RepathaREADY® PATIENT SUPPORT PROGRAM

YOUR PARTNER IN CARE, EVERY STEP OF THE WAY

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 1st 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.

X _____ ___ ___ ___

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 injection) 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.

X _____ ___ ___ ___

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; CV=cardiovascular; 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

Privacy consent

The RepathaREADY® Program ("Program") is sponsored by Amgen Canada Inc. ("Amgen") and administered by McKesson on behalf of Amgen. Other service providers may be appointed by Amgen to administer the Program from time to time. The personal information that you and/or your doctor provide to the Program, including your name, contact information and prescription information, will be used to manage and administer the Program, including provision of Program services to you, such as reimbursement assistance and administering, training or assisting in therapy (e.g., self-injection training), and provision of information about the Program to you.

Amgen has a legal obligation to report adverse drug events to various local and international health authorities and to monitor product complaints. Personal information provided to the Program may be (i) monitored by Amgen or its service providers for safety-related data and product complaints in order to ensure compliance with these legal reporting requirements, and (ii) reported to local or international health authorities. Amgen may contact you or your physician for additional information to fulfill its reporting obligations. Your personal information may be combined with the information of others who participate in the Program in order to generate aggregated data that do not contain identifying information ("Aggregated Data"). Aggregated Data may be used by Amgen and its service providers to improve and/or refine the Program, to design and implement other patient programs and for research purposes including the identification of trends such as product utilization, adherence or outcomes.

For these sole purposes, McKesson may, on a confidential basis, collect your personal information and disclose it to your healthcare providers, insurers and/or other payers, Amgen and/or Amgen's agents and service providers (e.g., information technology providers). If, from time to time, another service provider is appointed by Amgen to administer the Program, your personal information will be transferred to this service provider to ensure the continuity of the Program services to you. Please note that Amgen and its service providers may store or process your personal information outside of Canada (including in the United States), where local laws may require the disclosure of personal information to governmental authorities under circumstances that are different than those that apply in Canada. In addition, your personal information may be used or disclosed to third parties when permitted or required by applicable laws, court orders or government regulations (collectively, "Applicable Laws").

Your personal information will be retained only for as long as is needed to fulfill the purposes for which it was collected and in order to comply with Applicable Laws. Industry standard safeguards will be used to protect the security of the personal information that is collected. You may contact the Program at any time to update or access your personal information, modify or withdraw your consent (in part or in full), express a privacy-related concern or inquire about the privacy practices of the Program. Please note that if you modify or withdraw your consent, your ability to receive the Program services may be limited.

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The RepathaREADY® Patient Support Program (by AMGEN Entrust™ Patient Support Services)* provides assistance in accessing drug coverage and offers nurse support, injection training and resources to get patients started and throughout their treatment.

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.

Repatha® is indicated for the reduction of elevated low-density lipoprotein cholesterol (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.

Consult the Product Monograph at 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.

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

Reference: 1. Repatha® (evolocumab injection) Product Monograph. Amgen Canada Inc., December 9, 2021.

Repatha® evolocumab injection
AMGEN Entrust™ RepathaREADY®
REVIEWED BY PAAB
MEMBER OF INNOVATIVE MEDICINES CANADA
AMGEN® Cardiovascular

**For a new RepathaREADY®
fax enrolment form pad,
contact your Amgen sales representative
or call 1-888-737-2842.**