not provided above, patient has received written prescription.

ApoB=apolipoprotein B; CT=computed tomography; HDL-C=high-density lipoprotein cholesterol; LDL-C=low-density lipoprotein cholesterol; PAD=peripheral artery disease; Q2W=every 2 weeks; QM=monthly; TIA=transient ischemic attack

EVO-0063E-21

For RepathaREADY® Program services, see reverse.

## Guidance and tips for completing the RepathaREADY® enrolment form

Help to get your patients started with Repatha®

- 1 If a sticker or stamp is available, please apply here.
- 2 If prescriber works from more than one clinic, please ensure that the **appropriate clinic address for this patient** is specified.  
Please ensure that the fax number is provided, as information and updates for this patient will be exchanged by fax. If office stamp is available, please apply here.
- 3 The patient's primary diagnosis is required to facilitate private insurance eligibility review. ASCVD and HeFH criteria can be found in the RepathaREADY® folder.
- 4 Please include detail, as RepathaREADY® will use this information to populate any Special Authorization (SA) forms required by payers.
- 5 If available, please provide health insurance coverage information, as RepathaREADY® will use it to populate any SA forms required by payers.  
Providing the patient with a pre-filled requisition for follow-up lab work will help facilitate this process.
- 6 If this information is not available **in your** clinic, please indicate **'N/A'**. RepathaREADY® will then search other non-clinic sources rather than contacting your clinic.
- 7 To further aid in the reimbursement process, you may also send in the patient's lipid-lowering medication history and most recent LDL-C lab results.
- 8 Please indicate the patient's primary care physician. This information will assist RepathaREADY® in sourcing any required medical information for completion of health insurance forms.
- 9 Patient consent is required for RepathaREADY® to contact the patient; lack of consent delays enrolment processing. Two convenient options are available: the patient can sign the form in the designated area or, by checking the required box, the physician can indicate verbal consent from the patient.
- 10 This section serves as a prescription for Repatha® and it should be completed in full, including the dosage, number of months and repeats. Be sure to sign, date and add license number.

### Did you know?

RepathaREADY® provides personalized support for you and your patients – to help get started and stay with Repatha®.



#### 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 prefilling drug forms and submission management
- Patient copay/financial assistance

#### Getting started and patient reminders

- Nurse-led virtual injection training
- Patients obtain Repatha® from their preferred pharmacy
- Treatment and appointment reminders
- Ongoing patient education

by AMGEN Entrust™  
Patient Support Services\*

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

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;
- for the reduction of elevated low density lipoprotein cholesterol (LDL-C) in adult patients with primary hyperlipidemia (including heterozygous familial hypercholesterolemia [HeFH]) 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.

Consult the Product Monograph at [www.amgen.ca/Repatha\\_PM.pdf](http://www.amgen.ca/Repatha_PM.pdf) for contraindications, warnings, precautions, adverse reactions, interactions, dosing and conditions of clinical use.

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