

YOU ARE CORDIALLY INVITED TO ATTEND
AN AMGEN SPEAKER PROGRAM.



In Established CVD Patients

REPATHA® ADDED TO A STATIN CAN PROVIDE DRAMATIC AND SUSTAINED LDL-C LOWERING*

*In the FOURIER trial, Repatha® + a statin lowered LDL-C by a mean of 63% at 12 weeks and by a mean of 57% at 72 weeks.

PRESENTED BY

PETER SCHEIDLER, DO

HAMILTON, OH 45011-2684

LOCATION

CARLO AND JOHNNY

CRYSTAL ROOM

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CINCINNATI, OH 45242

(513) 936-8600

DATE AND TIME

Time: 6:30 PM Eastern

Date: Tuesday, August 22, 2023

RSVP

Betsy Homan

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INDICATION

Repatha® is indicated:

- In adults with established cardiovascular disease to reduce the risk of myocardial infarction, stroke, and coronary revascularization

IMPORTANT SAFETY INFORMATION

Contraindication: Repatha® is contraindicated in patients with a history of a serious hypersensitivity reaction to evolocumab or any of the excipients in Repatha®. Serious hypersensitivity reactions including angioedema have occurred in patients treated with Repatha®.

Please see additional Important Safety Information on the reverse side.



PhRMA guidance: Effective January 1, 2022 the PhRMA Code was revised to include certain new requirements for industry provided Speaker Programs. To comply with these new requirements, Amgen will no longer pay for or provide alcohol in connection with our Speaker Programs.

To mitigate the risk of COVID-19 transmission and in accordance with CDC guidance, attendees are asked to follow the local social distance and safety guidance at all times. Individuals exhibiting signs and symptoms of COVID-19 infection should not attend.

Notice: This event is conducted in accordance with the PhRMA Code on Interaction with Healthcare Professionals and is limited to invited healthcare professionals. Attendance by guests or spouse is not appropriate. Government employees are subject to state and federal laws and ethics rules that may limit your ability to receive any gifts, including meals, from pharmaceutical companies. If you are a state or federal employee, it is your responsibility to seek guidance and prior approval from your employer or site ethics counselor to attend this event.

State Laws: To comply with law and Amgen policies, Amgen is unable to offer food and beverages to (1) individuals with prescribing authority in Vermont or Minnesota; or (2) individuals employed by prescribers in Vermont who support the provision of healthcare. You have the opportunity to opt-out of the meal.

Disclosure by Amgen: Amgen reports payments and transfers of value made to healthcare professionals and other healthcare related entities in accordance with federal and state laws, regulations and other transparency obligations. Any items of value provided by Amgen at this event (including the provision of meals and refreshments) may be subject to public disclosure. If you have questions regarding this matter please contact Amgen at 805-447-7422 or HCCSpendingInquiry@amgen.com.

INDICATIONS

Repatha® is indicated:

- In adults with established cardiovascular disease to reduce the risk of myocardial infarction, stroke, and coronary revascularization
- As an adjunct to diet, alone or in combination with other low-density lipoprotein cholesterol (LDL-C)-lowering therapies, in adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH) to reduce LDL-C

IMPORTANT SAFETY INFORMATION

Contraindication: Repatha® is contraindicated in patients with a history of a serious hypersensitivity reaction to evolocumab or any of the excipients in Repatha®. Serious hypersensitivity reactions including angioedema have occurred in patients treated with Repatha®.

Hypersensitivity Reactions: Hypersensitivity reactions, including angioedema, have been reported in patients treated with Repatha®. If signs or symptoms of serious hypersensitivity 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: The most common adverse reactions (>5% of patients treated with Repatha® and 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. Hypersensitivity reactions occurred in 5.1% and 4.7% of Repatha®-treated and placebo-treated patients, respectively. The most common hypersensitivity 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 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 treated with Repatha® compared with 7.7% in patients that received 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.